

13th Annual Conference of the
National HIV Nurses Association (NHVNA)




National HIV Nurses Association

Geraldine Main

Independent Nurse Consultant

*(With additional thanks to Julianna Misore from Mildmay International, Kenya
for her contribution to this lecture)*

16-17 June 2011, Arena and Convention Centre, Liverpool



MODELS IN NURSING

What can we learn from Models of Nursing in resource poor settings?

- Geraldine Main
- **In insightful meanings**
- Julianna Misore
- Mildmay

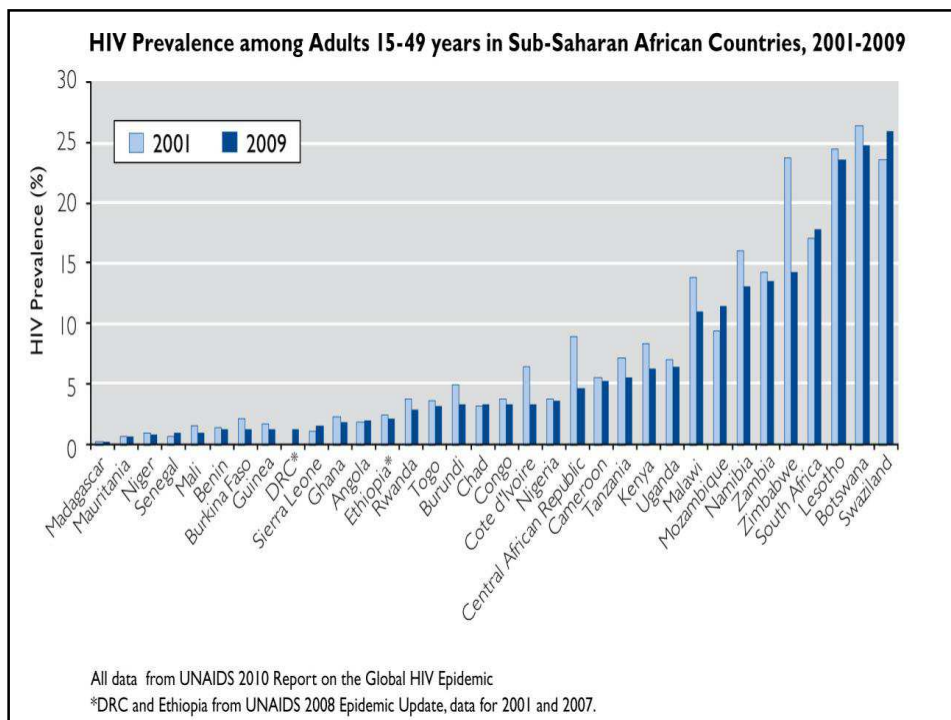
June 2011



HIV & AIDS SUB SAHARAN AFRICA



- 23 million people living with HIV/AIDS
- Prevalence in **Kenya, Tanzania, and Uganda** exceeds five percent (6.3 percent, 6.2 percent, and 5.4 percent, respectively).
- Tuberculosis (TB), malaria also poses a grave threat in sub-Saharan Africa
- HIV&AIDS depletes savings, reduces labour supplies, reduces productivity in the public and private sectors, and negatively affects public finances and economic growth (World Bank's *Commitment to HIV/AIDS in Africa* report, 2008).
- Agriculture, health and education, are affected by loss of skilled labour and illness (usaids 2011)



Background



- **Issues in Africa** :prevalence of illnesses such as HIV&AIDs, tuberculosis and malaria.
- **Resource poor settings** give rise to: increase of preventable diseases due to low levels of education and literacy .
- **Infection** leading to congestion in the hospitals outpatient and inpatient
- Requires a **multi sectoral collaboration, networking** in the care and management of the patients and clients



Familiar Models of Care



- Nursing: Patient Centred Systematic Approach.
- **Orem self Care**: Self caring with deficits when ill.
- **Roper Logan Tierney**: Activities of daily living/needs.
- **Peplau**: Negotiation with patients/empowerment
- **Roy adaptation** model: adaptive or coping responses.
- **Becker's Health Belief model**: take health related action. (Fawcett 2005)

