

The Home-Based Care Alliance Newsletter



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SPECIAL EDITION

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The Home-Based Care Alliance: A Movement of Grassroots Women Caregivers Driving Community Responses to HIV/AIDS in Africa

Grassroots women have formed a community-driven response to HIV/AIDS. Through home-based care, grassroots women have created a holistic, women-led approach to providing basic needs and more. These women know firsthand that HIV is not just a health issue, but an issue that encompasses all aspects of daily life — access to basic services such as water, sanitation, transportation and food security are compromised. When caring for a neighbor, a caregiver cannot afford to focus on just one factor. They realize that each issue is intertwined and all must be addressed equally to successfully help their neighbors and communities.

Home-based caregivers provide a breadth of services from palliative care, treatment for opportunistic infections to nutritional counseling, psychosocial counseling and providing social support to affected family members and friends. Caregivers initiate locally appropriate and culturally sensitive stigma-reduction and awareness raising campaigns break the silence on HIV and to counter exclusion and discrimination.

The Home Based Care Alliance (HBCA)



Cameroon Home-Based Care Alliance Caregivers

is a movement of home-based caregivers across Sub-Saharan Africa who are organizing for recognition and self-representation at the local, national and international levels, for the essential services, care and resources they provide their communities. The Alliance takes on the task of advocating for transparency and accountability in HIV/AIDS programming. These women become monitors and evaluators of resources and services for the AIDS response in their communities. For more information on the HBCA go to <http://homebasedcarealliance.org/>.

The United Methodist Church Advancing the HBCA

Since 2009, the United Methodist Church has partnered with the Home-Based Care Alliance to support the work of women caregivers from ten African nations who volunteer their time, energy, and resources, making up for weak and overburdened public health systems. The Home-Based Care Alliance is an approved mission project for the Advance, channeling money directly to community based organizations made up of home-based caregivers.

The Advance is an official program of The United Methodist Church through which United Methodist districts, local churches, organizations, individuals and families may choose to support particular, approved mission programs with their financial gifts. *One hundred percent of all Advance giving goes to*



the chosen mission project or ministry. Over the 60+ years since its founding, the Advance has channeled more than \$1.2 billion of donations from congregations around the world directly to approved projects to meet their physical needs while also extending hope and compassion to groups such as the Home-Based Care Alliance.

Donors to the Advance are contributing to the advancement of the Home-Based Care Alliance by providing funds that go directly to grassroots home-based caregivers who collectively prioritize the money for home-based care kits, gloves, medicines, food for the sick, clothing, and books for orphans. This support allows the women to provide much needed health services working in the poorest and most marginalized communities without sacrificing their sparse income in service to their communities.

Cameroon HBCA Advances Scope of Care

In July 2011 Ntankah Village Women Common Initiative Group (NVWCIG) held three meetings involving caregivers and people living with HIV from five communities in the Northwest Province including Belo, Bafut, Sabga, Mbengwi and Mankon. Thanks to funding from the United Methodist Special Advance essential materials for home-based caregivers and their clients were purchased with small grant funding. Items purchased will enable caregivers to provide basic medical care to clients as well as supplies for cooking and cleaning for ill and infected clients.

Materials purchased included 20 fully stocked first aid kits including medications. Additionally 60 caregivers were provided with “Cameroon Home-Based Care Alliance” aprons, uniforms that provide caregivers with a protective layer of clothing when they are caring for their clients. Cooking goods were also purchased including rice, palm oil and salt. And lastly laundry detergent was purchased so that caregivers could help to launder clothing and linens for those they provide care for, still a major daily task for women in rural Cameroon.

Some key impacts were that materials such as aprons enabled enhanced visibility of home-based caregivers as well as the ability of aprons to provide some



Cameroon HBCA distributing supplies to caregivers

basic protection in the process of taking care of their clients. Their uniforms will help them gain visibility in their communities as organized groups. First aid boxes will help the caregivers stay organized and will also improve on the quality of their service -- enabling them to provide first aid assistance to clients prior to referrals. NVWCIG estimates that up to 500 persons in five communities will benefit from the materials provided through the United Methodist Special Advance.

