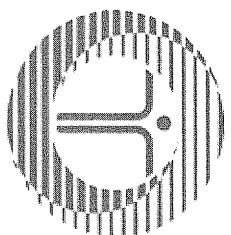
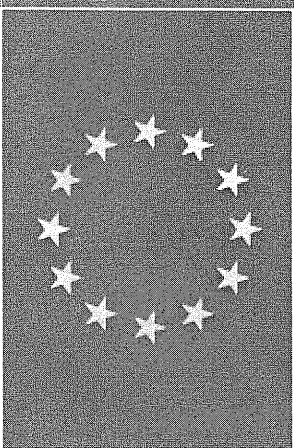


REGANDA
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Evaluation study of the Psycho-Social needs of volunteer Community Home-Based Carers (CHBC)

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HSRC
Human Sciences
Research Council



HSRC RESEARCH OUTPUTS

5851



1. Introduction

- South Africa has the largest number of people living with HIV/AIDS in the world.
- As more households in South Africa become affected by HIV/AIDS, there is a growing need for assistance with care and support;
- The dire shortage of professional health practitioners in South Africa means that the greater burden of care for OVC and PLWHA remains with informal community home-based carers (CHBC).
- CHBC have psychological, social, economic, physical needs which need to be met to enable them to do their care-giving work, effectively.



2. SARCS project on CHBC

- Forms part of the CHBC, HIV and AIDS programme and specifically aims to increase psycho-social support to OVC and the primary care-givers (often family members) of PLWHA
- Provides care and support activities which include the provision of HBC, PSS and economic support and strengthening of the care network.
- The project uses an integrated community home-based care approach which links service providers with the clients and their families to ensure a continuum of care.



3. Objectives of the evaluation

- Determine the psychosocial, economic, educational and other needs of CHBC working with OVC and PLWHA on behalf of the SARCS;
- Determine challenges faced by CHBC;
- Recommend interventions for meeting the psychosocial needs of CHBC.



4. Research methods

- The qualitative study comprising of key informant interviews and focus group discussions. We conducted 15 KIIs with SARCS project staff and other stakeholders in community home-based care, and 11 FGDs with community home-based carers;
- A cross-sectional baseline survey of 290 randomly selected CHBC in 8 provinces where SARCS operates.

4.1. Schedule of KIIs with SARCS OVC staff and other role-players

Key Informant	Organisation	Number
Manager: OVC	SARCS	1
Coordinator: Health and Cafe Regional OVC	SARCS	1
Director: OVC	SARCS	9
Director: OVC	Department of Health	1
Director: OVC	Department of Social Development	1
Manager: OVC	Nelson Mandela Children's Fund	1
Manager: OVC	AIDS Consortium	1
	Total	15



4.2. FGDS with HCBCs

FGDS were conducted with the CHBCs in 8 provinces at 9 selected sites:

- Western Cape
- Port Elizabeth and Uitenhage
- South Coast, Pietermaritzburg and Umzimkulu
- Bloemfontein
- Kimberley
- Johannesburg
- Zululand
- Mokopane
- Mafikeng

4.3. Sampling frame for the survey

Sites where interviews were conducted	Province	No. of care-givers [pop]	No. of interviews [sample]
Cape Metro (Khayelitsha)	Western Cape	40	25
Port Elizabeth (Kwazakele)	Eastern Cape	191	69
Bloemfontein (Mangaung)	Free State	50	18
Johannesburg (Alexandra)	Gauteng	150	54
Pietermaritzburg (Zululand)	Kwazulu-Natal	65	23
South Coast, PMB (Edendale)	Kwazulu-Natal	80	29
Mokopane	Limpopo	80	29
Kimberley (Galeshewe)	Northern Cape	76	27
Maifikeng	North West	45	16
Total	8	777	290 (37%) ⁸



5. FINDINGS

“If we lose the thousands of ‘angels’ out there, our health system will collapse. They play a major role, with little support or resources. Mobilisation of this cadre of workers, standardised package of serviced, training and remuneration could enable us to implement task shifting and mitigate the human resources crisis”.

KII GP

5.1. Area where care-giving role is provided

	Frequency	Percent
Cape Metro	27	10.4
Port Elizabeth	37	14.3
Uitenhage	21	8.1
Bloemfontein	23	8.9
Zululand	55	21.2
Pietermaritzbur	29	11.2
Mokopane	24	9.3
Kimberly	27	10.4
Mafikeng	16	6.2
Total	259*	100

* 31 questionnaires were unusable for this question

Demographic characteristics of respondents

Characteristic	Frequency	Percent
Less than 20 years	7	2.7
20-29 years	73	28.2
30-39 years	86	33.2
40-49 years	46	17.8
50-59 years	18	6.9
60 years and older	28	10.8
Male	15	5.8
Female	244	94.2
No school	1	0.4
Primary school	19	7.3
High school	207	79.9
Degree/Diploma	32	12.4
Married	67	25.9
Single/Never married	184	71

Training attended by CHBC

Training attended	Frequency	Percent
HIV/AIDS	164	63.3
First aid	162	62.5
Home-based care	152	58.7
Tuberculosis (TB)	143	55.2
OVC counseling and support	116	44.8
Palliative care	105	40.5
Memory book	91	35.1
	259	100

