New challenges for home-based care providers in the context of ART rollout in Zambia

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Summary
The scope of community-based HIV care is evolving in Zambia, as ART becomes more widely accessible. Professional Community HBC care-givers are expected to provide more comprehensive support for their clients on ART. HBC care-givers are increasingly involved in building linkages and directly supporting provision of care within the formal health system. The burden, benefits, and challenges of this expanded range of tasks remain to be explored.

Background
Zambia was one of the first countries in sub-Saharan Africa to implement home-based care (HBC) for HIV/AIDS as of the early 1990s. Until ART became more widely available from 2004 onwards, both faith-based and non-faith-based NGOs provided counselling, nursing and palliative care. As ART has become more widely available, the role of these organisations is evolving. HBC programmes are increasingly seen as an effective entry point for promoting uptake of testing, partner notification and referrals as well as treatment preparedness and adherence support.

Questions
• How have the changes affected the Professional Community HBC care-givers are expected to be explored.
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• What are the operational costs for delivering HBC in the age of ART?

Methodology
Study design: The project is cross-sectional and observational, drawing on qualitative methods and a cost analysis.

Study methods:
• Short structured profiles of 8 NGOs delivering HBC
• Key informant interviews with relevant stakeholders (health district managers, CBO directors, local HBC managers)
• Case studies of three organisations involving direct observations and participation in the daily life of these organisations
• In-depth Interviews with HBC providers, HBC clients and their families
• Observations/documentation of a ‘day in the life of’ HBC providers
• Case studies and observations within households of people living with HIV (PLHIV)
• Cost analyses of HBC

Emerging issues and relevance of study
ART rollout in Zambia has improved the lives of many PLHIV significantly. However, structural barriers including poverty, unemployment and poor nutrition remain an enduring reality.

For NGOs delivering HBC, the challenge is how best to address the needs of clients who resume active lives on ART but may have difficulties accessing formal care, staying on treatment, and maintaining safer sexual behaviour. Care-givers enter into new relationships with other care providers, including NGOs, and accommodate the expanded role of NGO-based care-givers.

Preliminary findings
• ART has transformed the lives of people living with HIV; they look and feel healthier and are resuming economic, social and sexual activity. However, poverty and malnutrition remain a sustained reality for many people living with HIV on ART.
• NGOs providing HBC have expanded their scope of activities to include adherence and safer sex counselling, as well as support for nutritional supplementation and income generation.
• In addition to preventive and health promotion tasks, care-givers play an increasingly important role in seconding formal health services, by linking PLHIV to VCT and ART centres, collecting ARVs on behalf of their clients, serving as DOT supporters, and in some cases, becoming first line providers of treatment for opportunistic infections.
• Caregivers themselves are often poor, with limited knowledge or skills to undertake these new roles.

Case studies and observations of HBC in the context of ART rollout in Zambia

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1. Family Health Trust
Provides HIV prevention, care and support for ART delivery in rural and urban areas of 8 districts of Zambia. The organisation has over 5,395 HBC clients of which over 2,000 are on ART.
2. KARA counselling Kabwe
Provides palliative care through its 30-bed hospice, training in HBC, psychosocial counselling and income generation support for people living with HIV. KARA implements HBC programmes in both urban and rural areas of Kabwe and has about 450 HBC clients, of which 392 are on ART.
3. DACKANA
Implements HBC programmes, nutritional and income-generation support for people living with HIV in and around Kabwe. The organisation has 460 HBC clients of which 105 are on ART.

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