

AMA LAY COUNSELLORS

SPEAKING MY LANGUAGE





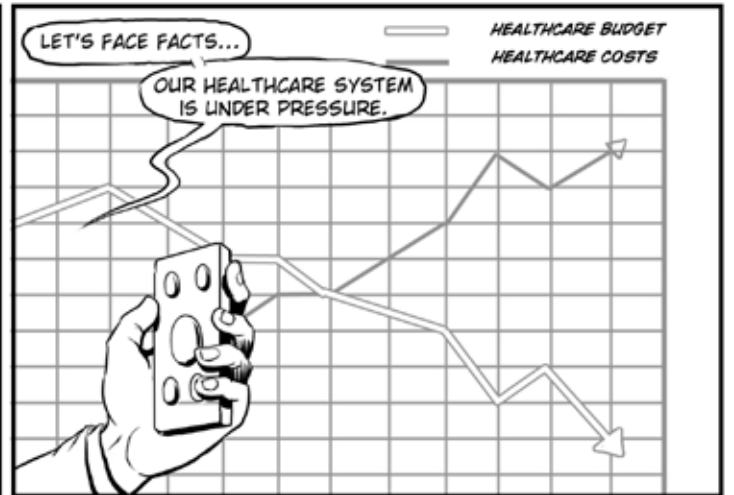
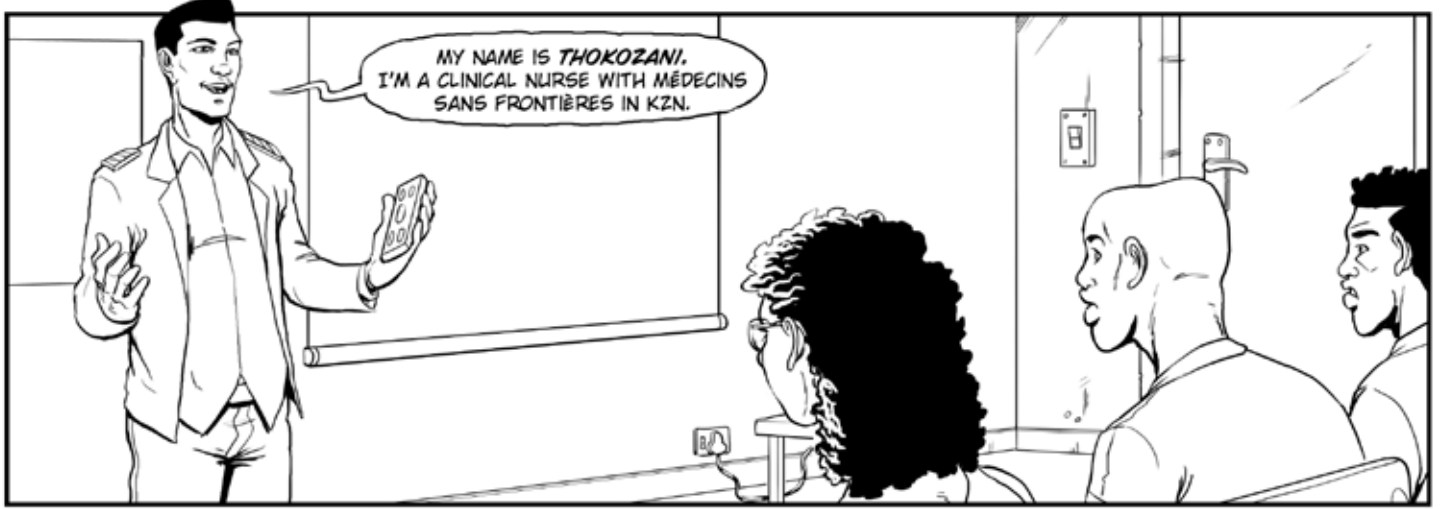
In April 2011 Médecins Sans Frontières / Doctors Without Borders (MSF) started an HIV/TB project called “Bending the Curves” in King Cetshwayo District in Kwazulu-Natal, with the aim of reducing HIV and TB incidence and mortality in a high prevalence area. Working in partnership with the KZN Department of Health, MSF has since introduced several community and facility based activities dedicated to increasing the uptake of HIV/TB testing and counselling, and enhancing access to treatment.

