



## **Home-Based Care Alliance in Africa**

Prevalence rates of HIV/ AIDS are as high as 40% in some African countries. But while there are billions of dollars flowing into Africa today to fight the spread of HIV/ AIDS, grassroots-led home-based care is still the primary activity in the fight against AIDS. As individuals and in groups, women are providing nursing, counseling, family support and resources to their infected neighbors. They also provide support and care for orphans. These women are volunteering their time, energy and resources, making up for overburdened public health systems throughout Africa.

Despite this fact, the majority of money going to Africa is not reaching these grassroots caregivers. The majority of well-funded anti-AIDS programs focus on professional-led public health, social services and prevention campaigns. There is rarely any mention of the fact that grassroots women are innovating methods for managing the crisis of AIDS in their communities. Grassroots activities, the primary response to HIV/ AIDS on the ground, are going undocumented and unrecognized.

The overall goal of the home-based care alliance is to draw recognition to grassroots work; to document grassroots activities and to valorize them. Although this work is being done on a volunteer basis, it is not voluntary. As it stands, those who are providing the major response to AIDS are sacrificing their sparse income and their energy in service to their communities. They have no voice in policy circles; most receive no outside funding. This invisibility of women's work is symptomatic of gender and class marginalization and impoverishment.

AIDS must be seen in the context of poverty. Its causes and impacts are deeply related to development. Communities that have been left vulnerable by poverty are those that are hardest hit. Communities are not only left more vulnerable to AIDS by poverty, they are also more greatly impoverished by it. AIDS is reversing years of development.

Entire communities are economically drained by HIV infection, because it decapitates communities' primary providers, those who are in their most productive years in terms of income-generation. In this context, caregivers work

on an entirely volunteer basis, sacrificing their own meager resources for the sake of those for whom they care, and thus often carry a disproportionately higher burden. In the course of their work, home-based caregivers not only provide counseling and para-health services – cleaning patients, tending to their wounds – they also bring resources to the sick and his or her family, since they are generally unable to work. Caregivers provide food, clothing and money to ailing families either out of their own pockets, or out of their small group fees. Not only is a caregiver giving up time that could be devoted to personal income-generation, caring for her own family through salaried work or farming, but she is also draining her resources by providing for that neighbor's family. This situation, taking place in already impoverished communities, is clearly unsustainable.

*GROOTS' vision of building a movement of home-based care workers is intended to remedy this situation at its roots*, rather than through the symptom-addressing programmatic activities that are largely funded now. Home-based care workers are surfacing needs and priorities that are not being addressed by dominant responses to AIDS, which tend to focus on health services rather than livelihoods. This home-based care alliance grows out of a vision of the home-based care workers, in which all members of the community are more actively aware of and involved in the response to AIDS, not just as a matter of health, but as a matter of the daily survival of the community.

The home-based care alliance will allow women's groups that are already performing home-based care to gain strength from a union of volunteers and self-help groups. The union will become a negotiating mechanism and a vehicle for strengthening practice and securing livelihoods for those who are working on the ground. It will build the capacity of home-based caregivers to represent themselves in local, national and international mechanisms distributing aid and creating AIDS policy.

With generous support from the New Field Foundation, the Home-Based Care Alliance is already being piloted in Kenya, coordinated by GROOTS Kenya and with assistance on livelihoods assessment from GROOTS member Swayam Shikshan Prayog (SSP), India. In the second year, the model will be transferred to Uganda, coordinated by the Uganda Community-Based Association for Child Welfare (UCOBAC). Organizations in Nigeria (the International Women Communication Center) and Rwanda (Rwanda Women's Network) are also beginning the process of mapping and mobilizing for the Alliance within their own countries as well, and we have begun outreach to grassroots organizations in Zimbabwe, Cameroon and South Africa as well.

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