



A Caring Response to AIDS

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Thank you for your subscription to Wola Nani's newsletter. We are excited to get the quarterly underway in order to keep you up-to-date with our existing as well as more recently developed services. The interest and support of others allow us to share our vision and spread the positive message that it is possible to empower people living with HIV so that they may take control of their lives with confidence, dignity and hope. While we dedicate our services exclusively to communities in the Western Cape, HIV is not a regional illness; it is a global issue that must be combated on an international scale. It is through working together with other organisations, communities and individuals that we are afforded the opportunity to improve our own, and in return, offer knowledge and experience to inspire and assist others in their respective efforts.



Client-Support Programme Developments

Wola Nani's mission of improving the quality of life for people living with HIV and AIDS continues to be realised with the help of outside support and recognition. This has allowed us to expand and embark on significant developments that enhance our ability to make a difference. Recently, several programmes have been undertaken with successful prospects. The first is the establishment and opening of a non-medical VCT (voluntary counselling and testing) site at our centre in Gugulethu. The second programme is geared to relieve the most vulnerable victims of the epidemic, the children. Wola Nani's Vulnerable Child Programme addresses the needs of those infected and affected by HIV and AIDS with the goal of moving them "from vulnerability to resilience." Lastly, with the government's 2003 announcement to provide antiretrovirals for the treatment of AIDS in the public sector to all who need it, Wola Nani has worked on a collaborative project to publish a booklet that helps counsellors and caregivers understand how to administer the ARV treatment properly and effectively.

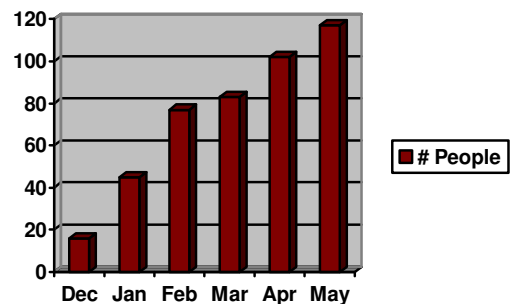
I. Non-Medical VCT Site in Gugulethu

The unveiling of the VCT site in Gugulethu compliments Wola Nani's 2007 focus of "know your status." The site is dually satisfying; firstly, it demonstrates the trust and confidence that the City of Cape Town and the Provincial Health Department hold in our organisation. Secondly, we are now able to provide pre and post-test counselling in addition to offering our clients convenient access to the diagnostic test. In the words of our Client Support Programme Manager, Frank Maposa, "This is a dream come true since our clients won't have to

wait in long queues at clinics, they can now come to us. We will be there to support them no matter what the test results show."

The grant awarded to Wola Nani for the VCT site covers the costs of employing one professional nurse, three counsellors as well as needed medical supplies. The increasing number of clients who come forward for testing on a purely voluntary basis is testimony to the growing success and efficacy of the VCT site. Since its opening in December 2006, 440 persons have come forward to be tested.

Gugulethu VCT Centre Frequency



16 persons came forward in December, followed by 45 in January, 77 in February, 83 in March, 102 in April and 117 in May. Our objective is to administer 480 tests per month by November 2007.

In addition to helping others know their status, education is one of the greatest tools Wola Nani utilizes. With the results of the test, we are able to help those who test positive lead healthy and productive lives, as well as those who test negative to remain so by passing along preventative measures so that they may also lead healthy and productive lives. The focus of "know your status" encourages many to come forward for the testing, thus giving us the opportunity to educate adults no matter what the test

result, and especially encourage those who test positive to bring their offspring in for testing.

II. Vulnerable Child Programme

Child testing is equally as important as child education. The Vulnerable Child Programme instituted by Wola Nani confronts the latter. The Programme has been a thread of the organisation since its establishment in 1994, but over the last few years deteriorated for several reasons, including a dearth of adequate skills within the programme. However, in December 2006, the programme was rejuvenated with funding allocated by one of South Africa's national banks, ABSA, and the Levi Strauss Foundation, two of our longstanding donor partners.

It is crucial to develop a programme that focuses solely on children because the effects of HIV and AIDS leave that particular segment of the population especially defenseless. There are high rates of vertical transmission from mother to child as well as numerous impacts associated with ill-health and death of parents. The Department of Health reports that some of the worst affected children—those in deeply impoverished households—may experience various forms of physical, material and psychosocial deprivation and assaults on their health as a result of poverty and/or lack of parental care and nurturing environment (DOH, 2007).¹ Wola Nani aims to fill these gaps and counsel those who have succumbed to some of the emotional stress and ailments that HIV and AIDS can trigger.