Ntankah Village Women Common Initiative Group (NVWCIG)

NVWCIG was founded in 1996 to improve the long-term social and economic conditions of women through agricultural and rural development activities that improve women's ability to control and manage their resources. The group works to increase women's ability to produce, process, and market their products, and to increase production yields through the practice of environmentally sustainable methods. Women in the group lead community trainings in agricultural practices, as well as vocational training for youth, community responses to HIV/AIDS, and the establishment of women's credit and savings cooperatives. NVWCIG is a member of the Home-Based Care Alliance and has a strong and growing constituency of caregivers across Cameroon.

NVWCIG caregiver demonstrating First Aid at a monthly HBCA meeting



Essential Supplies Distributed in Nigeria

In July 2011 the International Women's Communication Center (IWCC) brought 50 home-based caregivers and people living positively with HIV and AIDS representing 50 communities in Kwara State, Nigeria together in a series of meetings to provide them with material support including food, drugs and other essential items for home-based care work. In addition, thanks to donor support from the United Methodist Special Advance, caregivers were provided with transportation and attendance at monthly meetings and small stipends for caregivers for provision of home-based care work in their local communities.

Food items were purchased to redress issues of malnutrition, especially for those living positively and who are on ARVs. Women and children were particularly targeted for food supplies that were distributed in over 20 communities. Supplies distributed included milk, baby formula, cereal, sugar, tea and other goods. The grant also was used to buy drugs for opportunistic infections including antibiotics, paracetamol, antiseptics, and first aid supplies. Additionally vitamins were distributed to caregivers, vulnerable children (including orphans and homeless children) and people living with HIV/AIDS in attendance at the meeting.



Medications and food supplies for the IWCC Care Center and caregivers

Finally the small grant provided funding for essential materials for IWCC's Care Center based in Ilorin. A hospital bed was purchased in addition to linens, gloves, medical supplies and other essential equipment. The impact of the Special Advance small grant was far reaching and made lasting improvement to the IWCC Care Center as well as enabling continued provision of supplies and treatments available to caregivers and people living positively in over 50 communities. The total number of indirect beneficiaries was estimated to be more than 500 persons.

International Women's Communication Center



The International Women's Communication Center (IWCC) has been leading the Alliance organizing in Nigeria since 2005. Their network of caregivers links and organizes 500 home based care givers from over 50 women's groups. IWCC is using monthly meetings of group leaders to track Alliance registration, discuss successes and challenges of local organizing and to unify advocacy and outreach efforts to national and local governments around lobbying efforts. IWCC believes that the Alliance organizing has empowered local women to move into political spaces confidently because they have the support of a several hundred caregivers behind them.

IWCC Director and Caregivers distributing food to orphans

Materials Purchased for GROOTS Zimbabwe HBCA Uniforms Promotes Solidarity Across the Alliance

Thanks to the small materials grant from the United Methodist Special Advance in August 2011 107 home-based caregivers living in nine communities including St. Babra, Njerama, Sherukuru, Kagweda, Mt Jenya, Tsonzo, Bethania, Chikumbu and Trizile each received 1.5 meters of material to sew skirts as a part of their GROOTS Zimbabwe Home Based Care Alliance uniforms. Purchasing material for HBCA uniforms was proposed by the members of the Alliance as a way of promoting uniformity and a sense of purpose amongst caregivers who are coming from different HBCA community groups.



Zimbabwe HBCA Caregivers measuring and cutting fabric for distribution

Uniform materials were distributed to HBCA members during HBCA meetings in their local communities. Receipt of materials provided motivational incentives to caregivers and will help them to identify and unify members of the Home Based Care Alliance both within and between communities. Creating uniforms was also seen as a marketing tool for promoting the importance of caregiving and the Zimbabwe HBCA. Caregivers felt that the new uniforms will strategically motivate more community members to join the HBCA as caregivers. They also felt that community members would better recognize and appreciate caregivers' work and promote community ownership of developmental projects.



Ray of Hope Zimbabwe (ROHZ)

Ray of Hope Zimbabwe (ROHZ) is a grassroots network of women survivors of domestic violence whose primary operations are based in Mutasa Rural District, Manicaland Province, Zimbabwe. It was formed in 2005 by Shorai Chitongo, a survivor of domestic violence herself who was rescued from a violent marriage that she had been trapped in for nine years. To date it has a membership of over 200 women from Mutasa communities and 50 women in Chitungwiza town where ROHZ has set up a strategic office. Ray of Hope Zimbabwe is also operating as the Secretariat of GROOTS Zimbabwe.