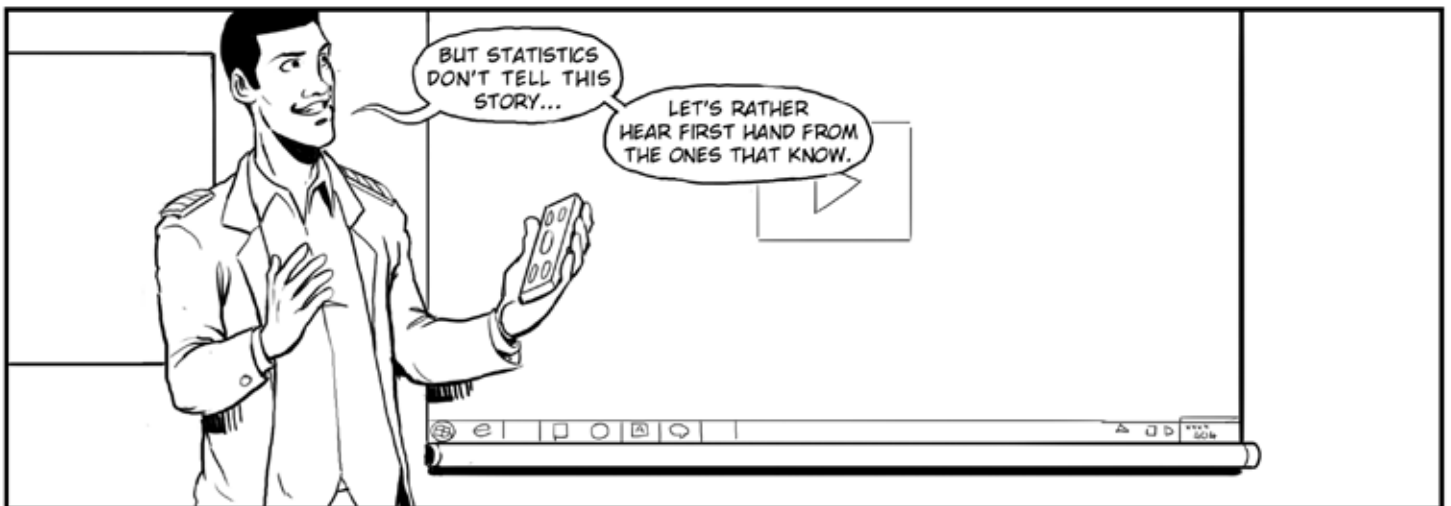
Several of these initiatives are run by lay counsellors - health workers who are qualified to carry out some health-care services, but who are not medical professionals. MSF employs several categories of lay counsellor, including: **Facility-based Lay Counsellors** like Lindiwe (p9), who work in Primary Health Care Facilities, where they conduct initiation counselling, enhanced adherence counselling, defaulter tracing, and facilitate community models of care.

Mobile One Stop Shop (MISS) Counsellors like Gloria (p11), who, working out of temporary tents and vans, provide sexual and reproductive health services in busy locations like taxi ranks, shopping malls, sporting events, churches and industrial areas. The mobile outreach team also visits schools in collaboration with Department of Education (DoE) and Integrated Schools Health Program officials. Other **fixed-site lay counsellors**, like Sanele (p4), who provide the same testing and counselling services as the mobile outreach unit but from fixed sites in Eshowe town, and rural Mbongolwane. Each site is open from Monday to Saturday.

It is in large part thanks to the work of lay counsellors and other lay health workers that MSF’s “Bending the Curves” project is on track to meet the ambitious UNAIDS 90-90-90 by 2020 targets - globally endorsed HIV treatment targets that aim for more than 90% of people living with HIV to be aware of their status; 90% of those diagnosed to be initiated on antiretroviral (ARV) treatment; and 90% of those on ARVs to achieve viral suppression.

Thanks Ama Lay Counsellors, for speaking the language of health!





A PATIENTS STORY

FEELING GOOD ABOUT THIS JOB INTERVIEW...



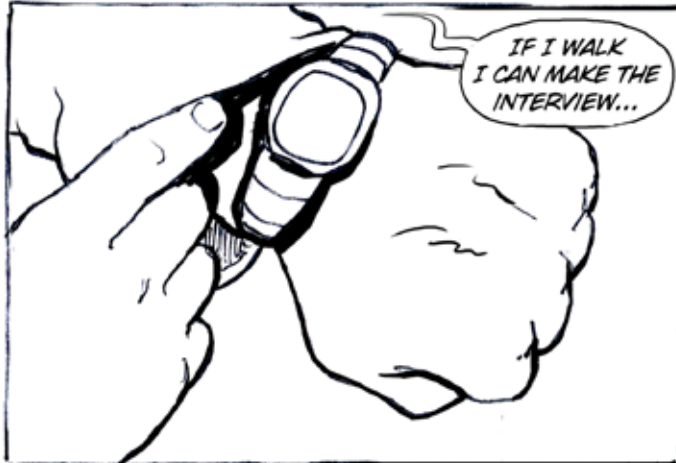
WHAA...
YUSS-SSIS!



FAN BELT'S
GONE - AND IT WAS
A NEW ONE!



IF I WALK
I CAN MAKE THE
INTERVIEW...



