



In August 2010, Newsletter no 12, we have informed you about the awarding by USAID of two 4x4 vehicles for performing our own HIV- Counseling and Testing (HCT).

The cars have arrived in September, two Ford Everest's. Performing our own HCT implies completing the chain approach from selecting farms, awareness sessions for farm management and workers, performing HCT with our own trained staff and of course the support to our clients afterwards. It is an important step from organising and monitoring the HIV programme on farms to implementing the programme ourselves, with the exception of providing the ARV-medication. The responsibility for the HIV-medication will remain with the Public Health Care (PHC). Our policy has always been to work in close cooperation with the PHC. We are happy to see how our working relation is getting more and more complementary and has strengthened our common approach for the benefit of the farm worker, especially in the past year.

After preparing all the ins and outs for performing our first HCT, from staff training to developing the paperwork, we were happy that the 'guinea pig' farm where we started implementing HCT was even happy with our activities. At our first farm we tested 50 people of which 20% tested positive.



***Our first HCT-exercise***

You will find below some stories worth reading:

***Stigma on HIV/Aids:  
Have we made progress fighting the stigma?***

On our first day of the HCT on a farm with 60 workers the team was welcomed by the farmer. Our District Coordinator had agreed with the farmer that his workers would be tested and counseled over a period of two days in order to have as little disturbance of the work as possible (at the moment it is peak season at a lot of farms; the celebration of World Aids Day/Week in December is not a good timing for farming communities we can tell you!). One of the farm workers who tested positive on the first day of the testing, disclosed the next day his status in front of all his colleagues and the team of AgriAids. He was a man in his mid forties.

*He said: "I have tested positive but I am still the same person. I am confident from what I learned about the disease and with the support of all of you I will be able to move on with my life".*

This man apparently trusted his employer, his colleagues and trusted us as well. So far so good.

Then he told us he had informed his wife also working at that farm about his status the previous night. That did not turn out so well. His wife was completely in shock, wanted to pack her suitcase and leave immediately, which is understandable. She had not received any information on HIV, was ignorant on the development of the disease, not counseled and all of a sudden she was confronted with her HIV positive tested husband. On top of that, she is of course very much concerned and anxious about her own status as well.

This teaches us that informing a partner on your HIV/Aids status should not be done "out of the blue" so to say, but is a process that has to be guided properly. We recently had some experience with partner counseling but there is still a lot to learn.

However this farm worker had a girl friend, also working at the same farm. The girl friend tested negative, but could be in the window period (the time between being infected, and the visibility of the virus in the blood which takes about three months). The girl is pregnant from this farm worker. We decided, for the time being, not to make her anxious about herself and the baby. We will arrange the Elisa confirmation test in a few weeks time and if tested positive we will guide and support them on the outcome. Of course, in cooperation with the PHC, we will make sure she will get the right medication to prevent the baby being born positive.

Last but not least, because he admits loving women, he asked in front of all his colleagues, for a lot of condoms because he knows his status!! So on one hand we are happy about his openness and taking responsibility but on the other hand 'the one partner approach' is still far from being a reality.

***Why support is still needed***

At a new farm, a farm worker who already knows his status contacts our District Coordinator (DC). He asks him for support to access treatment because he is feeling ill. The DC assisted the guy who appears to have a CD 4 count of 8. Action is needed. With his help he was able to get his treatment within a month. His CD 4 count was within 2 months up to 130. This farm worker is now healthy and happy.

It shows that knowing your status is not enough. Especially farm workers need support to get the medication needed.

## World Aids Day

A newsletter in December should give you information on **World Aids Day**, which is “celebrated” on the 1<sup>st</sup> of December worldwide.

The theme for this year was: **Universal access and Human Rights**.

Getting access to treatment and care is a human right for everybody living with HIV/Aids.

We have celebrated World Aids Day in Barberton and Rustenburg.

Our testing at the farm in Barberton went well. Compared to a year ago the workers were less anxious to come forward for testing. It is all part of the process of building trust and feeling ‘safe’ to be tested. The hand out of the ‘*worste broodjes*’ together with a cold drink and the gift from **SHOPRITE** with some nice sweets, chips etc for all these 450 workers will also have contributed to the success of the day. But it was not only for the food, people also came because they wanted to be tested and checked on other health related issues.



***Goodies from SHOPRITE, a good start of Christmas 2010  
Thank you Shoprite!***

In Rustenburg we celebrated our partnership with the Public Health Care. It confirmed how our cooperation has built up in the past year.

Celebration of illnesses sounds a little bit awkward. Let us therefore look at it from the perspective of the progress that has been made.

### **Progress so far:**

The highest impact on HIV has been the introduction of the HAART medication. With this medication people infected with HIV can stay alive nearly as long as people without HIV, if they take the medication every day for the rest of their lives.

Let us look at some more developments:

In 2003 there were hardly people on treatment in South Africa with the exception of some “happy few”, and people on private health schemes. In 2010 there are already 1.2 million people on treatment in South Africa.

However there is more important progress compared to a few years ago. People are now far more eager to know their status, an indication that the stigma is getting less;

Our Government is taking HIV very seriously and the Minister of Health, Dr Motsoaledi is leading the new HCT campaign. The launch of the HCT campaign has definitely increased the uptake of people knowing their status. So the question arises, where are we failing?



*People queuing for HCT and wellness related services*

### **Why is South Africa still one of the most affected countries in the world?**

The answer is that we are failing on prevention. Too many people are still infected every day. For every two persons put on treatment, five new people are infected. That is a scary figure.

This Newsletter is not the place to discuss why prevention is failing us so badly. There have been several conferences to answer this question. There are more underlying reasons for this problem than solutions available.

But, one important underlying reason however is the combination of social security systems and poverty. Some extreme examples:

“Poverty is hampering a responsible lifestyle. We know of people trading their sputum because of the social grant (R1010/m) they will get by testing positive for TB; poverty makes the people to stop their ARV-medication to get the CD4 below 200 so as to keep the disability grant and poverty makes people even sleep with someone unprotected to get HIV because of the grant”.

This is the reality we have to turn around.

We from our side can only try to offer a sustainable programme to farm workers to enable them to take responsibility for their own health. Therefore we included in our programme also general wellness. HCT does not only involve HIV-testing but it will also give an opportunity to check your blood pressure, weight, blood sugar and of course TB-screening. If only one of the questions for TB-screening is answered with yes we will encourage the person to do the sputum test.

With this approach we hope that people will take more responsibility for their own and other people's lives. Slowly getting to understand, by educating people, that HIV doesn't mean a death sentence but can mean a long life “sentence”, as well should make the

desperation and negligence of people less. The emphasis on a healthy and responsible lifestyle is than getting more meaningful.

**Plans for next year 2011:**

Next year we will focus even more on supporting the farm workers to be more responsible for their own lives. With the lessons learned performing our own HCT we will fine-tune the programme.

Another important target will be more service delivery at the doorstep of the farms. The less time and money it will cost the farm worker to get treatment the less people will be lost after knowing their status. The assistance and cooperation of the PHC is therefore crucial.

We wish you a merry Christmas and all the best for the New Year.

The AgriAids team.

**December 2010**