The active programme that Wola Nani has developed focuses, although not exclusively, on children under the age of

14 and those who are deemed most at risk. Four days a week at all of our centres, the child programme coordinator as well as programme volunteers visit the children and engage in several activities that benefit their health and well being. The general activities include an introduction to health and self through drama whereby children are oriented to the purpose of participation. While at the centres, the children's health is monitored and recorded. If any concerns arise, children are subsequently referred to the correct health facilities. Through the creation of a positive and interactive environment, children learn to trust the support group and thus attend and participate on a regular basis to achieve its optimal benefits. Children are also engaged in active play and education where they receive and retain information on how to lead healthy lifestyles, such as how to properly wash their hands and brush their teeth. The programme additionally distributes nutritious food to the children on a bi-weekly basis and monitors the progress and development of each participant.



Photo of child programme in Khayelitsha

Beyond the weekly activities, Wola Nani organizes school holiday programmes in the month of June to keep children's minds and bodies stimulated through education and entertainment. The

¹ Department of Health, SA. DOH: HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011. <http://www.doh.gov.za/docs/hivaids-progressrep.html>. (Retrieved 6 June 2007).

Vulnerable Child Programme also covers home visits to identified orphaned children to build a relationship of trust with the child's caregivers through interactive sessions on a monthly basis or as needed.

The coordinators and volunteers are constantly brainstorming new and innovative activities that cater to the needs and desires of the children in order to maintain interest and keep the children's participation regular. Based on turnout, it appears that the Vulnerable Child Programme is continuing to gain popularity and success at all of our centres. Undoubtedly, more funding will be needed if it continues to expand at its current pace. Space is at a premium in the townships and this resource is severely stretched.

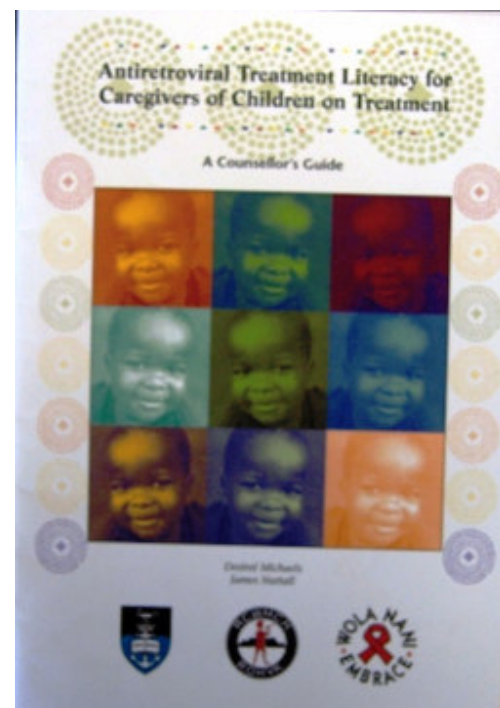
III. ARV Treatment Literacy for Adherence

With the increasing number of clients coupled with the advancement in ARV treatment options, the roles of Wola Nani's lay counsellors have increased tremendously. This demand has naturally brought about the need to develop greater literacy and training sessions to optimally prepare our counsellors to pass along vital information to caregivers. Through our five year relationship with the team at the University of Cape Town and the Infectious Diseases Department of Red Cross Memorial Children's Hospital, the only dedicated children's hospital in Africa, we have collaborated to publish a caregiver's guide to treatment.

"Antiretroviral Treatment Literacy for Caregivers of Children on Treatment: A Counsellor's Guide" by Desireé Michaels and James Nuttal has been met with great success. The guide is published in both English and Xhosa in order to optimally reach its target audiences. It is subdivided in an easy-to-use format so that counsellors are given specific objectives and information for each individual session. The positive response has

triggered a number of requests from outside organisations and institutions to use the publication as part of their respective courses. Among those who have expressed interest are the nationally recognized HIV and AIDS training organisation, ATTIC as well as our provincial Health Department. We are confident that such measures will substantially increase the preparedness of counsellors and subsequently enhance the overall ability of caregivers to properly execute treatment for children.

The non-medical VCT site at Gugulethu, the Vulnerable Child Programme and the antiretroviral treatment literacy for caregivers of children on treatment are just the latest developments to be added to the variety projects and programmes that Wola Nani operates in order to provide caring services that enable people living with or affected by HIV to respond confidently and positively.



