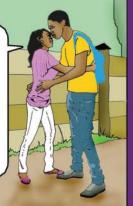
RE PRO

NOW YOUR RIGHTS

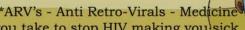
Tangeni is a Care Provider. He has just visited Joseph, whom he cares for every day. As he leaves, he sees his good friend Anna approaching...

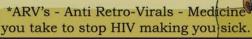


HEY, TANGEN!! THERE YOU ARE. I'VE BEEN LOOKING FOR YOU. I HAVE SOME INTERESTING INFORMATION TO SHARE WITH YOU. BUT YOU NE, YOU LOOK TIRED. YOU STILL CARING FOR JOSEPH? HOW'S HE?



HE'S OKAY - GETTING BETTER BUT SOME DAYS HE STRUGGLES TO TAKE HIS ARVS .* I AM NOW CARING FOR FIVE PEOPLE, AND I VISIT 5 ORPHANS EVERY WEEK TOO.







IT MUST BE HARD WORK FOR YOU! YOU SPEND SO MUCH TIME TAKING CARE OF JOSEPH, AND NOW ALL THESE OTHERS AS WELL .-- HOW DO YOU MANAGE?



O! MY SISTA, IT'S DIFFICULT! THERE ARE THINGS IN MY WORK I AM NOT SURE OF. I WISH I COULD ASK SOMEONE ABOUT MY QUESTIONS.



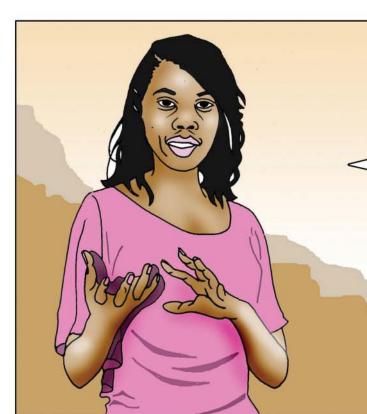
I'M ALSO STRUGGLING WITH MONEY, BECAUSE WHEN I TAKE JOSEPH TO THE HOSPITAL, THE TAXI FARE IS TOO MUCH-





Community and Home-Based Care: means activities like giving care to the sick in their own homes or community, or giving advice on how to stay healthy. This is usually done by a volunteer trained by the Ministry of Health or trained by a civil society organisation (like a charity or a church group).





CARE PROVIDERS ARE PEOPLE

- LIKE YOU - TRAINED TO

EDUCATE THE COMMUNITY

ABOUT HEALTH AND WELFARE.

THEY CAN BE FAMILY

MEMBERS, OR TRADITIONAL

HEALERS, HEALTH EDUCATORS,

AND PEER COUNSELLORS. DID

YOU KNOW THERE ARE MORE

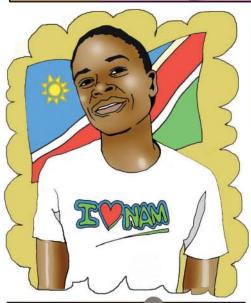
THAN 10,000 CARE

PROVIDERS JUST LIKE YOU IN

NAMIBIA? WHAT WOULD

HAPPEN TO COMMUNITIES IN

NAMIBIA WITHOUT YOU?



CARE PROVIDERS ARE VERY IMPORTANT FOR GOOD COMMUNITY HEALTH. YOU NEED TO BE RECOGNISED AND RESPECTED FOR WHAT YOU DO. THAT'S WHY THE GOVERNMENT WROTE THE POLICY, TO SAY HOW THEY CAN GIVE YOU MORE SUPPORT.











CARE PROVIDERS BRA! THAT'S WHAT YOU ARE. YOUR FULL JOB TITLE IS COMMUNITY AND HOME-BASED CARE PROVIDER. ANYWAY, THE POLICY SAYS YOU SHOULD GET ONGOING TRAINING, ACCREDITED*
BY THE NAMIBIA QUALIFICATIONS
AUTHORITY. IT SAYS THAT AFTER FINISHING YOUR FIRST TRAINING YOU WILL GET A PERFORMANCE AND ATTENDANCE CERTIFICATE. YOU ALSO WILL RECEIVE REGULAR REFRESHER TRAINING.

*Accreditation means the Namibia Qualifications Authority agrees the training is of good quality.

COMMUNITY and HOME-BASED CARE PROVIDER: a person trained to promote health and welfare in the community.



O! MY SISTA, I NEED THAT. I WANT NEW SKILLS. I HAVEN'T BEEN TRAINED SINCE I FIRST STARTED VOLUNTEER CARE WORK TWO YEARS AGO. MORE TRAINING WILL GIVE ME MORE KNOWLEDGE WHICH WILL HELP ME PROVIDE BETTER CARE FOR MY CLIENTS LIKE JOSEPH AND THE OTHERS.



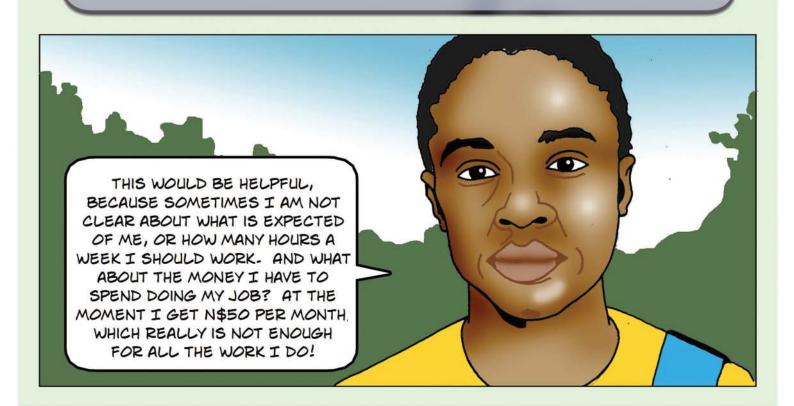


WHAT IS A POLICY?

