

Swaziland

The Work of the Home Based Care Teams – an Update

For several years, the Anglican Diocese of Swaziland has provided home based care, in many parishes, for acutely and chronically ill people. Most of those who are very sick prefer to be cared for in their own homes and by people they know - and in any case hospital beds are in short supply.

Regular email contact with staff in the Diocesan Office and the HIV/AIDS Office provides me with up-to-date information on the various projects that charges in Brechin Diocese help to support.

Because the parish-led Home Based Care (HBC) teams in Swaziland have been struggling to provide care and support, in appalling circumstances, a substantial portion of funds sent from Brechin in the past year has been directed specifically to support the work of these HBC teams.



Food supplies funded by Brechin Diocese stacked up in the office waiting for distribution.

Dec 2013

Home Based Care is described as provision of a range of services, by caregivers, in the home. As well as providing physical, emotional and spiritual care and comfort, the caregivers work to reduce the stigma of HIV/AIDS and the discrimination experienced by those who are sick and their families. The HBC teams also provide a valuable link between the health facilities and those who are sick, and the importance and benefits of this more collaborative approach are recognised.

This update is based on recent reports; the latest received from the Diocesan HIV/AIDS Office only a week ago. I am grateful to the staff for their willingness to share and to work collaboratively with us as Companions.

At the beginning, that latest report states:-

"..... Through the help of the Diocese of Brechin and volunteer care givers, in the Diocese of Swaziland, such care has been provided to the people."

In Brechin, we try to help regularly in small ways and what we do really does make a difference.

A recent audit and study of community Home Based Care and antiretroviral adherence in Swaziland (Oct. 2013) produced interesting and telling results:-

- 92% of participants said their health had improved since their involvement with HBC care givers.
- 52% said that they would have died (a few from suicide) had there been no HBC intervention.
- 28% felt able to seek HIV testing after having HBC visits.
- 31% began antiretroviral treatment (ART) after and largely because of HBC support and encouragement.
- Approximately one in four – 23% - said that the HBC support had enabled them to disclose their HIV status to their family.
- 27% said members of their family and community had discouraged them from ART.

(Ncongwane T & Hlatshwayo P. 2014)

At the time of the study in 2013, 43 men and 93 women - 136 in total across the diocese were receiving HBC from 21, volunteer care givers.

Eight of these HBC volunteers work in two urban parishes and the remaining thirteen provide support in seven rural parish areas where they often walk for many miles in difficult and unsafe terrain to reach isolated, rural homesteads.



This man who is sick with Aids has been abandoned by his family and lives alone in the old homestead

The funds sent from Brechin in the past 12 months have been used to buy basic foods, medicines and personal care items, which are made into individually prepared parcels for those who are sick.

Although the HBC team members are usually very poor themselves, they are the most generous people and parcels are often supplemented by extra food from their own impoverished kitchens and precious vegetable gardens.

Funds from Brechin have helped with the purchase of:-

- Traditional foods with a high calorie content e.g. mealie meal, mealie rice, rice, cooking oil, tinned pilchards, and powdered soup to make gravy.

- Personal care items e.g. Sunlight soap for laundry, incontinence pads, Vaseline for skin care, surgical gloves for the protection of care givers.
- Basic medicines. E.g. painkillers, vitamins, antacids.

Many HBC volunteers are retired nurses and, as such, are permitted to administer basic medicines and ART. Untrained volunteers assist with personal care, food preparation and emotional and spiritual support for the sick person and their family.

The caregivers are mostly mothers and grandmothers and so have a wealth of practical knowledge and skills to share.

Where possible, the HIV/AIDS Office staff will deliver food parcels to HBC teams, but, if there is no available vehicle or no money for petrol, parish priests will often collect the goods from the HIV/AIDS Office and deliver them to their own HBC team.



In the latest report from the HIV/AIDS Office (*February 2014*), several benefits of HBC are identified.

- Those who are sick are able to be cared for in their own home environment and can continue to participate in family and community life.
- HBC reduces the cost and stress of care away from home.
- Working together to care for a family member who is very sick can help hold families together.
- If accurate information is shared:-
 - families are helped to accept the condition and to provide care safely.
 - communities have better awareness of HIV/AIDS and of its management and prevention
 - myths and misconceptions can be overcome.
- Working together makes it easier to develop a more co-ordinated approach to accessing medical and community resources and communities can become advocates for better education and improved resources.

(*Ncongwane T & Hlatshwayo P. 2014*)