Home Based Care



- Home Based Care remains the most relevant model to address the needs of clients in Sub Saharan Africa.
- The model can help:
 - **decongest hospital services** by permitting more appropriate discharge planning
 - **reducing care burden** at the hospital,
 - **decentralize capacity building,**
 - help **de-stigmatize HIV&AIDs** at household and community level (www.nacp.gov)

Home Based Care



The Home Based care model further Provides opportunity for continuum of care which is very important to;

- develop an understanding of **patients** their **family** and **community context**
- establish **trust and rapport**
- **follow patients** over the progression of an illness
- **collaborate** with other disciplines and community health resources . (www.nacp.gov)

- Insightful meanings
- Geraldine Main



Home Based Care (HBC)



From the literature review there were four distinct models that are recognised. based on the type of services they provide, these include:

- Community home-based care (CHBC)
- **Integrated community-based home care (ICHC)**
- Hospice care with HBC services
- Hospital-supported HBC services

(African Palliative Care Association)

HBC



MILDMAY
INTERNATIONAL

- a) The “**integration**” principle, i.e. the effectiveness and **sustainability** of HBC programmes
- b) An **enabling environment** in all countries due to government policies and political will.
- c) Existing teams/systems that could be used to **integrate palliative care** (PC) in HBC.
- d) Most human resource cadres were willing to learn, understand and implement PC in HBC. Service delivery was going on **despite limited resources**.
(African Palliative Care Association)





Home Based Care



The model focuses on seven essential components of ;

Provision of care

Continuum of care

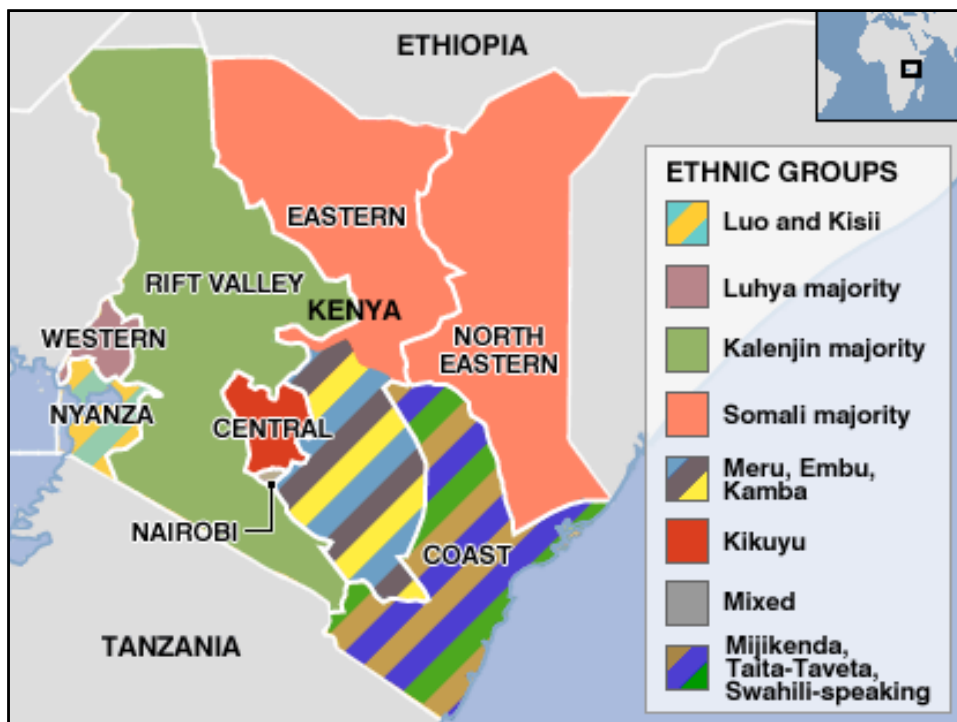
Education

Supplies and equipment

Staffing

Financing and sustainability

Monitoring and evaluation





Nyanza model of home-based care as an example of ICHC (Mildmay)



MILDMAY
INTERNATIONAL

- The building of a **strong skill base** to respond to PLWHA needs in the community and **belonging** to that community is fundamental to any community-based HIV strategy.
- Support to selected and strategic Community Based Organisations (CBOs) has not only allowed the individual CBOs **to support their communities** but has **strengthened** the community-based structures, allowing for additional services to be delivered through these mechanisms at a future date. (Mildmay)



Success of HBC Nyanza Model. Kenya



- Department for International Development (DFID) funded programme HIV&AIDS Prevention and Care initiative (HAPAC) has helped to develop care services for people infected with and affected by HIV&AIDS in Kenya.