ARV Treatment Literacy Guide



Income Generation Developments

Wola Nani's income generation programme is currently undergoing somewhat of a facelift. The programme at present supports anywhere from 35 to 60 clients but our objective is to see that number continually expand. We see women everyday that could stand to financially benefit from the craft activities. The financial benefits translate to emotional benefits as the women employed in craft making are able to earn a regular and sustainable income. Thus, they can afford to feed their families and send their children to school, giving them feelings of pride and accomplishment despite their HIV positive status.

Over the past year our postal database has grown from 200 to 400 and our database for the Wola Nani catalogue has grown to over 700. Despite the growth in numbers, however, we have noticed sales become stagnant as our product line has remained similar over the past few years. Accordingly, our goal is now to reinvent our older products and introduce some new ones as well. Product development has proved to be the most important, and yet most difficult aspect of the income generation programme. Markets in Cape Town and the UK have been quite receptive to our trademark papier maché bowls and we would like to see that market expand to other countries, as we realise there is great potential that exists in fair trade stores particularly in the US where we have not exported many of our crafts as of late. To keep the papier maché bowls fresh, we have introduced new shapes and patterns of bowls, including snickers and skittles candy wrapper bowls and new colors in the popular Xhosa shweshwe design. The papier maché lamp shade is also a new product that is still under development. As far as beadwork, we still offer a line of

beaded AIDS ribbons, key chains, and bangles but have also developed some new jewellery pieces including beaded earrings and embroidered cuff bracelets. Our online catalogue is currently being updated to display the new products for sale.

In addition to the increase in products, we have also received an order from the popular retail store, Anthropologie, who we are excited to be working with. Grace Imports, based out of the US, has also placed a custom order of different sized stackable papier maché bowls for their new product range designed by Mimi Robertson to be shown exclusively by them at the New York International Gift Fair. We have adopted a new approach in marketing as well, as we now tend to target individual retailers rather than sell our products to large wholesalers. A more personalized approach to business demonstrates the quality and enthusiasm we hold for our products as our customer base expands to include individuals, small stores and larger retailers.

A further noteworthy development in the programme is a market research project undertaken by students at the University of Cape Town to help pinpoint the reasons why people make the decision to purchase crafts from Wola Nani. The results of the study should guide us in the approach we take to designing and marketing our crafts on both a national and international scale.

Fresh marketing techniques, innovative and unique crafts and an expansion of our product range are all factors that we hope to see facilitate sustained growth in the programme and in turn, enable us to economically empower our clients and make a greater difference in their lives.



Monica's Story: An Update

Monica was diagnosed with HIV in 1997 and came to Wola Nani in 1998, where she was trained as a beader so that she could earn a sustainable income to support herself and her son. She has since left working with the bead group and has been trained as a lay counsellor and home carer for Wola Nani; an experience she finds rewarding and is happy to perform.

Monica regularly cares for 6 women with children on ARVs. She understands that disclosing one's status is difficult to do, but believes it is the most important step one can take to prolong their life. Monica has had her status disclosed for nearly 10 years, yet there are still some people in her community who do not believe she is HIV positive. "Some believe, some don't believe. I am not skinny, I do not look ill and I do everything, so some



people think I am lying." But the truth is, despite the negative stigma, she has accepted her status and stays positive. "If you stay positive and accept your status, you live longer."

Monica began ARV treatment in 2003 when her CD4 count was less than 180; it is currently over 1000. Monica's choice to be open about her status has helped on a personal level but has also helped those whom she counsels. When she knocks on her client's doors she is able to relate to the women, and show them that it is possible to live long fulfilling lives with HIV. When they see how she has been

living positively with HIV, they are inspired to do the same. Monica's courage makes her a true role model to the women and children she cares for. She encourages her clients to be open about their status, especially to their families, because if their families are aware, they are better equipped to help them if they fall ill. When clients are open about their status Monica is also able to visit more regularly without sneaking around. "So many people die, and their families think it is from TB or something else, but if they had known about HIV they could've helped them and they could've lived longer." In addition to helping counsel and advise clients and caregivers of children on ARV treatment, Monica hopes that one day the clients she counsels will be able to help others in the same situation and ultimately provide the care and hope that she provides for people everyday.

Monica's son, who was 10 years old when he moved back home to live with her, is now 18 years old. He plays the marimba for extra income and is planning on taking a math and physics course to complete his high school education so that he may pursue further study to become an engineer. They remain sources of emotional support for one another.

Monica's story is a beacon of hope at Wola Nani. She approached our organisation when she had no place else to go, and has since come full circle to being employed as one of our home carers.

To read other inspiring stories like Monica's, please visit our website at www.wolanani.co.za and click on "Case Studies." We look forward to sharing our spring edition of the newsletter with you.