Assessing the Effectiveness of the Home Based Care Kit

Social Protection A CARE International in Zambia Learning Product 2009

CARE Zambia's work in Social Protection

Since 2004, CARE Zambia has been working through a Program Partnership Agreement (PPA) with the UK Government's Department for International Development (DFID) to implement a number of Social Protection projects, aimed at increasing the capacity of institutions and the most vulnerable in society to better manage risk associated with food insecurity, destitution and HIV and AIDS.

The PPA programme reflects CARE International's vision which "*seeks a world of hope, tolerance and social justice where poverty has been overcome and people live in dignity and security*".

An estimated 64% of Zambians are poor, mostly living in rural areas (Central Statistics Office 2007) on less than US$ 1 per day. The PPA programme has focused on addressing this through a Social Protection agenda that supports both the achievement of Millennium Development Goals one, two and six, and the Government of Zambia's Fifth National Development Plan (FNDP).

In this context, CARE Zambia regards Social Protection as a holistic approach to protecting and promoting the livelihoods and welfare of vulnerable groups through coordinated policies and transfer mechanisms such as cash, physical resources, training and in-kind contributions. The vulnerable groups targeted include:

- Low capacity households including widows, the disabled, the old, and other marginalized, low-income households, and informal sector operators;
- Incapacitated households with no self-help potential, including mainly households affected by HIV/AIDS;
- Child-headed households and street children

As part of the PPA, a series of learning products have been developed as a means of sharing knowledge and promoting greater understanding with a wide spectrum of stakeholders including policy makers, Government, donors, and civil society.

Background to the project

One of the projects within the PPA is the Home Based Care (HBC) programme implemented in Chipata, Katete, Kazungula and Kalomo Districts. Within the HBC programme, CARE operates a pilot HBC kit project. Although the HBC programme was initially conceived as purely as a service delivery programme it gradually evolved to adopt a social protection approach. This focused on improving the ability of vulnerable households to manage the impact of chronic illness and death, to promote health seeking behaviours and to improve the short term health status of People Living with HIV or AIDS.

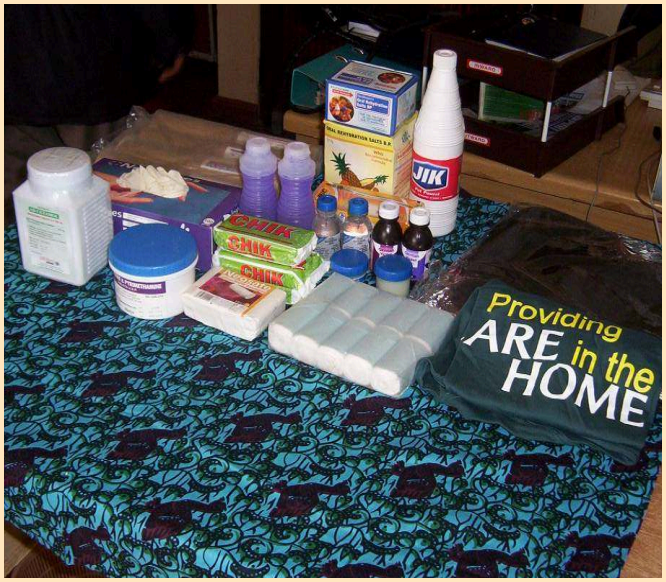
Key lessons

- *HBC kits bring measurable improvements to the situation of both clients and caregivers.*
- *HBC kit effectiveness increased when kit content changed in response to consumer/user demands*
- *Clients better able to access higher levels of care and treatment when HBC kits integrated with referral protocols*
- *HBC programmes need to be flexible to suit local context*

The HBC kit project was an integral aspect of the HBC programme. The project provided HBC kits consisting of Primary Health Care (PHC) products with appropriate contents for the level of training, qualification and skill possessed by the different levels of volunteer care-givers, who serve as volunteer community based and family caregivers. The kits included basic medicines, personal hygiene items and household cleaning materials, to benefit the patient through reducing suffering. This in turn helped to restore the dignity of patients. The kits also benefited carers in that they were able to provide practical responses to needs of their clients. CARE Zambia worked through the District Health Management Team (DHMT) system to ensure adequate provision and effective utilisation of supplies.