I was greatly moved by the passion, resilience, determination, volunteering spirit and the volume of work done by survivors—who also happened to be primary caregivers and secondary caregivers—and the burden they were subjected to in the background of lack of recognition, poor working conditions and lack of motivational incentives.

**-Shorai Chitongo,
Director of Ray
of Hope**

Zimbabwe Leader, Caregiver Tells Her Story

By **Shorai Chitongo**

I became a caregiver in 2005 when we initiated Ray of Hope, a support group of women survivors of domestic violence. It was during one of our early debriefing meetings that I discovered that 75% of the women survivors of domestic violence in my support group openly disclosed that they were HIV positive. We had hoped to economically empower ourselves as survivors through income generating skills and had overlooked the possibility of some of us being HIV positive. Little had we realised that the situations we had survived had rendered us highly vulnerable to HIV infection because as victims of domestic violence, we could not make choices for safe, protected sex. In our community about one in every eight community members was HIV positive with a greater number being terminally ill. During this time Zimbabwe had a serious shortage of ARVs [Antiretrovirals] and our group lost three members to HIV within a period of one month. I became a leader after witnessing numerous cases of domestic violence, one of them so horrendous in that it involved the gruesome murder of a young woman in full view of her three children. Being a survivor of domestic violence myself, and at that time in hiding from a spouse who was after my head, I decided to mobilize other women in the community who were in similar situations and the turn up was overwhelming and beyond what I had imagined. It was through the formation of Ray of Hope that my community recognized and appreciated the work that I was doing with survivors and at the same time the community was battling to respond to the impact of the virus as well as addressing the unprecedented problems caused by the epidemic.

As a leader leading a very important societal group that has been left out of community development programs for long time, I was greatly moved by the passion, resilience, determination, volunteering spirit and the volume of work done by survivors—who also happened to be primary caregivers and secondary caregivers—and the burden they were subjected to in the background of lack of recognition, poor working conditions and lack of motivational incentives. Over and above that, I was also moved by the plight of bed ridden clients in my constituency. Community leaders and stakeholders had invested a lot of trust and belief in my leadership so I was highly motivated to bring transformational programs to my constituency. I was inspired to start the HBCA after attending the Orphan Gala held on 19 June 2009 at Bethania



Shorai Chitongo

Primary School in Mutasa District. The event was organized by Bethania Community Home Based Care Group and it was humbling and heart-warming to witness poor community caregivers with their very small but hard earned resources, apart from rendering their services for free, organising themselves to come up with such a big event for the benefit of the disadvantaged. I was also greatly motivated by the accomplishments of GROOTS Kenya, our sister organization in the Huairou Commission. The idea of starting the Zimbabwe HBCA was initiated as a way of harnessing care givers efforts, facilitating network building, and opening up communication between caregivers from different HBC groups in Mutasa.

As a leader I am always in touch with my constituency and I meet with the HBCA caregivers every two weeks. Individually they are also welcomed at our satellite offices for support and information sharing. When I represent the HBCA, be it in or outside Zimbabwe, I return and organize feedback meetings to disseminate to others the knowledge and experiences I have gained. The HBCA has just launched the Suggestion Box to facilitate better communication from members and non-members to the Alliance organizers. Caregivers provide the unpaid time, labour and resources directly to their clients. Because my work as a leader involves a great deal of travel I have had to reduce the number of clients under my direct caregiving. Over and above that whenever I am away, my fellow caregivers in my village take turns to look after my clients.

The primary challenges that we face are transportation to and from our clients and inadequate resources to expand the Alliance, which is being requested by other communities. The government needs to formally recognise the unpaid work being done by caregivers. It is also imperative for government to allocate resources to go towards the payment of allowances/economic empowerment to caregivers as a way of motivating them. NGOs can also support caregivers by resourcing them, organizing training workshops and exchange programs for caregivers. The passion, hope, shared vision and innovativeness of the HBCA members guarantees the movement's sustainability in the long run. The HBCA program has managed to bring various concerned HBC stakeholders to a common understanding. Individual HBC groups, Village Heads, Traditional Chiefs, Local Councillors and most importantly grassroots caregivers have come to the negotiating table and re-strategized jointly. In the four districts where we are organizing, the HBCA is now strongly regarded as a home grown solution to a home grown problem. Stakeholders came to the collective understanding that caregivers empowerment is a multi-faceted process requiring a multi-sectoral response.

