HIV/AIDS Community Home Based Care Pilot Project Baseline Livelihood Assessment: Zaka District, Zimbabwe. CARE.

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CARE Zimbabwe Community Home Based Care Baseline Report: Zaka District

And

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This survey was conducted as a joint effort between CARE Zimbabwe and the Zaka District AIDS Action Council. We would like to acknowledge the excellent efforts on behalf of both organizations in providing the logistical and personnel capacities necessary to carry out a survey of this scale and depth. We would also like to acknowledge the Zaka District Administrator’s Office and the District Council for their cooperation and encouragement during the exercise. Finally, we would like to acknowledge the efforts of the households who participated in this exercise. We sincerely hope that the information gathered in this survey can make a positive impact on the lives of those affected by chronic illness.
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1. Introduction

This report is the baseline evaluation of CARE Zimbabwe’s Community Home Based Care (CHBC) programme in Zaka district of the Masvingo province in Southern Zimbabwe. CARE’s CHBC programme is part of its Protracted Relief Programme. The baseline was conducted in January 2005 and covered 880 households in 30 wards.

The goal of CARE’s Community Home Based Care program is to increase the capacity of the community to improve the provision of services, to raise the awareness of youths and to reduce stigma.

The program has four programmatic purposes:
1. To strengthen the capacity of communities, youths and care givers to provide palliative care services and supportive care to CHBC patients.
2. To provide food and non-food items to the chronically ill.
3. To raise awareness and increase knowledge of HIV/AIDS amongst the youths and increase their participation in prevention campaigns.
4. To raise awareness on HIV/AIDS prevention and enhancing caring practices of the family caregivers at household level by the trained care facilitators.

The expected outputs of CHBC are as follows:
- Enhance the capacity of CHBC workers to offer social service.
- Strengthen the ability of caregivers to attend to patients.
- Improve awareness on HIV/AIDS amongst the youths and community.
- Promote the involvement of youth in CHBC activities.

The purpose of the baseline is to assess the current health and livelihood situation of beneficiary households. The objectives of this report are to evaluate the targeting methodology used to select CHBC beneficiaries and to determine the social, economic and cultural processes that prevent households from providing adequate health care to the chronically ill. The goal of the analysis is to highlight areas within the household livelihood system where CARE can develop programming to assist households meet the needs of beneficiaries.

This analysis employs a livelihoods systems framework which approaches the household as a unit of production, consumption and exchange within its socio-economic context. Chronic illness is treated as a shock to the household (see Figure 1.1). The fundamental assertion of the livelihoods framework when applied to CHBC is if households are going to care for the chronically ill, the ability of the household to meet this goal depends on its resource base and productive capacity. Therefore, effective HIV/AIDS programming needs to promote such activities as asset protection, income generation and agricultural production in addition to care giving, awareness raising and the provisioning of food and medical supplies.
Effective approaches to combating the HIV/AIDS epidemic in rural areas also need to take an approach that goes beyond the household to address empowerment and awareness raising of youth, especially young females, at the community level. It also needs to consider ways to change cultural values about sexual behavior, gender inequality and HIV/AIDS beliefs that promote the spread of the epidemic.