



Newsletter no 12

### News from the Political Front:

Our last Newsletter, December 2009, referred amongst other things to the shift in policy by the Government. To remind you it was about the shift in Government policy where after years of denial, the connection between HIV and Aids was finally recognised.

A real break through.

But there was more to come. In April this year our Government started a massive HIV counselling and Testing (HCT) campaign. 15 million people have to be tested by June 2011. Some leading politicians took the initiative to get themselves tested and to encourage testing and destigmatise HIV testing.

Since the launch of the campaign about one million people have tested voluntarily for HIV of which about 70 000 have enrolled into ART, the medication to prevent the HIV-virus to develop into a deadly disease.



*Farm workers arrive for testing by horse and by tractor, a typical rural setting*

### Challenges:

This new policy will put even more pressure on the Public Health Care System, especially in rural settings. It is getting more and more evident that the shortage of doctors and nurses is getting worse and critical. The Public Health Care reports that it is almost impossible to recruit medical staff for rural areas. These challenges are not always easy to explain to the farmer. Just to give you an example, some farmers ask for a signature of a doctor as proof that their farm workers have paid a visit to the clinic. But, there are not always doctors around and if they are they are quite busy we can tell you. We try to explain these situations as much as possible, most of the time successful, but not always.

Currently we also have to face the very high prevalence of HIV for female farm workers. We did know of course that in general women are more affected. However with the lack of staff in the clinics it is even more difficult to give these women the care they need, like testing for cervical cancer, guidance on pregnancies, medication to keep the baby negative, testing of the babies, help with breast feeding etc.

It will also mean that it will be difficult to find Service Providers who are available for AgriAids on timings convenient for all parties, including the farmer. To get the necessary support of the farmer and his management it is important to understand that you cannot plan awareness sessions and testing days in the middle of peak season. We therefore have to plan in good harmony with the farmer the time schedules of our activities.

So far just a few challenges how to implement a sustainable HIV programmes in rural areas, at farms.

**Good news:**

The support of the Public Health Care to our program is an interesting new development. During the HCT's at the farms, the PHC is willing to provide us with equipment for on-site sputum- and CD4 testing. If the mobile units of the PHC are available they will do primary health care checks like blood pressure, obesity, cholesterol etc. Our District Coordinator will fetch the sputum bottles from the local PHC and follow up on TB-suspects.

With this development, the farm worker will slowly receive comprehensive health care services. There is still a long way to go but the willingness is there.

AgriAids is in the areas where we are working considered as a partner for outreach activities.



*The counselors and nurses geared up for the day*

**But there is more good news.**

AgriAids will in the near future have more control on the implementation of HIV programmes on farms. This is because we have been awarded two 4x4 vehicles for performing our own HCT at farms. These vehicles will most probably arrive at the end of September. Before they are up and running it will be November. But we are very excited about it being less dependent on already busy Service Providers with lots of other engagements.

It means a huge shift in our working approach, but if we look back at our experiences in the past year it will benefit our farm workers.

For, in the beginning when we started with our HIV programs we learned that only a small amount of farm workers could find the way for help on their own. Most farm workers are illiterate and dependent on the farmer. It is only because of a good relation between the farmer and his workers that support can be organised.

But even then there is still a long way to 'walk' (especially for a farm worker) between knowing your status and getting the necessary support from a clinic. It was not only difficult for the farm worker not knowing what to do and where and when to go, it was also the farmer who was looking for help on how to cope with his sick workers. The stigma around HIV made it very difficult to discuss your worries or to ask for help and support. It was (is) considered better to keep quiet. The less people know the better. The ironic outcome of this situation was that most people at the farm would know exactly what a person died of, "the slimming disease" but also preferred to keep quiet.

We expect that with the help of our District Coordinator, 'our man on site' and the support of the PHC we will manage to get care and treatment for farm workers more timely. The moment the other farm workers see the good results it must also help to fight the stigma around HIV.