Peanut Butter Project: Brings Nutritional Product Creates a Sustainable Livelihood for Caregivers in Zimbabwe

Peanut Butter, known as 'dovi' in Zimbabwe, provides nutritious meals and a sustainable livelihood for caregivers.

In the Seke District of Zimbabwe two peanut butter making machines were purchased by Seke Rural Home Based Care (SRHBC) for use by caregivers and community members, providing improved nutrition for people affected and infected by HIV/AIDS, for the caregivers themselves and for the communities they live in. The peanut butter making machines, through the creation of peanut butter for sale and the rental of the machines to community members, have enabled an essential sustainable livelihood component for caregivers who can now better absorb the costs of care: anything from transportation to needed materials and supplies.

Seke Rural Home Based Care operates in the rural areas where people live from subsistence farming. Peanuts, known locally as groundnuts; are one of their key crops. This is a very nutritious food and peanuts can be eaten raw, roasted, boiled or ground into a paste. The paste known as 'dovi' is the most popular since it is used to add nutritional value to porridge (for babies and patients) and it is also added to vegetables and dried meat and fish as a source of essential nutrients. Peanut butter is also spread on bread or eaten just as it is. The traditional way of making peanut butter is by grinding two stones together and catching some peanuts in between to make a paste, which takes quite a while to fill up a 350ml jar. Most programs for undernourished children are given peanut butter as a remedial/supplementary food. This United Methodist Advance grant has made it easier for women to have access to this essential nutritional product because it is now much easier to prepare and they can eat as much as they want.

Home-Based Caregivers from Seke Rural Home-Based Care Marching for Recognition

The communities also have access to the benefits of the project because peanut butter can be manufactured and bought in their villages at reasonable prices.

The decision to purchase peanut butter equipment was made after consultation with the caregivers themselves to see how they could most meaningfully benefit from the United Methodist Advance small grant. Instead of buying once off goods and materials, the peanut project was chosen above all because it has long term benefits for the caregivers and community members. Altogether 220 caregivers representing eight communities and over 1,000 clients and patients are continuously benefiting from this project.

The United Methodist Advance benefited caregivers located in the communal wards of Nemasanga, Mandedza, Ngome, Mutiusinazita, Zhakata, Chirimamhunga, Mapfuti and Matiti. The machines are centrally located in the Seke District and will enable caregivers from all participating wards to grind peanuts and make peanut butter for domestic consumption and for sale. The machines have also allow caregivers to make peanut butter readily available in the villages where they and their clients are located. Additionally, caregivers began renting the machines at a profit and community members can now bring their peanuts for grinding for a fee. Funding earned from the sale of peanut butter and the rental of the machines is enabling directly supporting caregivers as well as promoting a sustainable livelihood project that boosts the economic wellbeing of the caregivers and those affected and infected with HIV/AIDS.



Women Together In Development (WOTIDE), South Africa

Women Together In Development (WOTIDE) of South Africa organized meetings for caregivers during their “Week of Action” which included bringing caregivers, local and traditional authorities, youth leaders and community members together to address the role of home-based caregivers and community needs in three communities. Just under 300 caregivers, community members, clients and young girls were reached through a series of meetings that took place during the Week of Action, where those in attendance also benefited from the small materials grant from the United Methodist Special Advance that enabled the purchase and distribution of a range of essential care items for caregivers, the infected and affected, and for girls in these communities.

As a result of this small grant 22 caregivers received ten fully stocked first aid kits, to be shared amongst them, for taking care of clients in their communities. Caregivers also each received umbrellas and hats, for protection from the rain and sun, and aprons to cover and protect their clothes. They were also provided with small face towels to distribute to clients who had no washing linens and disinfectants for cleaning their client’s homes. Additionally, caregivers were also provided with rakes, spades and other gardening equipment for use in helping their clients keep on top of their food gardens, many of which provide essential sustainable foods for their clients -- who are often unable to tend their gardens themselves.

In addition to supplies for caregivers and their clients,



44 girls in the 7th grade class at Morwa-Thebe Primary School received packages of sanitary napkins that were distributed to them as a part of a ‘Health Talk,’ a health and sex education discussion held by women home-based caregivers that enabled young girls to learn about menstruation and provided them with information about sex education, HIV/AIDS and STIs.

