Concept Paper

Home Based Care Kits

Developed by:

ADPP – HOPE Maputo

MOZAMBIQUE

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On the following pages we shortly describe how HOPE Maputo mobilizes people in program to take action and get IN control of the Epidemic.
Through this partnership we build systems that assists and mobilizes the people in HOPE to cope with the effects of the HIV/Aids, and to activate the people to address some of the problems that has developed because of the epidemic.

It is our vision that communities are able to cope with the impact of AIDS.
HOPE is based upon the understanding that only people themselves are able to liberate themselves from the threats of the epidemic.
There is a common understanding that people can take charge of the situation, provided they are mobilized to do so, and are given basic means to deal with it.

In this partnership we concentrate on one element or call it support system that can improve the situation in the Beluluane area.

Home Based Care Kits

These will be integrated first in the existing HOPE Maputo Program in Beluluane, Mozambique. At the moment we have 1 HOPE Center in rural areas around Boane.

1.1 The AIDS epidemic in Mozambique

HIV prevalence among adults is between 10 percent and 14 percent. The higher rates are found along transport corridors and in areas where mine workers are recruited.
An estimated 1.2 million Mozambicans are living with HIV - 290,000 of them with AIDS.
More than three-quarters of those living with HIV/AIDS are aged 20 to 49 years.
83,000 people died of AIDS-related diseases in 1997.
From 1990 to 2010, AIDS will increase the crude death rate in Mozambique by 98 percent.
Life expectancy had dropped 27 percent during the 1990s as a result of HIV/AIDS. By 2010 average life expectancy will be 37 years.

Latest AIDS statistics in Mozambique:

The Health Ministry now estimates that 12.2 per cent of the population aged between 15 and 49 are infected with HIV, the virus that causes the lethal disease AIDS.
Although this looks rather better than the earlier estimate of a 16 per cent infection rate, the difference is entirely due to improved statistics, and does not mean that the epidemic is coming under control.
Indeed, in cities where the statistical series goes back several years (Maputo, Beira, Chimoio and Tete) the trend remains remorselessly upwards. The latest figures indicate a worsening of the epidemic, with health centers in Beira and Chimoio now reporting an HIV prevalence rate of around 25 per cent.
The problem with earlier estimates of the national HIV/AIDS situation was the small sample on which they were based. Maputo was used to estimate HIV prevalence in the south of the country, and Beira, Chimoio and Tete for the center.
Up until 2000 health centers in these cities were the only sentinel sites in operation, testing pregnant women for HIV (there is a mathematical model, widely used internationally, which can estimate prevalence rates throughout the adult population from the figures for pregnant women).
But there were no sentinel sites anywhere north of the Zambezi, and none in any rural areas. In its earlier estimates, the Health Ministry assumed that the epidemic in northern Mozambican was 25 per cent worse than in the south.
The only statistics that existed, from a rapid assessment survey in Nampula province, were discarded.

These showed a prevalence rate of five percent in Nampula city, and 6.1 per cent in Monapo district: health officials thought these figures were far too low, and should not be taken seriously because of the small sample.
But now that there are 20 sentinel sites operating, 11 urban and nine rural, and covering every province, their results indicate that the Nampula rapid assessment was quite accurate.
Far from being worse than the south, the HIV prevalence in the northern three provinces is less than half the infection rate in the south. It is the northern provinces of Nampula, Niassa and Cabo Delgado that have pushed the national HIV prevalence rate down to 12.2 per cent.
The latest figures, unveiled by the Health Ministry show a 5.7 per cent prevalence rate in the north, 13.2 per cent in the south (Maputo city, Maputo province, Gaza and Inhambane), and 16.5 per cent in the center (Sofala, Manica, Tete and Zambezia).
Arranging the 11 provinces from south to north, the prevalence rates, estimated on the data from the 20 sentinel sites, are as follows:
Maputo City - 13 per cent
Maputo Province - 14.3 per cent
Gaza - 16 per cent

Inhambane - 9.6 per cent
Sofala - 18.7 per cent
Manica - 21.1 per cent
Tete - 19.8 per cent
Zambezia - 12.7 per cent
Nampula - 5.2 per cent
Niassa - 6.8 per cent
Cabo Delgado - 6.4 per cent

Deputy National Health Director Avertino Barreto argued that population movements are the main explanatory factor for the differential spread of HIV in the country. Thus the central provinces are affected both by the massive return of refugees from neighboring countries at the end of the war of destabilization, and by two crucial transport corridors - the road and rail route from Zimbabwe to Beira, and the Zimbabwe- Malawi road which runs through the middle of Tete.

In contrast, the northern three provinces are those with fewest returning refugees, and no major international road transport route runs through them. The main corridor, from the port of Nacala to Malawi, is exclusively a rail corridor. Thus the north does not see the heavy traffic in trucks, and the accompanying phenomena of roadside bars and prostitution, that characterize the Beira and Tete corridors.

The main population movement in the south is migrant labor. The province that makes the largest contribution to the export of labor to the South African gold mines is Gaza, and health officials are sure this is closely linked to the high HIV prevalence in Gaza.

The ministry hopes to refine the statistics still further by providing sentinel site facilities in a further 14 health centers spread throughout the country in the coming few months.

2. Description of the element

2.1 Home Based Care Kits and Caregivers Kits

People in the Fields join the Volunteer Program with the passion to care for the sick and work together with the families in HOPE in providing Home Based Care, but they lack the materials to use.

A person who is HIV positive can live for more than 8 years, before it progresses to AIDS. This depends on how strong the immune system of that person is. The immune system can be built up by eating good food, doing exercises, avoiding re-infection, etc. It also depends on how good the environment he/she is living in and who is taking care. Normally the hospital discharge a person, who is terminally ill and puts him in the care of relatives.

Even if the person can live for all these years, there comes a time,when they will need special care from family, relatives and friends, who have their hearts in the right place. Families, relative and friends who make sure, that the person has had a bath, has eaten, made sure the house is clean, the clothes are washed, and so on.

How many will be needing care in Beluluane area.
There are around 70.000 people living in the district. We predict that at least 5 % of those will need special care. This means that 1 Volunteer is needed to take care of 4 - 5 people.

Implementing the HOPE Home Based Care.
One Volunteer, who care for the sick, work together in a group of 3. Each of them caring for their 4 - 5 patients. The Volunteers should meet at least twice a week to discuss their patients, give each good advise and share experiences. As they know each others patients one Volunteer can help the other, if one for some reason is unable to attend her patients. Each of the Volunteers have their own Caregivers Kit.
It will be the Group Counselor, Development Instructor and the Volunteers who together identify the people under the Home Base Care Program.
HOPE makes a three days theoretical and practical training course followed by a week training with an experienced Volunteer, before they can attend an exam and if passing this, getting a Home Based Care Givers Diploma and badge as well as her own Home Base Care Kit.
Once a week the Volunteers meet with the Counselor and Development Instructors to report on their work.
Each Volunteer will visit each of their patients as often as it is needed, and they can manage. They will inform the nurse from the nearest hospital or clinic, when there is need for medication or if the patient gets worse. The Volunteers supervise family or neighbour in daily duties such as preparing healthy food, clean the house, wash clothes and bedding. The Volunteers who care for the patient provide basic medicine such as cough medicine, eye ointment and cleaning wounds.

In this application we apply for 21 Caregiver's kits and 105 Home Based Care Kits. This means we can have 21 Volunteers caring for a total of about 100 sick people.

The cost of each Caregiver's Kit is US $ 60 all inclusive.
Additionally we apply for $ 5 per month to fill up the kit.
We will will also start income generating projects to support the refill as well as medicine for the kits.