

# Community home-based care for people living with HIV/AIDS in Zimbabwe

Across Zimbabwe the level of infections and illness associated with HIV/AIDS is dramatically increasing poverty levels. A recent assessment of people living with and households affected by HIV/AIDS shows an increase in the number of widows, widowers and orphans. It also indicates that households spend more time on caring for the sick; that their medical costs are greater; and that their expenditure on inputs was reduced.

Migration is also increasing: some people are moving from the rural to urban areas in search of treatment, while others, seeking a cheaper life-style, are moving back from the towns to rural districts. At the same time households have a deteriorating dependency ratio with a low number of healthy adults to people living with HIV/AIDS (PLWHA), children and elderly people.

The Zimbabwe Red Cross Society (ZRCS) recognized the increasing vulnerability of households to HIV/AIDS as early as 1988, when it set up the Integrated AIDS Project (IAP). This document describes its home-based care (HBC) programme and recent developments resulting from the 2002–2003 drought. It also highlights constraints and areas for further development.

## The intervention

The Integrated AIDS Project started in 1988 with a focus on prevention. As it became evident that the number of HIV-affected households was growing, the ZRCS established a home-based care programme in 1992. The IAP now focuses on three main areas:

- Prevention of transmission of sexually-transmitted infections (STIs) and HIV/AIDS.
- Care and support for PLWHA and their families.
- Advocacy.

The goal of IAP is to “reduce the incidence of HIV/AIDS and its consequences among vulnerable groups in Zimbabwe through information dissemination, access to care and support”.

There are currently 22 HBC projects in Zimbabwe’s eight provinces. The Zimbabwe Red Cross Society trains volunteers recruited from the community, often themselves infected with HIV, to become care facilitators. These volunteer care facilitators then support households with PLWHA in various ways, such as providing hygiene training for infection management and disseminating key

health and nutrition messages. They also work to reduce the stigma associated with HIV/AIDS. A key weakness of the programme, which was identified prior to the current crisis, was that the clients of HBC often lack basic needs such as food, shelter and clothing. In order to meet these needs the ZRCS started to distribute food to the HBC clients. However, due to funding constraints, distribution was erratic and was frequently unable to meet the ever-growing needs.

The ZRCS recently appealed for food to be distributed to HBC clients and their household members in order to reduce the impact of the drought and the country’s political crisis on these particularly vulnerable people. The programme reaches some 10,000 chronically sick clients<sup>1</sup> in their homes and has registered over 35,000 orphans and vulnerable children (OVC).

<sup>1</sup>The term ‘chronically sick clients’ is used in order to reduce the risk of stigma associated with HIV/AIDS.

## Impact

- PLWHA receive appropriate care while remaining in their own homes with their family members.
- Food has provided a useful nutritional input to households, increasing the health and well-being of beneficiaries.
- Food has also acted as an economic transfer, reducing the economic burden on households caused by increasing expenditure on medical care and the loss of an income-earner.
- Social networks for psychological support have been set up since many of the care facilitators themselves are people living with HIV and AIDS.



Where possible household members come to community centres to receive their food ration.

## Lessons learned

- The HBC project aims at reaching the most vulnerable people, i.e., the poorest households with PLWHA. Although this has proved difficult, it has been more effective in urban areas where HIV testing is available and needs assessments are carried out by social welfare departments. In rural areas, however, testing was not available. Selection was based on clinical symptoms, even though this had to be done in the absence of a clinical case definition in Zimbabwe.
- The home care programme has focused on addressing the immediate needs of PLWHA. However, the Red Cross is aware that it needs to identify strategies that target the medium- to long-term food security of other household members. For example, OVC are often left without the knowledge and skills base to work the land in order to grow food and crops at a time when labour is in increasingly short supply for such work.
- Less time is available for agricultural production, including animal husbandry, due to the time spent on caring for the ill. Production methods, which are less labour intensive but which produce food that is just as nutritious, therefore need to be developed.
- Poor households are very often unable to find paid employment, which would enable them to purchase the food they need. In fact, they often deplete their assets in attempting to buy medicines and services to help PLWHA. Increasing access to income could play a key role in improving food security.
- Although food provision remains an important part of the HBC, the ZRCS are faced with a fundamental challenge: the capacity of the existing volunteer base. Growing needs and an increasingly diverse set of priorities within the HBC mean that volunteers are stretched to their limits.



Care facilitators visit PLWHA in their homes to provide advice on care such as hygiene practice and nutrition education.



Food is distributed to PLWHA. Food is important in the fight against HIV/AIDS. Good nutrition is essential for the immune system to be able to take anti-retrovirals.

## Conclusion

Home-based care for people living with HIV/AIDS provides a unique opportunity for the ZRCS to access vulnerable households. The vulnerability of these households is, however, both short and long term. Although current efforts focus on addressing the acute food emergency, which is a result of the drought and political crisis in the country, it will be important to pilot and support the development of programmes that address longer-term vulnerability.

The increasing workload of volunteers, coupled with the growing needs of PLWHA and their households, is a fundamental concern. The HBC programme will therefore need to consider the possibility of increasing its volunteer base through a recruitment drive or of developing food security programming in an independent, but integrated, way to address the needs of PLWHA and their household members including orphans and vulnerable children.

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