

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome is the greatest challenge for poverty alleviation and development worldwide and the most pressing public health emergency. The national health systems in developing countries cannot cope with the accelerating financial demand from HIV/AIDS scourge. Because of inadequate health budgets in developing countries, People Living With HIV/AIDS are discharged from hospitals to go home to be cared for by relatives (Home Based Care). World Health Organisation recommends periodic evaluation of Home Based care programs to determine their effectiveness. The objective of this study was therefore to determine demographic characteristics of PLWAs and the nature of Home Based Care provided to PLWAs within Thika Municipality. The design of the study was cross-sectional descriptive study and structured questionnaires were used to collect data through interviews of 100 PLWAs and 100 care givers. Qualitative data was collected through interviews with key informants and a focus group discussion with PLWAs support group members. Purposeful sampling method was used to determine the study location while snowballing method was used to get the required number of informants. Findings of the study indicated that 89% of the PLWAs were females and 66% were between 20-40 years. 72% of the PLWAs were not living with spouses. Circumstances that led to diagnosis in 82% of the PLWAs were opportunistic infections. The nature of care provided to PLWAs included support to meet basic needs which was reported by 57%, nursing care (28%), emotional/psychosocial support (23%), financial support (21%), medical care/ drug supply (13%) and care for children (4%). Majority (96%) of the PLWAs had inadequately met needs which included financial support (62.5%), support for children (40.6%), basic needs (36.5%), emotional support (27.1%) and medical care (12.5%). There was significant association between the age of the PLWAs and their perception of emotional support as an inadequately met need ($\chi^2=4.300$, $df =1$. $p < 0.038$). The main care providers were family members (84%), followed by self care (26%), community members (22%), CHW volunteers (9%) and house helps (2%) with 75% of the care givers being females. Although 74% of the care givers had been trained on HBC skills, 26% were providing care without prior relevant training. The results also indicated that 76% of care givers were practicing universal precautions when handling PLWAs but 20% were not and 4% were improvising gloves with plastic bags. Challenges experienced by care givers included inadequate financial and material support (74%), stigma, (48%), being overburdened (33%), lack of support for OVCs (25, %), dependency (16%) and inaccessibility to treatment and ARVs for PLWAs (12%). The association between the training status of the care givers and the inadequate supply of drugs and ARVs challenge while caring for PLWAs was significant ($\chi^2=4.082$, $df =1$. $p < 0.043$). These findings are of value to policy makers, program implementers and to researchers interested in HBC for improved care and future planning of HBC programs.