When the government writes down what they will do, this is called a policy. A policy is a guideline, like a promise. It is not as strict as a law, but everyone in an organisation has a duty to try and make that organisation's policy work.

In the case of a Ministry of Health policy, everyone in the Ministry including administrators, doctors, nurses must work to try and understand the policy, and do everything they can to make it happen.

The Ministry of Health and Social Services has written the new policy on Community and Home-Based Care to explain how home-based care should work.





SERIOUS? THAT IS GOOD NEWS! WHAT ELSE DOES THE POLICY TALK ABOUT? DOES IT SAY ANYTHING ABOUT MY HOME BASED CARE KIT? I RAN OUT OF GLOVES AND HEADACHE PILLS LAST MONTH AND I NEED SOME MORE.



THE POLICY SAYS THEY SHOULD PAY YOU BACK IF YOU SPEND MONEY ON TAXIS FOR YOUR CLIENTS, OR IF YOU ATTEND TRAINING. THE POLICY ALSO SAYS YOU SHOULD GET PAID DEPENDING ON HOW MUCH WORK YOU DO. YOU SHOULD GET BETWEEN N\$250 AND N\$500 PER MONTH.

YES, THE POLICY TALKS ABOUT THE HOME BASED CARE KIT. THE POLICY SAYS THAT WHEN MEDICINE AND THE MEDICAL ITEMS RUN OUT, YOU SHOULD GET THEM REPLACED AT THE NEAREST STATE CLINIC OR STATE HOSPITAL PHARMACY.





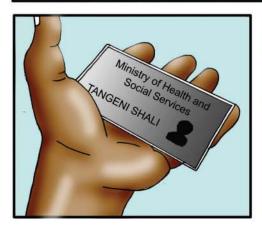
FIVE THINGS THE COMMUNITY AND HOME-BASED CARE POLICY SAYS:

- 1. Care providers must get training and **regular refresher training**. They must be given certificates accredited by the Namibia Qualifications Authority.
- 2. Care providers must get allowances depending on how much work they do. Allowances should be between N\$250 and N\$500 per month. The work they do and the allowance they get must be stated in a letter of agreement they sign after training.
- 3. Care providers must also get **reimbursement for expenses** they have in doing their jobs, such as taking a client to hospital by taxi.
- 4. Care providers must have **fully stocked Home-based Care Kits**. When their kits run out of items, they must get medical items replaced by their local state clinic or state hospital pharmacy.
- 5. Care providers must get **supportive supervision**. The supervisor's job is not just to pay out allowances and collect data. The job of their supervisor is also to make sure that care providers have what they need and are happy in their work

A few weeks later...

OH MY SISTA, I AM SO GLAD YOU TOLD ME ABOUT THIS NEW POLICY. I ASKED MY SUPERVISOR ABOUT THE IDENTIFICATION WHICH THE POLICY SAID I SHOULD CARRY - AND LOOK! HE GOT ME THIS T-SHIRT WHICH SAYS I AM A CARE PROVIDER AND A MINISTRY OF HEALTH ID CARD. I CAN'T WAIT FOR THE POLICY TO BE FULLY IMPLEMENTED. IT WILL MAKE EVERYTHING I DO SO MUCH CLEARER AND EASIER. IT MAKES ME PROUD OF MY WORK... AND PROUD TO BE NAMIBIAN BECAUSE MY GOVERNMENT CARES ABOUT SUPPORTING ME IN THE VITAL WORK I DO.









I GOT THE HEADACHE PILLS AT THE LOCAL STATE CLINIC, BUT THEY HAD NO LATEX GLOVES LEFT TO GIVE ME.

TELL YOUR SUPERVISOR BRA. HE IS THERE TO SUPPORT YOU! AND REMEMBER, TO MAKE SURE THE POLICY WORKS, YOU NEED TO TELL OTHER CARE PROVIDERS WHAT THEY SHOULD EXPECT. IF PEOPLE KNOW WHAT THEY ARE ENTITLED TO, AND IF PEOPLE ASK TOGETHER - THAT IS THE WAY POSITIVE CHANGE HAPPENS!





WHAT IS IMPLEMENTATION?

Implementation means making sure that everything a policy says really does happen. Sometimes the government writes a policy, but does not do everything the policy says. This may be because the government is busy doing many different things, or it may be because they have run out of money. If this happens, we can say that the policy has not been well implemented.

HOW TO GET A POLICY IMPLEMENTED

If you care about a policy, and you see it is not implemented, you need to try and contact people who can make a change to tell them what needs to be done. For example, every region of Namibia has a Regional AIDS Coordinator (a RACOC). If you and your colleagues have problems, you could write a letter signed by everyone in your care provider group to explain what is wrong. Send it to your local RACOC and send a copy of your letter to the Minister for Health and another copy to the Legal Assistance Centre.

HOW TO CHANGE THE CARE PROVIDER POLICY

The government revises policies every few years. If there is something about this care provider policy you want changed, you should contact the Legal Assistance Centre to campaign to make the changes you want. Write a letter, an email, or send an SMS to LAC explaining what needs to change and why. The LAC can advocate for revisions to the policy.

FEEDBACK:

DO YOU...

...HAVE A QUESTION

...WANT TO COMMENT?

... NEED MORE INFORMATION?

CONTACT US!

AIDS Law Unit SMS: 081-7711575

Email: ALU@lac.org.na

Fax: 088-613693

Post: PO Box 604 Windhoek

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