

College of Medicine Home Based Care Project Advocacy Plan 2014 - 2019

Background

The objective of the advocacy plan is to persuade people in the health sector to use our model of home based care in Malawi.

Over the last eleven years the College of Medicine (COM) Home Based Care (HBC) Project has developed a model which:

- provides specialised nursing care to people who cannot leave their home. This can be compared to the more common volunteer based service where nursing expertise is not available.
- Makes good use of human resources
 - Using home based care assistants - an example of task shifting [1] - to support the nurses
 - Which doubles the effective work of the nurses
- Utilises cheap, effective and appropriate transport (mainly motorbikes)
- Is cost-effective [2] and of high quality [3].

To date the project has tried to persuade the Ministry of Health (MOH) nursing department which is responsible for community home based care to adopt our model with only limited success. While visits of the project have been made by MOH staff and national policy now includes the use of Health Surveillance Assistants (HSAs), specialist HBC assistants has not been supported or approved.

We have also tried but failed to persuade funders to adopt the model, including the National AIDS Commission, Global Fund, donors and other NGOs. Cordaid has been the exception but due to audit problems they are unable to fund advocacy work through the College.

The COM HBC Project is entering a new phase in its development with a five year grant from Comic Relief. The opportunity exists to choose an advocacy plan which if implemented over the five years will achieve the objective of rolling out our model to the rest of Malawi.

Aims of the advocacy plan

1. Get MOH to update HBC policy
2. Get MOH to approve a new type of HSA
3. Get funders to fund HBC and this model
4. Get Blantyre District Management Team (DMT) to use this model
5. Get other NGOs to use our model

What needs to be done

1. How to get MOH to update HBC policy?

We believe that MOH HBC policy should be updated to:

- Make it clear that HBC is still a priority

- Make it clear that palliative care isn't just HIV.
- Specify that HBC Assistants need special HBC training, do not need HSA training as the competencies are quite different, but can be recruited and on the MOH staff establishment as HSA grade employees.

To show that home based care is still a priority we need to:

- Present evidence that the prevalence of home bound patients remains high with patients suffering from AIDS relapses, severe drug side effects, cancer and other non-communicable diseases (NCDs) including stroke, paraplegia and disabilities following trauma. We need to present our data to demonstrate the prevalence of HBC need and show trends since 2003. Our figures should be combined with and compared to other organisations that might have figures such as WHO and Lighthouse.
- Highlight international policies and documents on HBC, such as UNAIDS, WHO and those NGOs in the forefront of HBC provision.
- Carry out research, including
 - Research home and abroad (Africa)
 - A literature review
 - A new prevalence study in Bangwe.

One problem with existing MOH HBC policy is that implementation isn't happening. It may be necessary to carry out a survey to show this.

2. How to get MOH to approve a new type of HSA?

Key to getting MOH to approve a new type of HSA is to persuade the Human Resources department that specialist HBC HSAs would be better than their generic model. This will involve:

- Converting or training a new cadre of HSA.
- Developing service guidelines and algorithms
- Developing a nicely published package including a training programme, manual, exams, certificate and annual assessments.

Evidence that our HBC Assistants have and use the skills required would need to be compiled along with evidence to show what the cost is for HR. Someone external to the project would need to do the research to compile this information. The Nursing Council, it was felt, wouldn't be suitable. Perhaps WHO would pay someone to do it, there may be a MPH student who could do it under a HR assessment, or Dr Maureen Chirwa may be an option (although she may be expensive).

The difficulty in influencing MOH on HSAs is that HSAs do not have their own vocational body and there is limited senior management leadership available at the policy level to encourage and manage their development. This limits the ability to make decisions about HSAs. Discussion needs to be stimulated at Lilongwe level. This may be something that a donor could get interested in.

3. How to get funders to fund HBC and this model?

To convince funders to fund HBC and this model they need to be shown its cost-effectiveness. We need to:

- Counter the Disease Control Priority (DCP) published results that suggest that home based care is relatively "expensive"

- Present comparative data in-country. This will involve compiling data from Lighthouse, Salima and our own project as well as other organisations that provide HBC.
- Come up with a **new model** using best and most cost-effective elements of all the HBC projects in Malawi
- Write up a cost-effectiveness paper (for DCP3 and the COM/NAC annual dissemination conference)

Potential funders of our HBC model also need to be shown how it works, practically. This could include:

- A demonstration fair in Bangwe
- A programme of visits to HBC projects
- Production of a brochure

The dissemination conferences provide a good platform so could tie in with that next November and get donors along.