*Little children dressed up for the testing event.*

*A story worth reading*

*Rural field notes*

***Short glimpse of an HIV/Aids program in a rural setting  
The spirit of Volunteerism still exists;  
hardly paid for and based on dedication only***

*AgriAids is a NGO organising HIV programs for farmers and farm workers. For sustainability reasons we engage in partnership with local stakeholders, like the Public Health Care. As much as possible we also work in close cooperation with local people or community- or faith-based-organizations. The process has strengthened relationships and avoids duplication of services.*

*We all are aware of the difficulties and hurdles for people getting access to HIV-care and treatment, especially in rural areas. This is what we can read about and hear of quite regularly. What we do hear far less are success stories.*

*Therefore find below a story about a few anonymous helpers.*

*Dedicated farmers, all belonging to the same church in a remote area somewhere in South Africa really got worried a few years ago about the people in their environment getting sick and dying, most probably of HIV and -related illnesses, without proper care and help. They discussed this, started talking to other farmers, the PHC and some farmers' organizations to get support for helping these people, mostly poor farm workers. Finally after a lot of meetings and discussions they organised to get a mobile unit from the church.*

*The PHC in the area where they are farming and living doesn't have a mobile unit themselves and they made a deal together. The PHC provides the (nursing)-staff for the mobile unit and they address the farm workers with the mobile unit for comprehensive health care services.*

*For HIV/Aids purposes, one of these farmers started an awareness programme and training for peer educators. These peer educators are mostly farm workers themselves. Their main task is to create awareness amongst farm workers of HIV/Aids and the need to address it. The uptake for HIV testing, after the awareness session is around 20%.*

*This farmer approached a local woman, Mary, (not her real name)) who was willing to guide these peer educators (around 60) and to help them in following up on positive tested farm workers, organising regular meetings with them, developing report forms, paying visits to all the farms, organising the visits of the mobile unit at the farms etc and all these efforts are "rewarded" by a meager stipend from the Government.*

*(To give you an idea of her dedication, you can find her cell phone number on top of the mobile unit; she is available 24 hours/day for HELP.)*

*When I paid a visit to this area recently, to discuss our future cooperation and the assistance from AgriAids to address more farms and to make the programme more sustainable, it coincided with the day of the monthly meeting of the peer educators.*

*Both the farmer and Mary do speak the local language (isiZulu). These monthly meetings always start with a pastor and a service with prayers. I was told, that nearly all peer educators were present, this is despite the fact that the stipend of ZAR 500 a month has not been paid since January of this year!! They also have to pay for their own transport which can be quite high looking at the wide spread area. All the peer educators were dressed for the occasion and are despite the fact that nobody is paying them proud of what they are doing. Especially the older women are very good at their job.*

*The oldest peer educator is a female farm worker of 72! Very much up and going!  
An important reason of the dedication of these peer educators is the support from Mary. She is the glue that binds them together.  
The plan is that Mary will get involved in the work of AgriAids. She will get training as a counselor together with 4 other selected people from that area and will select new farms for us and support the already selected ones.*

*I am writing this small story on Women's day.  
It is more than just a thought that these South African women are definitely the glue that keeps South Africa as a society still going, this in spite of the lack of resources and enabling environment which continue to deprive women. Especially in the remote rural areas we see the gap between the have and have not's widen by the day.  
It's really a privilege and rewarding to see how these anonymous care takers do exist and make it happen. Keep up the good work "Makosazana".*

*9 August 2010*

*Gretha Kostwinder*

## **Plans for the future**

As mentioned above, we will strive to get more positive tested people into care and treatment timely. Our own HCT service should also be helpful in reaching this goal. This will also increase the amount of people to know their status. Our already good relation with the PHC will be intensified in more areas and help the people to go to the clinics. Maintaining of existing projects and expanding activities to other areas is of course on our agenda. We plan to scale up specifically in Limpopo. The coming month a practical guide for the farmer and his management about the ins and outs of an HIV programme at farms will be finalised. The moment it is ready we will let you know via our new designed website. ([www.agri aids.org.za](http://www.agri aids.org.za))

We also plan to write from time to time stories derived from daily practices, to give you background on developments you may not be aware of. The first story is published in this news letter.

Kind regards,

AgriAids team