HIV/AIDS STRATEGY AND FRAMEWORK FOR AGRISETA
The HIV/AIDS strategy and Implementation Framework has been initiated by the Agricultural Sector Education and Training Authority (AgriSETA) and facilitated by People Management.

This process is aligned to AgriSETA’s role and function as a sector education and training authority and aims to address one of its sector priorities as outlined in its Sector Skills Plan.

The various stakeholders in the agri sector participated in developing this HIV/AIDS strategy and Implementation Framework.

As stakeholder we trust that this strategy and roll out of it will bring about the change we need as a nation towards the management of HIV and as employees and employers accept our responsibility in this regard.

**IF YOU KNOW YOUR STATUS YOU CAN MANAGE IT**
BACKGROUND

The impact of HIV/AIDS could have dire consequences for South Africa’s future economic and social planning. The epidemic outweighs any other threat to the health and wellbeing of South Africans. It is estimated that almost 5 million people in the country are HIV positive. This is projected to more than double over the next decade – unless major behavioural changes are adequately promoted and realized. The epidemic primarily affects working-age adults.

It is within this context that AgriSETA took the initiative to develop a Strategic HIV/AIDS intervention within the agri sector. In order to contextualize the STRATEGY and the subsequent IMPLEMENTATION FRAMEWORK, the following brief profile of the sector and HIV/AIDS is presented.

The agri sector in South is a large employer mainly rural people with extreme low levels of education. In essence, the sector¹ -

- has approximately 60 000 commercial farmers,
- employs approximately 600 000 full time workers and in excess of 300 000 part time (or seasonal) workers,
- employs workers of whom approximately 33% have no schooling at all, and
- employs in excess of 50% of its workers in what can be classified as elementary jobs.
- It is furthermore estimated that there are in excess of 400 000 subsistence farmers.

Given the above scenario, coupled with the estimation that the average dependency ration is at least 1:5, it can be estimated that at least 6.5 million persons are directly or indirectly dependant on the agri sector. This is then the ambit of AgriSETA’s HIV/AIDS Strategy.

¹Statistical information contained in this section was drawn from the AgriSETA Sector Skills plan
On HIV/AIDS

The following information is given as basis for understanding the Strategy and Implementation framework;

- The cost associated with an HIV positive employee is relatively low, but increases drastically once he/she progresses to the full-blown Aids phase.
- There are currently 5 strains of HIV in South Africa, which could lead to re-infection of a person who is already HIV positive. The result is a further decrease in life expectancy, as two or more different strains then do the same damage.
- Most people only find out they are HIV positive once they are already in the full-blown Aids phase and start getting ill. By this time they could have spread the virus and re-infected themselves, decreasing their own life expectancy.
- Research has shown that long-term HIV/AIDS survivors (people who have been HIV positive for between 15 and 25 years) knew their HIV status very soon after having become HIV positive, started looking after their health and prevented themselves from becoming re-infected.
- Sexually transmitted infections (STI's) increase the probability of HIV infection during unsafe sex by 80% and therefore the treatment of these infections are a very important part of any prevention strategy.
- An HIV/AIDS intervention is a long-term intervention and will only start showing significant results a few years down the line.
AgriSETA, the education and training authority for agriculture within South Africa, interacts with this sector on various levels (e.g. employers, employees, unions and associations). Being a SETA (Sector Education Training Authority), its main focus is to positively transform the agricultural sector through the facilitation of relevant and high quality education and training.

AgriSETA recognizes that HIV/AIDS threatens the future effective functioning of its stakeholders. Through the implementation of an integrated HIV/AIDS strategy, AgriSETA strives to minimize this risk and the impact thereof through the creation of a positive and supportive environment. Employees with HIV and those who develop conditions associated with HIV/AIDS will be reasonably (subject to affordability) accommodated to help ensure their employment is maintained as long as possible.

In order to develop a relevant and practical HIV/AIDS strategy and Implementation framework, a task team consisting of 21 people from various stakeholders of AgriSETA was nominated to assist in the development of an integrated HIV/AIDS Strategy.

The overarching premise from which this task team developed the strategy was that it is of paramount that a HIV/AIDS intervention process is inspired and lead from the top – people with the necessary power base to “walk the talk”. The example of Uganda managing to turn the epidemic around was based on strong leadership. This passion needs to be prevalent within AgriSETA’s stakeholders to ensue that people take the epidemic seriously.

The leadership within the sector needs to champion this strategy and emphasise the impact the epidemic will have on its business and its people. They must be motivated to ensure the successful roll-out of the strategy on all levels, and must ensure that the saturation of the information throughout the sector takes place.
STRATEGIC OBJECTIVES

The HIV/AIDS Strategy is formulated within the context of the following four guiding objectives:

1. **HIV/AIDS needs to be addressed in a holistic manner**

   AGRISETA wants its HIV/AIDS intervention to be implemented on a continuous, holistic basis with the focus on target audiences knowing their status, HIV testing, behavioural change, healthy lifestyle incentives and wellness management.