4. How to get Blantyre District Management Team to use this model?

The HBC model could be explained to the Blantyre DMT in a half day workshop. In addition we would need to provide training for volunteers and staff. DMT do have some money which could potentially be tapped to pay for this training. Even if they don't adopt the model in its entirety they may pick up some ideas, such as the use of motorcycles as a cost effective means of transport.

5. How to get other NGOs to use our model?

To get other NGOs to use our model we first need to identify sympathetic organisations which are keen on HBC. They would need to be offered a HBC package including training, visit and some follow up support.

Action plan

1. Map partners, donors and policy makers

Once a new nurse has been recruited, Norton will carry out a mapping exercise. He will visit allies to see how they work. Potential allies include:

- Cadecom
- Lighthouse
- Palliative care Association of Malawi
- National Home Based care Alliance
- MANET+
- CCAP Blantyre Synod
- Palliative care support Trust
- Cordaid
- NAPHAM
- Lutheran Church (they are coming to Blantyre to do HBC)
- Malawi Health Equity Network (a useful alliance as they are in close contact with parliamentary committee which has some receptive ears and is easier to influence than going through MOH)

- NAC (although not necessarily reliable at the moment in view of budget problems with Global Fund)

Potential enemies might include:

- MOH
- Nursing Council

2. Research

Once a new nurse has been recruited, Norton will carry out the following research:

- Literature review
- Describe and cost different models
- Prevalence of home based care patients in Bangwe and need
- HBC policy at home and abroad in Africa
- Cost-effectiveness study of HBC

To be either carried out externally or internally, carry out:

- HBC Assistant competence study.

3. Build alliance/Task Force

We would want to set up a task force before the other work commences, i.e. by the end of this year, so members feel ownership of the model being advocated. Initially, it may be sensible to link to another meeting. We will fund the travel for participants to an alliance meeting and the subsequent task force meetings. Our budget includes funds for an annual conference which we can use for this. However, we may need to raise some additional funds to top this up.

At the alliance meeting, participants will be asked to present their work and best practice. Funding, a mandate and leadership of the task force will need to be decided and where it is to sit, for example, maybe within PACAM. PACAM had an HBC day towards the end of 2014 where Lilongwe was heavily represented and they spoke that they are palliative care coordinators for Malawi. Perhaps people are listening to them and their role in the alliance may be key.

The role of the task force will be to support and push all actions, including updating and approving all training programmes.

4. Expand and promote our “Centre of Expertise”

We could run a module including presentations and field visits, so people can learn about all aspects of HBC. Under COM website, the project should be listed with links to other HBC initiatives.

5. Blantyre District initiative

Implement a programme of training and support for DMT staff and volunteers.

Action timetable

- Yr 1 – Gather evidence. Start alliance (when new nurse in post, hopefully by Jan). Blantyre work to happen as soon as possible.
- Yr 2 – Consolidate alliances – include training and certificates
- Yr 3 – Apply policy/donor pressure
- Yr 4 – Start roll out
- Yr 5 –

GANTT – see template

References

1. WHO | Task shifting (n.d.). WHO. Available: <http://www.who.int/workforcealliance/knowledge/themes/taskshifting/en/>. Accessed 20 October 2014.
2. Bowie C, Gondwe N, Bowie C (2010) Changing clinical needs of people living with AIDS and receiving home based care in Malawi--the Bangwe Home Based Care Project 2003-2008--a descriptive study. BMC Public Health 10: 370. doi:10.1186/1471-2458-10-370.
3. Grant L, Brown J, Murray SA, Leng M (2010) Evaluation of the Malawi Home Based Palliative Care Charitable Trust, Blantyre, Malawi - impact on individuals, their families and the local community. Available: http://www.ed.ac.uk/polopoly_fs/1.45577!/fileManager/Evaluation_of_the_Home_Based_Palliative_Care_and_Support_Programme_Malawi.pdf.