Some key impacts of the ‘Week of Action’ and thanks to funding from the Special Advance included increased momentum for the home-based caregivers and the Alliance in three communities, and that caregivers themselves said they felt inspired, motivated and encouraged to continue their work. Additionally caregivers received recognition by community leaders, community members, local authorities, youth lead-

ers and others for the important work they do in caring for their fellow community members. A few business owners in attendance even promised to give financial support to the South African HBCA and support WOTIDE caregiver’s future activities. Finally the school and school management, being underfund-

ed and overwhelmed with their own programming issues and needs, were extremely grateful to WOTIDE and the participating caregivers who provided much needed health and sex education instruction for the girls in the 7th grade primary school class. Continued HBCA activities are ongoing but thanks to the Special Advance 295 caregivers, their clients, community members and girls were able to benefit from Special Advance small grant funding.

Seke Rural Home-Based Care

Since 2001 Seke Rural Home Based Care has been implementing interventions meant to improve the quality of life for people affected and infected by HIV and AIDS by influencing behavioral change through health and HIV/AIDS education. Seke Rural HBC is also involved in building the capacity of communities to provide care, support and treatment for people living with HIV and AIDS, the terminally and chronically ill, and orphans and vulnerable children. SRBC believes that an empowered community is able to identify gaps and challenges and also come up with ways to solve them sustainably. Seke Rural HBC has trained 1300 home-based caregivers and their goal is to have one caregiver per village. In Seke District alone the organization works with 460 trained caregivers. Seke District is made up of 21 wards

Home-Based Caregiver from Seke Providing Food for a Bedridden Neighbor



United Methodists Provides Materials for Ugandan Caregivers

During the months of August and September 2011, the Uganda Community Based Association for Child Welfare (UCOBAC) was able to distribute essential materials to 300 home based caregivers within six of their grassroots partner organizations due to the generous donations from The Advance Fund from United Methodist Church. The six communities are comprised of Rubaga, Bugiri, Kabongo, Masaka, Jinja and Busi and reached approximately 1800 people.

The communities of Bugiri, Lubaga, Busia, and Kabongo's Home Based Care Alliance (HBCA) partnering with Action for Women Awakening in the Rural Environment (AWARE), each purchased T-shirts and identification cards. These T-shirts and name tags were purchased in order to give visibility and recognition to the caregivers in their community.

The community of Masaka HBCA purchased T-shirts, notebooks, and pens. The T-shirts will be used for group identity and recognition within their community. Notebooks and pens will be used to keep records of the



Jinja Home based caregivers receiving new materials

progression of patients' health status.

Slum Women's Initiative for Development (SWID) in Jinja—a HBCA member—purchased gum boots, antibacterial soap, nose masks, and latex gloves. These materials will be used in caregiver's kits, so that the caregivers can reduce infection among themselves and their patients.

Slum Women's Initiative for Development (SWID), Action for Women Awakening in the Rural Environment (AWARE), Uganda Community Based Association for Child Welfare (UCOBAC) together with other associated grassroots caregivers comprise the Home Based Care Alliance in Uganda. Home based caregivers are not recognized healthcare workers by the government or local hospitals, therefore, the supplies they receive are crucial for their continued work responding to HIV/AIDS.

The Uganda Home-Based Care Alliance pulls its membership from

Uganda Community Based Association for Child Welfare

The Uganda Community Based Association for Child Welfare (UBOBAC) is a constituency of organized grassroots NGOs and independent HIV/AIDS home based caregivers. The central aim of UBOBAC is to promote family and community awareness on HIV/AIDS prevention and provide home based care for HIV/AIDS patients, and to care for orphans and other vulnerable children. The Home Based Care Alliance was formed in 2007 with the aim of recognizing the contributions of otherwise ignored home based caregivers, shift resources and power to caregivers, and to form a network of peer learning. In addition, it serves as a platform for advocacy and negotiation with the government concerning HIV/AIDS. Since its founding in 2007, UCOBAC has led nine communities to successfully complete the "9 steps of Alliance Organizing" and is currently expanding into more than 20 rural districts around Uganda.

Slum Women's Initiative for Development

Slum Women's Initiative for Development (SWID) has been working in urban Uganda for seven years. SWID has 125 caregivers that provide in-home care to over 100 families. The caregivers are motivated by economic, social, and political empowerment for themselves and their patients. The scope of their work includes educating people living with HIV/AIDS (PLWHAS) about their rights and providing Community Paralegals to assist PLWHAS, Local-to-Local dialogues as a way to engage their local governments, creating savings groups and community education through drama. Home based caregivers provide their patients with fellowship, medication, and assistance with household cleaning and chores.

