

Home-based Care - A Paradigm of Community Ownership: Circumventing Strained Health-Care Systems, Empowering Constrained Home-Care Schemes?

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Sub-Saharan Africa continues to be the epicenter of the HIV/AIDS pandemic. Coming soon after Structural Adjustment Programs were initiated, the result has been strained and constrained health-care systems which have not been able to shoulder the full burden of this epidemic. Means and mechanisms to help offload the burden from the mainstream public health institutions have been devised and these accrue from various theoretical approaches. One main theoretical approach has been capacity-building and empowerment of local communities.

One strategy that has been used under this approach is the Home-Based Care, in which volunteers from local communities are trained and facilitated in basic health care skills for PLWHA who receive these services in the comfort of their homes, the high levels of poverty notwithstanding. However, there are heavy social and economic costs to the families and the service providers as this paper will reveal. The HBC providers face enormous challenges in trying to care for PLWHA. Non-Governmental Organizations have to foot much of the bill in training, facilitating and providing the needed resources, both material and non-material, for the HBC to properly meet their obligations.

This paper accrues from a case study of twenty HBC providers who have been sponsored by a non-governmental organization in a rural village in Kenya's Nyanza Province, the hardest hit region in the country as far as HIV prevalence is concerned. An analysis of the capacity-building and empowerment approach as a means of creating resilience and engaging the local community in the fight against the epidemic is provided alongside an evaluation of HBC as a mechanism for bridging the gap left by inadequate health care institutions. It discusses community ownership of the epidemic as a role that local communities are forced to play in the wake of widespread infection.