Primary level care to vulnerable children, including those orphaned by AIDS, is provided by a variety of relatives including parents, grandparents, siblings, aunts and uncles. Older people, particularly grandmothers, are estimated to provide at least 40-60 percent of the care.1 Unfortunately, older women are especially challenged to assume this role: they lack regular income support and are food insecure; the time given to caring reduces their ability to undertake income generating activities; and they struggle to ensure their grandchildren’s access to health care and education and to provide parental and psychosocial support.

Primary care providers need to be reached at the community level, through home-based care providers and community health workers. In addition, they must be given access to HIV sensitive social protection and livelihood interventions. Though lack of data and evidence on the scale, nature and needs of primary and community level care providers severely restricts the development of policies, strategies and interventions, governments are finally recognizing that this population needs to be remunerated and supported. For example, the Zimbabwe Ministry of Health approved a “Carers Policy,” calling for the compensation of community caregivers in kind or cash. This policy is also being considered by the Malawi Ministry of Health. Tanzania has established a home-based care coordinator cadre at the district level with plans for further expansion. The Government of Kenya provides token remuneration to community health workers as recognition for the valuable primary health care and HIV services they provide. Each of these examples provide a path forward for other countries evaluating similar approaches.


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