How Important is an HBC Kit as part of the response to HIV/AIDS?

The nature of the AIDS epidemic means that caring for affected and infected requires specific skills, knowledge, equipment and access to drugs which most families do not necessarily have. As the pandemic has evolved so to has the response. One aspect of this is the steady increase in expectation as to what an HBC volunteer can do along with a parallel increase in the equipment and supplies they are authorized to carry. As the volunteer role has expanded, the HBC kit has been increasingly important in providing the means to treat a wider range of minor ailments. This has, in turn, reducing the number of occasions, time and resources spent in travelling to health centres in order to seek treatment. This has created time for productive work by volunteers and family caregivers.



Lesson Learned
HBC kits bring measurable improvements to the situation of both clients and caregivers. It has enabled a timely response to an increasing number of health needs among clients and given both groups more time for other activities.

What are the Contents of the HBC Kits?

There are two types of HBC kits: (1) caregiver kit and (2) client kit.

The caregiver kit consists of items used by community caregivers for self protection from infection and to treat clients' minor HIV and AIDS related ailments.

The client kit consists of items that are left in the client's home mainly for infection control (universal precautions), and at times, to treat minor ailments. In line with its policy of seeking to work within the structures and policies of govt. CARE based its HBC kit contents on MoH recommendations.

Adapting the HBC kit contents

The table above shows the items recommended in the MOH National Minimum Standards for Community and Home Based Care Organisations (a document produced with technical support from CARE as part of the PPA). The items provided by CARE are in line with these standards. However, as shown in the table, CARE has adapted the MoH recommendations to meet other essential needs of clients. These adaptations were made after initial field-tests of the kits and incorporated feedback from both volunteers and clients as to what would be most useful for them. A further adaptation was the introduction of a Palliative Care Kit which provided more options for treatment and care for bedridden clients. This was introduced towards the end of the project for use by those caregivers who had received formal training in palliative care.

Lesson Learned
HBC kit effectiveness increased when it responded to specific consumer/user demands (initial adaptation) and changing context (caregivers taking on more skilled roles such as palliative care).

Table showing the HBC Contents and Variations

MoH Kit Recommended Items	CARE Zambia Kit Items as per MoH recommen-dations	Items Added by CARE Zambia to augment kit	Palliative Care Kit as supplement byCARE
Caregiver Kit	**Caregiver Kit**		
Protective Items	**Protective Items**		Aspirin
Durable bag	Provided		Diclofenac
Wash Basin		Thermo-meter	ORS
Plastic Apron		Umbrella	Gloves
Gloves-heavy duty and disposable	Provided	Torch	Plastic Apron
Hand towel	Provided	Batteries	Vaseline
Antiseptic soap and soap tray	Provided		Cotton Wool pack
Jik	Provided		Spirit
Pharmaceuticals			Heat Rub
Antacid		Fansidar	Immodium
Antidiarrhoeas/ ORS	Provided		Panadol Syrup
Aspirin or panadol	Provided		Expectorant Cough Mix
Vitamins			Fansidar Syrup
Wound Dressings			Fansidar tablets
Gentian violet	Provided		Multivitamin
Gallipots/receivers			Panadol
Cotton wool	Provided	Methlylated spirit	Mebendazole
Pair of scissors		Glycerine	Tetracycline Eye Ointment
Bandages	Provided		Glycerine Suppositories
Other			Hand Towel
Note book/diary	Provided	Thermometer	Tooth Paste
Pens/Pencils	Provided	Torch	Toothbrush
Referral forms	Provided	Umbrella	Gauze
Clients register and assessment cards	Provided		Strapping
Client Kit			Pen
1 bottle Jik	Provided	Chlorine	Pencil
1 tablet soap	Provided	Mosquito Nets	Bag
1 bottle Vaseline	Provided		Antifungal Cream
1 box (100) gloves	Provided		
1 x10kg bag HEPS			
3 sachets ORS	Provided		
1 (50) multivitamins			
1 (20) Panadol	Provided		