College of Medicine Home Based Care Project Advocacy Plan 2014 - 2019

Task	Task lead	Supported by	Start date (Oct 2014)	End date (June 2019)	Duration in months																			Notes			
						Oct-14	Jan-15	Apr-15	Jul-15	Oct-15	Jan-16	Apr-16	Jul-16	Oct-16	Jan-17	Apr-17	Jul-17	Oct-17	Jan-18	Apr-18	Jul-18	Oct-18	Jan-19		Apr-19	Jun-19	
RESEARCH AND EVIDENCE GATHERING																											
Literature review	Norton Gondwe	Cam	01/11/2014	01/05/2015	6	█																					
Describe, compare and cost different HBC models	Norton Gondwe	Cam	01/11/2014	01/09/2015	10	█																					
Research the prevalence of HBC patients in Bangwe	Norton Gondwe	Cam	01/10/2014	01/10/2015	12	█																					
Research HBC policy at home and abroad	Norton Gondwe	Cam	01/11/2014	01/05/2015	6	█																					
Cost-effectiveness study of HBC	Norton Gondwe	Cam	01/11/2014	01/10/2015	11	█																				a.	
HBC Assistant competence study	tbc	Claire	01/01/2015	01/10/2015	9	█																					
BUILD ALLIANCE																											
Map potential partners, donors and policy makers	Norton Gondwe		01/10/2014	01/12/2014	2	█																					
Organise a meeting for potential alliance members and funders	Adamson Muula	Norton	01/10/2014	01/11/2014	1	█																				b.	
Set up task force (agree mandate, leadership etc)	Adamson Muula	Norton	01/11/2014	01/03/2015	4	█																					
Seek funding for task force activity	Norton Gondwe	Cam	01/02/2015	01/05/2015	3	█																					
DEVELOPMENT OF NEW MODEL BY TASK FORCE																											
Develop a half day work shop and programme of training and support for DMT staff and volunteers	Norton Gondwe		01/11/2014	01/01/2015	2	█																					
Deliver the programme of training and support to DMT staff and volunteers	Norton Gondwe		01/01/2015	01/01/2016	12	█																					
Develop a new HBC model combining best and most cost-effective elements of all HBC project in Malawi	Norton Gondwe	TaskForce	01/03/2015	01/06/2016	15	█																					
Invite potential funders to a demonstration fair in Bangwe	Adamson Muula	Norton	01/10/2015		1	█																					
Produce a brochure outlining the new model for potential funders, NGOs and others	Norton Gondwe	Kate	01/06/2015	01/06/2016	12	█																					
Develop a package of presentations, field visits and training for NGOs	Norton Gondwe		01/06/2015	01/06/2016	12	█																					
ADVOCACY																											
Present evidence to MOH policy makers	Norton Gondwe	Taskforce	01/06/2016	01/06/2017	12																█						
Engage a donor in promoting HBC training for a new cadre of HSA to MOH	Norton Gondwe	Taskforce	01/06/2016	01/06/2017	24																█						
Present evidence of HBC Assistant competence and cost effectiveness to MOH HR department	Norton Gondwe	Cam	01/06/2016	01/06/2017	12																█						
Present evidence to funders	Norton Gondwe	Cam	01/06/2016	01/06/2017	12																█						
Present evidence to other NGOs	Norton Gondwe	Taskforce	01/06/2016	01/06/2017	12																█						
Advocacy conference/workshop	Adamson Muula	Norton	01/10/2016		1	█																					
ROLL OUT																											
Develop and deliver a package of HBC training for a new cadre of HSA (to include manuals, an exam, certificates and annual assessment)	Norton Gondwe	Taskforce	01/06/2017	01/06/2019	24																█						
Deliver a package of presentations, field visits and training to NGOs and other partners	Norton Gondwe	Taskforce	01/06/2017	01/06/2019	24																█						
Annual conference/workshop	Adamson Muula	Norton	01/10/2017	01/06/2019	1	█																					

a. present at DCP3 and COMNAC annual dissemination conference
 b. To combine with dissemination conference November 2014