Targets for improving Quality of Life

- **PLWHA receive HBC services.**
Health facilities are linked to community-based networks
- **Health workers in all health provider institutions be sensitised on developing positive attitudes**
- **Orphans and Vulnerable Children (OVCs) have access to protection provision of food, shelter, education and health.**

Mildmay's approach with Nyanza mode



- 1. Capacity building for Ministry of Health Staff and
- 2. Linking health facilities to CBOs via small grants which enable them to take on care and support services in the community.
- *This approach proved very successful and resulted in a further strategy that focused on:*
 - (1) Increasing Ministry of Health involvement at primary level on HV&AIDS care;
 - (2) Strengthening the links between communities and Ministry of Health staff;
 - (3) Integrating ART and HBC services;
 - (4) Additional support for ART training being provided by Mildmay International.

Mildmay approach



- Enabling the Provincial health Management team to provide leadership and supervision
- Establishing the posts of District HBC – co-ordinator in each district and, Divisional
- Establishing clear mechanisms that enable the Ministry of Health in each district to promote community participation and ownership.
- Developing, in collaboration with NASCOP, appropriate curriculum on relevant issue such as Public speaking skills for PLWHA, Nutrition, ART Adherence.



Nyanza Model



- Strengthening the capacity of the Ministry of Health to monitor and evaluate HBC services
- Supporting National AIDS & STI control programme (NASCOP) in the development of a National HBC kit protocol.
- Identifying strategies that will enable the Ministry of Health to promote the integration of ART care into HBC services
- Strengthening links between Ministry of Health service providers and the Kenya Medical Training colleges by enabling training to be more responsive.

Evidence base



MILDMAY
INTERNATIONAL

- **The Nyanza Model is evidence based and has been informed by:**
 - 1 Action Research
 - 2 Patient-held Record (PHR)
 - 3 Palliative Care Outcome Scale (POS)
 - 4 CHW diary and Tally sheets
 - 5 Mid-Term Review of the Diploma in Community Health Sciences and HIV/AIDS.

HBC critique



MILDMAY
INTERNATIONAL

The leading gaps found in ICHC were:

- a) A general lack of understanding of what palliative care meant and how it could be integrated in HBC.
- b) A lack of resources and generally inadequate capacity to mobilise financial resources.
- c) Limited access to opiates / strong pain killers.
- d) Inadequate monitoring and evaluation of programmes.
- e) Failure to give adequate attention to spiritual care in HBC programmes. (African Palliative Care Association)

Care cross culturally



MILDMAY
INTERNATIONAL

- Andrews and Boyle (2008) suggested that Trans cultural care is an amalgam of different nursing and care concepts with some elements that are common across all cultures.
- Care exists in all cultures
- The way in which care is clarified out is culture specific
- The meaning of care varies across cultures
- What constitutes care varies cross culturally
- Where care matches clients expectations the more acceptable it will be.

What can we Learn



MILDMAY
INTERNATIONAL

- Collaborative approach, Mobilising community
- Working with Ministry
- Holism, dealing with all aspects, Evidence based
- Bottom up and top down approach.
- Sustainability
- The NHS has shortages of resources, health services under strain and patients with HIV often living in inner city areas with many complex social and cultural needs

Important Issues



- Look at how health systems can adapt to meet changing needs by: working in partnership with communities,
- Develop structures that support clear care pathways whilst at the same time promoting flexibility in working within and across disciplines
- Flexible rather than rigid boundaries all contribute to more effective care.

References



- African Palliative Care Association: Review of HBC models of care & services for people living with HIV&AID and Palliative care within and without Africa (draft) Uganda.
- Andrews M & Boyle S (2008) Transcultural concepts in nursing care 5th Edition Lippincott Williams and Wilkins, Philadelphia
- Fawcett J (2005) Analysis and Evaluation of Contemporary Nursing Knowledge: Nursing Models and Theories second edition Sage
- www.nacp.gov accessed May 2011
- World Bank's *Commitment to HIV/AIDS in Africa* report, 2008
- www.usaid.gov/our_work/global_health/aids/Countries/africa/hiv_summary_africa.pdf March 2011 accessed June 2011