AMA HIY
COLINSELLOR!

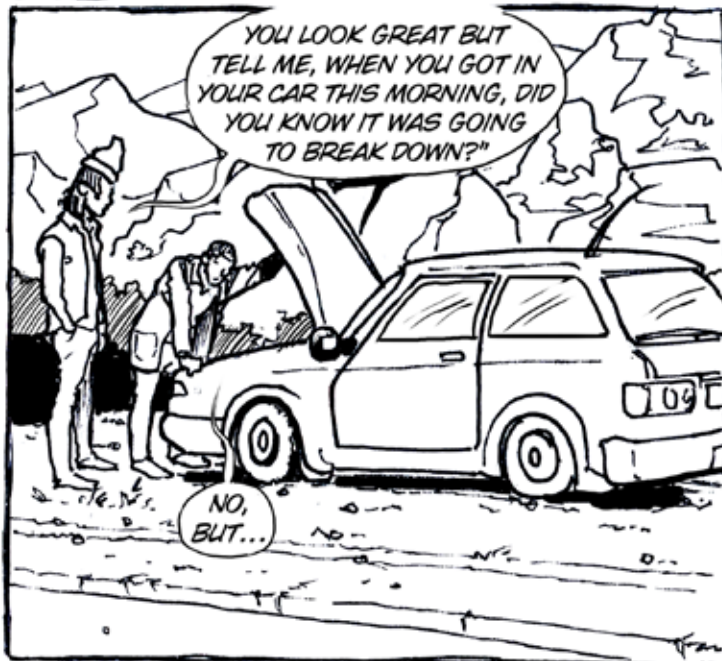


HE WON'T
MIND WATCHING
MY CAR...



SURE,
BRUH.





A PATIENTS STORY

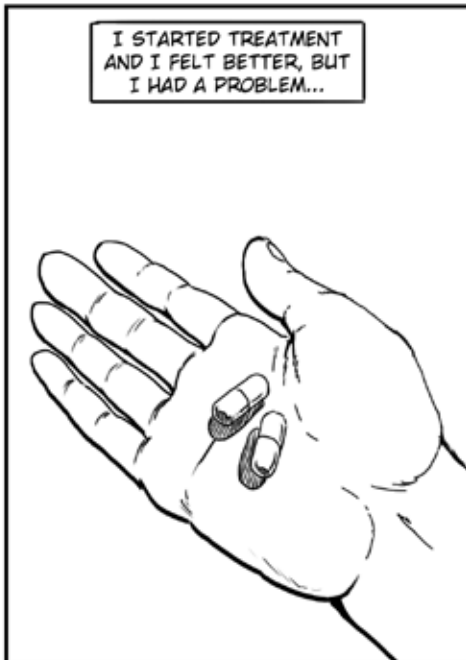


I USED TO SAY THAT I WOULD SHOOT MYSELF IF I CAUGHT HIV.

NTHABAZATHINI NGCOBO



BUT WHEN I TESTED POSITIVE, I WAS AFRAID OF LEAVING MY KIDS.



I STARTED TREATMENT AND I FELT BETTER, BUT I HAD A PROBLEM...



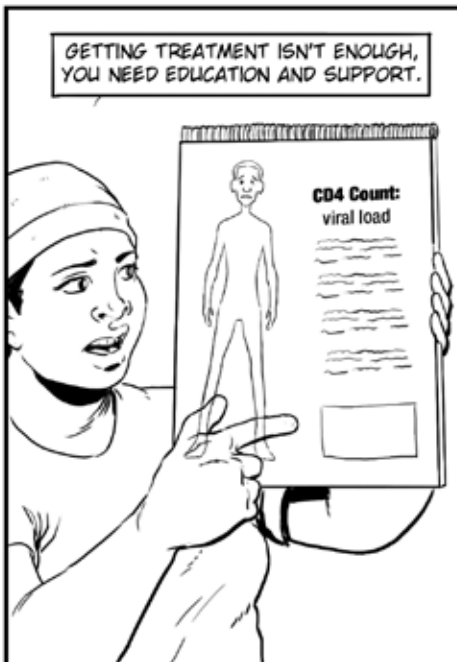
I WOULD DRINK AND FORGET TO TAKE MY PILLS.



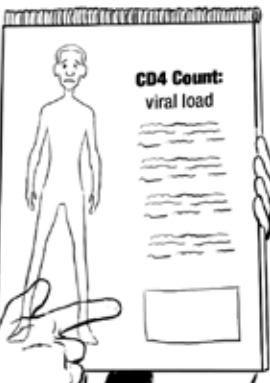
IT HELPED WHEN I MET AMA LAY COUNSELLORS



SHE MADE ME SEE THAT I WOULD DIE IF I KEPT FORGETTING MY PILLS. I GOT SCARED.



