

# A Baseline Survey and Situation Analysis of Home Based Care in Myanmar, March 2001

## Executive Summary

This situation analysis has gathered information from primary data sources, in terms of conducting a household survey and interviewing Ministry of Health (MOH) officials and national Non Governmental Organization (NGOs), as well as from secondary data sources by reviewing current policy documents, NGO activity documentation, selected research reports and some of the current reports and current literature on Home Based Care (HBC). For the analysis, the following six main areas of investigation were chosen:

- Present status of home care/ visits by health professional at home
- Willingness to take care of a People Living with HIV/ AIDS (PLHA)
- Policy basis for HBC
- General knowledge of HIV/ AIDS
- Risk behaviour
- Stigmatization

## Summary of Findings, Conclusion and Recommendations

### Findings

The analysis found that some form of home based care exists in Myanmar. Home visits by a health professional can be arranged and is paid for on a private basis, usually by aspect of service or care provided. Home Based Care services for people with long-term or chronic illnesses, including HIV/ AIDS need to be developed. The care at home for people living with AIDS, People Living with AIDS (PLA), is limited due to primary fear of the caregivers (formal or informal) of contracting the HIV infection. Also there is reluctance to seek care and support at hospitals, because patients are not sure of confidentiality. Communities and volunteers are presently the main source of support and care for PLA, and here are some initiatives under implementation with a potentially large scope.

There is *Willingness to care for PLA* among families and communities, and it is often the only source of care and support. Households are slightly more willing to care for a sick family member than for a sick community member. However, the majority prefers to send a PLA (both family and community members) to hospital.

As an approximate estimate, the monthly costs of such care might involve more than half of a household's monthly income. This estimate has not taken into consideration the indirect costs of PLA including loss of income due to illness or loss of job. The prime source of financial and in-kind support to PLA is found within the family or among community and NGO initiatives.

There is a need to highlight a clear *Policy on HBC* in the present National Health Plan 2002-2006. However, a basis for the development of an HBC policy could be found vis-a-vis the Community Health Programme under the PHC services. Alternatively, an HBC

policy could be placed in the section on "AIDS Prevention and Control", under the provision of proper care and clinical management. A recent statement made by the National Health Committee, in a special section on HIV/AIDS, refers to HIV/AIDS as a priority public health issue of national concern, and there is a need to specifically prioritize care and support for PLHA in creating alternatives to hospital care. These statements certainly provide a basis for policy development on home-based care.

*General knowledge of HIV/AIDS* is considerable. However, there are still some misconception of HIV transmission. The disease is associated with intravenous drug use and promiscuity. More training and education is needed among both health authorities, health workers as well as communities, in order to increase the general understanding of HIV/AIDS and the impact of the disease in terms of implications for both PLHA and their families.

*Risk behaviours* are present, specifically among young people, young people out of school and persons working away from the family. Some young people do engage in sex before marriage, most commonly young men have first sexual experiences with Commercial Sex Workers (CSW) and condoms are not often used. The general awareness of condoms is relatively high, but nevertheless condom use needs to be increased. The general notion seems to be that, condoms are used for sex with CSW, and not with lover/s. Extramarital sex is also present in some situations. The most frequently mentioned way to prevent HIV/AIDS is to practice monogamy and avoid unnecessary injections of medication. Condom usage was mentioned in third place. Intra Venous Drug (IVD) use is not uncommon.

*Stigmatization* is found in some instances, both in the form of self-stigmatization as well as enacted stigmatization. It is clear that in addition to the physical symptoms of the disease, persons with HIV/AIDS and their families are affected emotionally and are faced with difficulties A greater degree of community involvement and openness is necessary to provide family members with hope and support.

### **Recommendations**

The following are some of the recommendations based upon the findings of the situation analysis:

- Establish Community Home Based Care (CHBC) with a standardized approach for provision of care and support services to chronically and long-term ill persons
- Provide skill upgrading to health personnel involved in the provision of HBC
- Provide as part of HBC, information, education and communication on HIV transmission and preventive measures
- Provide on a regular basis the necessary supervision and support by a health professional to family members acting as prime care-givers for the sick at home
- Involve all partners in the provision of home based care at the community level
- Assess and make recommendations for appropriate staffing patterns for HBC, minimum care package and resource requirements
- Conduct a national workshop on HBC in the context of care and support to PLA, for policy and guideline development as well as for consensus building on HBC model and implementation strategy for wider application within the country

### Research Geographic Coverage by Area

As part of the primary data collection, a sample survey was conducted on the households in high HIV/AIDS prevalence areas. The selected eight survey sites were as follows:

Site	Village/ Township	State/ Division	Site	Village/ Township	State/ Division
1	Kyaing Ton	Eastern Shan State	5	Mein Shu	Southern Shan State
2	Indagaw Village	Bago Division	6	Myitkyina	Kachin State
3	Muse	Northern Shan State	7	Monywa	Sagaing Division
4	Aung Ban	Southern Shan State	8	Hpa-an	Kayin State

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