What is not in the HBC kits

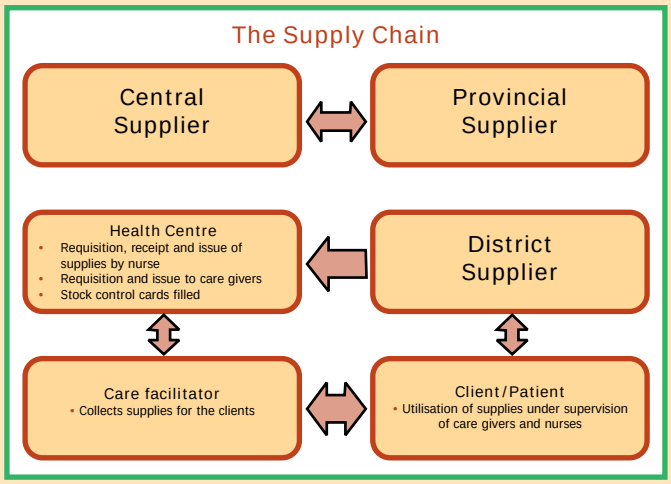
Although their contents have evolved over the course of the PPA, in line with worldwide changes in the role of community

caregivers, HBC kits still do not include all essential drugs required to treat HIV and AIDS related illnesses. The level of medication they contain, and which a caregiver is authorized to use, is still fairly basic. Clients are quickly referred to health service providers for conditions that are not responding to treatment or those requiring specialized services. Getting caregivers to refer at the right time and for the right reasons/symptoms was an important part of the training provided during the HBC progamme. Once clients reached the clinic or health centre, additional medication or other items was given to them on the recommendation of the health centre staff.

Lesson Learned
Dovetailing what an HBC kit can respond to with referral protocols to enable clients to access the next level of care and treatment as needed.

The HBC Kit Supply Chain

HBC kits were procured by CARE in Lusaka and delivered to Provincial offices for sorting and packaging before being sent to CARE's district offices, en route to Health Centres and eventually to caregivers and clients. The regular supply of HBC kits to Health Centres and clients was managed in accordance with MOH regulations as stipulated in the National Minimum Standards for Community and Home Based Care Organisations. Prescription of kits according to clients' needs and close supervision of caregivers ensured that kits

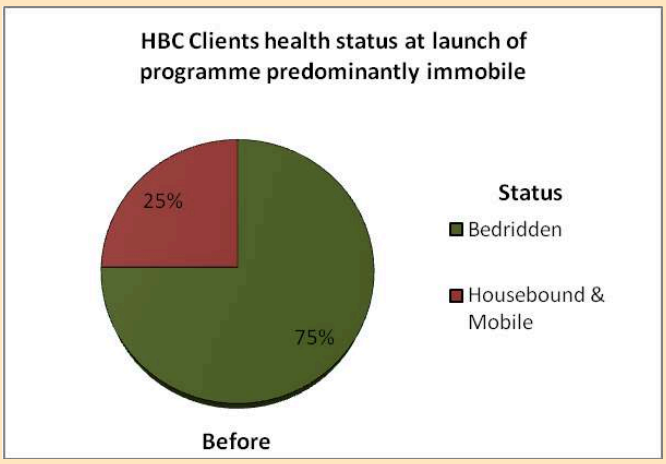


were used for the intended purpose. In addition, other PHC products were supplied to clients according to their specific needs as determined by the caregiver. Subsequently, ordering of supplies from the central supplier followed a similar pattern to that for HBC kits since PHC products were utilised at different rates and drugs could expire on clinic shelves from overstocking if not used within the time indicated by manufacturers. With increasing access to ARVs the need for HBC kits has declined. Items are now supplied according to the number of clients and their specific needs and condition as determined by the caregiver. Over time caregivers and clinic staff developed a system of stock control cards at each distribution point to record disbursements and to monitor HBC items supplied to beneficiaries throughout the district. This monitoring and record-keeping system was adopted by DHMT to ensure the client, caregiver and clinic all have the same information.