GETTING TREATMENT ISN'T ENOUGH, YOU NEED EDUCATION AND SUPPORT.



THANKS TO MY COUNSELLOR I FEEL GREAT NOW.

DR. CARLOS' STORY

PEOPLE HAVE SOME STRANGE IDEAS ABOUT ART*



*ANTI-RETROVIRAL TREATMENT



SOME WOMEN BELIEVE THAT ARVS WILL MAKE THEM FAT, SOME MEN THINK THEY WILL GROW BREASTS.



MISCONCEPTIONS LIKE THESE KEEP SOME FROM TAKING THEIR TREATMENT.



NURSES OFTEN DON'T HAVE TIME TO SEPARATE FACT FROM FICTION.



HERE ARE YOUR ARVS.

DON'T INTERRUPT YOUR TREATMENT OR YOU WILL GET SICK

SISTER, I DON'T--

I WISH I HAD MORE TIME TO COUNSEL HER, BUT I DON'T

NEXT PATIENT, PLEASE!



MONTHS LATER...

THIS IS A PROBLEM...

I FEEL SICK.

YOU ARE SICK. YOU HAVE A HIGH VIRAL LOAD AND A LOW CD4 COUNT.

WHY HAVEN'T YOU BEEN TAKING YOUR ARVS?



DR. CARLOS' STORY

I WANT TO BE HONEST
I HAVE LITTLE TIME TO
TALK TO PATIENTS.



I REMEMBER THIS ONE CASE...
A FARMWORKER CAME WITH SORES
ON HIS MOUTH AND FOREHEAD.



THESE ARE COMMON SIGNS OF HIV, BUT
THE WORKER REFUSED A TEST.



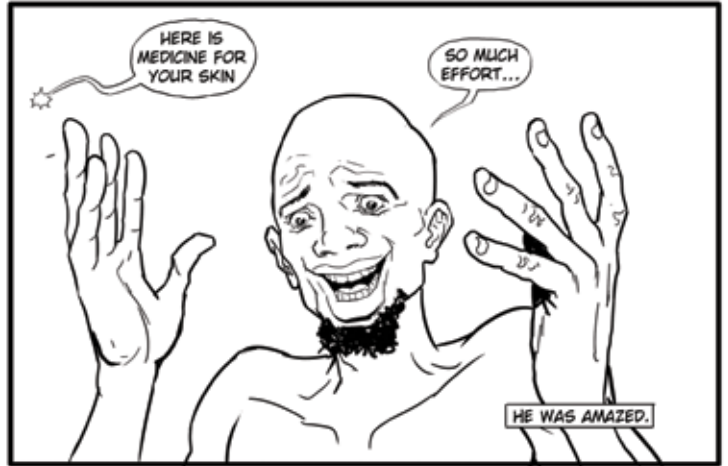
I ASKED THE LAY COUNSELLOR FOR HELP.

LEAVE
THIS WITH
ME.



THE COUNSELLOR WENT TO THE
FARM WHERE THE PATIENT LIVED.





GLORIA'S STORY

AS A LAY COUNSELOR
YOU SHOULD BE ABLE TO
TALK TO ANYONE...

BUT PERSONALLY,
I STRUGGLE WITH THE
GOGOS AND KHULUS.



THEY CAN TALK
FOR HOURS.



I LIKE THE TEENAGERS,
THEY HAVE ENERGY.



THEY ALSO NEED
HELP. THE RATE OF DEATH
FOR TEENS WITH HIV IS
RISING. FOR ALL OTHERS
IT IS FALLING.



WE NEED TO TEST MORE KIDS AND WE
NEED TO KEEP THEM IN TREATMENT.



IT ISN'T EASY THOUGH HIV TREATMENT IS LIFELONG BUT TEENS THINK SHORT TERM.



THEY'RE ALSO SELF-CONSCIOUS. A LOT OF TEENS STOP TREATMENT WHEN THEY START DATING SOMEONE NEW BECAUSE THEY DON'T WANT THEM TO KNOW.



A LOT OF CARE-GIVERS ASSUME THAT TEENS ARE OLD ENOUGH TO TAKE RESPONSIBILITY FOR THEIR TREATMENT, BUT MANY DON'T.



I HAD THIS CASE OF A BOY WHO WAS FAILING IN TREATMENT.



HE DIDN'T WANT TO TALK...

TELL ME ABOUT YOUR HOME LIFE.

IT'S FINE

HOW IS SCHOOL?

FINE



BUT I KEPT DIGGING, AND IN THE END HE TALKED...

AUNTY, THE PROBLEM IS COWS.

COWS?

SOMETIMES WE LOSE ONE AND I MUST GET UP AT 3AM TO LOOK FOR IT.