2. **Preventing a new HIV Case**

   AgriSETA wants to empower its people around HIV/AIDS so that they have sufficient information to take personal responsibility not to become HIV positive.

3. **Preventing functional impairment due to HIV**

   The speed of progression from infection to a disabling disease is dependant on how well the disease is managed. A healthy lifestyle and preventative treatment will enhance the immune system and prolong productive life.

4. **Equitable treatment of PWAs and other stakeholders**

   An HIV policy of non-discrimination and confidentiality should be in place to ensure that PWAs (People living with HIV/AIDS) are treated equitably when it comes to employment, promotion and training. At the same time HIV negative employees, especially those with other (life threatening) diseases, should not feel that their HIV positive colleagues get privileged treatment.
AgriSETA HIV/AIDS STRATEGY

To meet these strategic objectives, seven strategies will be implemented:

**Strategy 1: Communication.** AgriSETA will ensure that its stakeholders receive communication regarding all aspects of its HIV/AIDS intervention, the epidemic in general as well as guidelines regarding appropriate behaviour, with the purpose of enabling everyone to take responsibility not to become HIV positive, get re-infected or spread the virus.

**Strategy 2: Education:** AgriSETA will ensure that all its stakeholders, their immediate family members and other target audiences have, through education, been empowered and given sufficient information regarding HIV/AIDS and risky behaviour, to enable everyone to take responsibility not to become HIV positive, get re-infected or spread the virus.

**Strategy 3: Condoms:** AgriSETA will ensure that its stakeholders have access to free condoms so that they can protect themselves.

**Strategy 4: Sexually transmitted infections.** AgriSETA will ensure that the sectors employees understand the link between HIV transmissions and STI's and facilitate the creation facilities where they can have these treated to reduce the possibility contracting HIV.

**Strategy 5: HIV testing:** AgriSETA will create an environment in which people will want to know their HIV status so as to manage their own life expectancy.

**Strategy 6: Care & Support, medication and counseling.** It is essential that infected and affected people receive unlimited care and support, which includes counselling and which may include medication to assist them to extend their life expectancy.

**Strategy 7: Ownership, management and partnerships.** It is necessary that senior people manage the AgriSETA HIV/AIDS intervention, form partnerships with relevant groupings and that all stakeholders accept ownership of the whole process as part of being a responsible corporate citizen in the fight against HIV/AIDS.
It will be the task of AgriSETA, its Board, Exco and Management to ensure the implementation of the seven strategies. In order to do so, the following implementation framework for each of the identified strategies has been established.

**Strategy 1: Communication**

**Implementation framework**

**1.1 Develop a communication plan** based on the particular needs of AgriSETA’s stakeholders to bring across information regarding all aspects of the HIV/AIDS intervention. This will include communication the commitments of leaders in various agricultural areas in fighting the epidemic to all target audiences –

- captains of industry, unions, farmers (owners and managers) and their partners and families, farm worker and their partners and immediate families, religious groups, medical, spiritual and traditional healers, the Department of Agriculture and organized agriculture – through all available mediums and forums.

**1.2 Develop a generic HIV/AIDS policy** for the sector and adjusted for each business unit/farm. This policy will be negotiated with the different stakeholders at grass root level, and communicated in a way that the people understand the information and buy into the intent. In the policy attention will be paid to the importance of non-discrimination, confidentiality and care and support.

**1.3 Legal issues** relevant to the agricultural sector, such as voluntary child labour (as opposed to prostitution and crime as a means of survival) and ESTA (Extension to the Security of Tenure Act) will also be actively addressed and lobbied on National level.

**1.4 It must be aspirational to be HIV negative** but care and support will need to be given to those that are HIV positive.

**1.5** Well-known and senior people should be open about their HIV positive status – to combat stigma and educate people.

**1.6** Well-known and senior people, regardless of their HIV status, will serve as role models, e.g. be tested and spread the message
Strategy 2: Education  
Implementation framework:

2.1 **The aim of this education** is to educate all stakeholders that only once they know their HIV status can they manage their own protection. Those who are HIV negative must protect their status and those who are HIV positive must protect their health. People at work, family members and people in the community should be informed so that they are aware, understand, and are empowered.