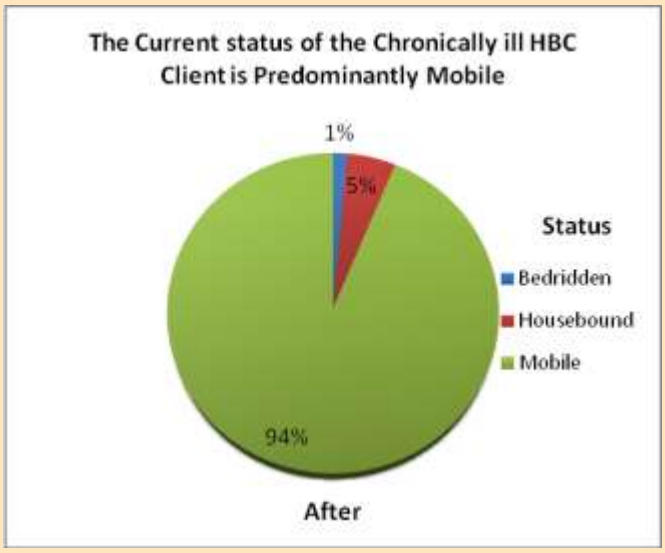
Lesson Learned
Each HBC programme has to modify the standard delivery and record-keeping channels to what suits the local context, while remaining within the parameters of accepted good practice.

Did the supply of HBC kits improve client heath status?

The low percentage, 6%, recorded for immobile clients (bedridden and housebound) is a major improvement in the profile of client status compared to the launch of the HBC intervention in early 2005. The provision of HBC kits was a significant factor in progress towards an improved capacity to manage chronic illness at the household and individual level.



However, this result must also be partly attributed to the improved competencies of volunteer caregivers, the efficient distribution of the HBC kits and increased access to Primary Health Care by beneficiary households. Clients and caregivers interviewed reported positive effects from the use of the HBC kits. The perceptions were mainly based on the reported differences in client health condition before and after the provision of HBC kit projects in their communities. The lesson learnt here is it is necessary to compliment the supply of physical goods such as HBC kits, with the skill to use them effectively and a referral system that can reliable take over when the situation is beyond the capacity of both the kit and caregiver.



Is the supply of HBC kits sustainable?

While true sustainability can only be assessed when several years have passed since the close of an intervention some

Clients get better and become productive

initial points can be made. CARE played a major role in the supply and distribution of HBC kits in the targeted districts. The HBC programme benefited significantly from this since the DHMT's resource constraints rendered it unable to replenish kits regularly. However, since the HBC kit project was implemented according to MOH/DHMT plans and health delivery structures and parameters it was within the DHMT's mandate and responsibility to make contingencies to take over and provide an adequate supply of kits. The potential decline in caregiver morale in the absence of a regular supply of kits was a concern for the DHMT and CARE from the outset. The lesson here is that working through government structures is a necessary but not sufficient condition so long-term sustainability.

End Note: Home based care, in the context of HIV and AIDS, is an integral component of health care provision for the chronically ill in Zambia. Through the provision of HBC kits, home based care services have demonstrated that those who become chronically ill can be reactivated and brought back into a more productive and less dependent life. This was found to boost the household economy as both the sick and the caregivers are able to engage in other productive activities and thereby contributing to strengthening a household's resistance to vulnerability. In this respect, regular provision of Home Based Care kits with all requisite components becomes an important part of the health care support system. Through the Home Based Care Project, it has become apparent that there are immediate cost-benefits at household level in providing fully equipped home based care kits to caregivers at regular and predictable intervals and could constitute an effective response to chronic poverty that should be a part of a holistic approach to social protection.

DFID Department for International Development

Republic of Zambia