Action for Women & Awakening in Rural Environment

Action for Women and Awakening in Rural Environment (AWARE) works in a very remote region of Uganda. This region is vulnerable to food shortages, poor education, massive poverty and poor roads. AWARE focuses on changing attitudes and reducing stigma about HIV/AIDS. Education about prevention, transmission and treatment are at the core of their work. Because of AWARE 2,000 people are now receiving ARV treatment and 300 others have revealed their status. AWARE provides its patients with gerry cans, mosquito nets, condoms and hope.



Uganda Home-Based Care Alliance

The Home Based Care Alliance in Uganda prides itself on having local women, experienced caregivers and experts on their community, as the Focal Points the Alliance. Although these women come from various regions and face different challenges, it has been agreed that all resources are dispersed evenly and for a common purpose. The Home Based Care Alliance relies on a bottom-up leadership approach with a clear focus on caring for communities burdened with HIV/AIDS.

Caregiver Kits Make a Lasting Impact in Communities in Uganda



Masaka Home based caregivers with their new notebooks

Because of the funds provided by Advance, the Uganda HBCA was able to purchase supplies given to these 300 home based caregivers and will impact the lives of an estimated 1,800 community members!

-The caregivers are now visible in their communities and unified at a district level because of the new T-shirts and identification cards.

-Cross infection between caregivers and patients will be minimized. The antibacterial soaps, surgical masks, and latex gloves will protect both the caregivers and the patients from opportunistic diseases.

-Caregivers can now develop a system of tracking and managing their patients. The notebooks and pens will allow the caregivers to keep record of the progress of their patients.



The Advance
Advancing hope in Christ's name

How to Give to the HBCA

By Offering: Make your check payable to your local church. Write "Home-Based Care Alliance #3020443" on the check. Put your gift in any United Methodist church offering plate or give your gift to your church treasurer; your church and annual conference will get Advance credit.

By Check: Make your check payable to ADVANCE GCFA. Write "Home-Based Care Alliance #3020443" on the check.
Send your check to: Advance GCFA

P.O. Box 9068, GPO

New York, NY 10087-9068

By Credit Card: Credit card gifts can be accepted by phone at: 888-252-6174

Donate Online: Make a secure online donation at Givetomission.org

What is the Home-Based Care Alliance?

The **Home-Based Care Alliance (HBCA)** is a bottom-up federation of grassroots home-based caregivers across Africa. These caregivers are primarily taking care of people living with and affected by HIV and AIDS. They also care for people with other chronic illnesses, the aged and others in their communities who are in need. Although home-based care is a vital, life-giving service in communities, most formal health systems, governments and donors do not recognize caregiving for how important it is, and do not include caregivers or their work in their decision-making or resource allocation. So caregivers, most of whom are women, shoulder this burden alone.

The purpose of the Alliance is for home-based caregivers to come together, better coordinate their work, and advocate for recognition, inclusion in formal decision-making structures, and for resources to support their contributions. The work of the Alliance happens locally, nationally and globally. The Alliance members and leaders are grassroots caregivers themselves. NGO staff are principled partners and provide technical support when it is needed.

What is the Difference Between Home-Based Care Work and the HBCA?

Home-based care is the assistance and support given to people infected and affected with HIV and AIDS at home. HBC includes a wide range of services, including nursing care, home visits, assistance with household chores and caring for children, linking to health facilities and social services, psychosocial and nutritional support, training family members to care for the sick, and many other things.

The Home-Based Care Alliance, on the other hand, is a platform that brings together caregivers with a common vision to have one strong collective voice for advocacy. The components of Home-Based Care Alliance work include lobbying and advocacy, resource mobilization, empowerment and organizing caregivers.

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The Home-Based Care Alliance newsletter is a resource for sharing information and updates between grassroots members of the Home-Based Care Alliance across Africa and for sharing relevant information from the global level with grassroots caregivers. If you are an active member of the HBC Alliance and have news to share about your efforts to gain recognition and resources for caregivers in your community and country, please write to us at our HBCA Blog at <http://homebasedcarealliance.org/>