Satisfaction with training received from SARCS

Satisfied with training provided by SARCS on:	Frequency	Cumulative Percent
HIV/AIDS	166	64.1
First Aid	154	59.5
Home-based care	140	54.1
Tuberculosis (TB)	135	52.1
OVC counseling and support	117	45.2
Palliative care	138	36.7
Memory Book	91	35.1



Support provided to care-givers

“...in the last 5 years we've really been supporting our caregivers and raising their standard of living...allowing them to go to Abet classes, even paying for it making sure that...services become available...If they want to study further they can apply if we have funding. We offer a lot of capacity building, a lot of training to raise their level of understanding and knowledge and make them more marketable for other work” – KII Gauteng

Social services available to CHBC

	cy	nt
Getting help with caring tasks for people with chronic	203	78.4
Classes including HIV/AIDS people's medical conditions, care needs, treatment	189	73
Training in coping skills is available for you as a	147	56.8
Availability of courses to take up new learning and training	157	60.6
Getting help with taxi/bus fares to get to work	86	33.2
Getting complementary therapies to relieve stress	78	30.1
	259	100

Services provided by CHBC

Support services for clients	Frequency	Percent
Access to health services for the families under their care	222	85.7
Education support to the families under their care	216	83.4
Psychosocial support (PSS) for children under their care	203	78.4
Access to social grants, Birth certificates and ID documents	202	78
Access to health support for families under their care	199	76.8
Food/nutrition support to the families under their care	160	61.8
Total	259	100.0

“Sometimes we tell them how important it is to take the medication at the right time” – Northern Cape group

Recognition and support received in the care giving role

Indicators for recognition	cy	Percent
I am being valued and respected as an individual	196	75.7
I have a sense of shared responsibility, both practically and emotionally, with services including	196	75.7
Emergency access to information or achievement in providing care to others	193	74.5
I am informed, prepared, confident, skilled, equipped, or trained for the caring task	189	73.0
My care-giving needs and expertise are being recognized	177	68.3
Total	259	100.0



Motivation for becoming CHBC

“...because I want to help the people in my community to stop the virus of HIV & Aids, because the rate of it is getting up I want it to get low, and the people to live a positive lifestyle...” Northern Cape group

“...because the community in which I live is very poor, I saw how many patients die and I felt that I can be part of the Red Cross as a caregiver, so that I can try and make this a better place” Western Cape group

Feelings of psychosocial distress experienced

most of the time in the past week

Indicators of psychosocial distress	Frequency	Percent
How often were you bothered by things that usually don't bother you? you could not shake off the blues even with help from family or friends? you were doing?	Mostly	19.3
How often have you felt depressed?	Mostly	15.4
How often have you felt that everything you did was an effort?	Mostly	16.2
	Total	100.0

Feelings of psychosocial wellbeing experienced most of the time in the past week

Indicators of PSS wellbeing		cy	nt
How often have you felt hopeful about the future during the past week?	Mostly	128	49.4
How often have you felt you were happy during the past week?	Mostly	129	49.8
How often have you enjoyed life during the past week?	Mostly	128	49.4
How often have you felt that you were just as good as other people during the past week?	Mostly	125	48.3
	Total	259	100.0



Challenges identified by CHBC

“No pay, or very small stipends, or months of “dry season” when government is late with funding trenches...lack of equipment - gloves, first aid equipment, no water, poor infection control and exposure to infection, no resources, lack of transport, heavy reliance by patients and OVCs, heavy burden, huge and growing case loads and workloads, high expectation beyond what they are trained or able to fulfil, sexual, physical and verbal abuse, vulnerability to crime and violence, rape etc, elements and weather, lack of standardised training, mentorship, career pathing, job descriptions, and conditions of service”

KII Gauteng

Conclusion

- An overwhelming majority of CHBC working for the SARCS in 2008 were young women under 50 years of age, who are single or never married and were also Christians.
- Their training needs on HIV/AIDS, first aid, HBC and TB had been met by the SARCS.
- More than two-thirds, of CHBC working for the SARCS were getting help with their caring tasks
- CHBC were also successful in providing physical, emotional and psychological support to people they cared for.
- Although there are some issues related to transport, stipend and training which need to be attended to, it can be concluded that in general, the PSS needs of CHBC working for SARCS had been met.



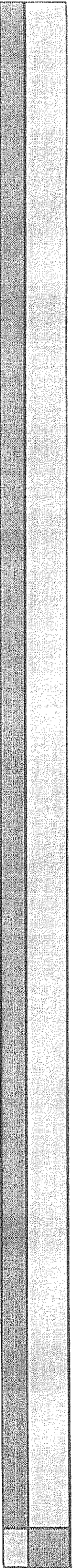
Recommendations

- Provide transport to CHBC who stay far from clients
- Standardize the stipend for all CHBC
- Provide structured and consistent training and re-fresher courses
- Offer psychosocial support through professional counsellors who do not work in the same organisation
- Protect CHBC against exposure to infectious diseases



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Thank you!