2.2 **This education must include the following aspects:**
- transmission of the HIV virus
- how the virus works
- the wellness curve
- the difference between HIV and AIDS
- myths that are generally believed to be true
- prevention
- signs and symptoms of the disease
- positive living (regardless of HIV status)
- the dangers of re-infection
- the link between STI’s and HIV
- cultural misunderstandings, e.g boswagadi, should be cleared up
- safety, also in the workplace
- available options in terms of support for infected and affected people
- acceptable policies and procedures
- living with someone who is HIV positive
- condom usage and how to negotiate it
- positive aspects of safe sex
- the bigger picture (local, national, global reality in terms of statistics, risk profiles and economic impact)
- real life stories generated from the local reality

2.3 **Peer educators will deliver this training** through to the grass roots level.
- peer educators will aim at a ratio of one peer educator for every 50 people
- small farms will form clusters for training
- the training language will be simple
Strategy 3: Condoms
Implementation framework:

3.1 People will be informed why condom dispensing (currently the cheapest option to prevent HIV transmission and re-infection) is an important of the holistic strategy

3.2 Condoms will be available to prevent transmission of HIV and decrease the prevalence of HIV/AIDS in the agricultural sector

3.3 There will also be strong messages about the prevention value of abstinence and faithfulness to one partner

3.4 People will be educated about the correct use of condoms

3.5 AgriSETA will use its bargaining power basis in cooperation with the Department of Health to access affordable condoms and this needs to be dispensed in a discrete way on the different farms

Strategy 4: Sexually transmitted infections.
Implementation framework:

4.1 Create a network with facilities to treat STI's (this will include medical aid schemes, clinics and other facilities in respective locations [these to be provided by other role players]).

4.2 Educating stakeholders about the relevance of having STI's treated

4.3 Informing stakeholders about the structures they can use for treatment

Strategy 5: HIV Testing
Implementation framework:

5.1 Understanding why they need to be tested:
- people must believe they can do something about the HIV/AIDS themselves, therefore they need the opportunity to go for voluntary counseling and testing
- They must believe, through education, that knowing their status gives them a competitive advantage because they can manage their health, regardless of their HIV status

5.2 Personal responsibility
- People need to take personal responsibility to go for an HIV Test
- People need to know that their HIV Status is their property and that they do not need to disclose this information, they just need to protect themselves in the future and start managing their health
5.3 **Testing:**
- Testing needs to be done on a voluntary basis, and results remain confidential.
- Pre-test counseling and post-test counseling is imperative
- Leaders must set the example in getting to know their status
- Facilities will be developed and this can be done through a partnership with the Department of Health. Mobile clinics, where available, could also be used.
- A decision will have to be made who will pay for this testing
- The number of HIV positive people will be monitored continuously to determine if the intervention is having any effect.
- Rapid tests will be used, but if tested positive, a full blood tests (Eliza) to confirm an HIV positive result must be done.

5.4 There will be a thorough follow-up system for HIV Positive people.

**Strategy 6: Care & Support, Medication and Counselling**

**Implementation framework:**

6.1 **Positive Health:**
- The overall focus is to develop a healthy community, always taking into account the socio-cultural impact of any intervention
- The Metropolitan booklet on positive health can be very helpful in developing a healthy community and keeping up one's immune system, regardless of HIV status.

6.2 **Care and support:**
- HIV positive people will at all times be shown compassion, and receive proper care
- Infected and affected people need emotional (love and acceptance), psychological, medical and spiritual support. Partnering with the relevant groups in the area can assist with this. All counseling must be done with code of good practice as the minimum standard.
- Post test counselors must be trained thoroughly, and there is a possibility that this service will be provided externally.

6.3 **Home based care:**
- Everybody who is sent home because of ill health must have someone that is trained in home based care to support them and care for them.
- If this person is another geographical area, it is suggested that partnerships are formed with caregivers/trainers in those areas.

6.4 **Orphan care:**
- Benchmarking will be done regarding the care and support of orphans in other countries. This will include the funding aspect of the programme.

6.5 **Care for care givers:**
• Support will be given to the caregivers of sick people and orphans, especially the grandmothers, who can also be used in an educational capacity.

6.6 **Medication:**
The practical issues regarding the possible provision of medication to enable people to extend their life expectancy will be investigated.

**Strategy 7: Ownership, Management and Partnerships**

**Implementation framework:**

7.1 People in management and leading positions in the state and private sector must co-ordinate the HIV/AIDS intervention through a clear, realistic plan of action, preferably on a provincial level.

7.2 There must be a clear strategy to keep HIV negative people that way – more lives must be saved and the death rate must reduced.

7.3 The policies of other sectors will be consulted to draw up a national policy and money and people will be made available to ensure that it can be implemented.

7.4 All the relevant stakeholders of agriculture must be mobilized to ensure the HIV/AIDS strategy is accepted on all levels – nationally, locally and in communities.

7.5 AgriSETA will form partnerships with the Department of Health, Welfare, Education, Labour and Agriculture to assist in support projects in the community.

7.6 The Department of Health can be of specific use in terms of condom distribution and STI treatment.

7.7 Where necessary, professional support will be enlisted.

7.8 Trained peer educators will be encouraged to share their knowledge with their respective communities.

7.9 Everybody involved must take initiative and take responsibility – they must be bold and show willingness to take action to turn the trend of HIV/AIDS.