

# ALAF A

Apparel Lesotho Alliance to Fight AIDS

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## Getting the message to men



**REACHING OUT:** Khathibe Mokeke and Thibili Tsolo, above left, cutting denim at Nien Hsing Garments; Khathibe Mokeke, below right, shows his "I know my status" wristband; Tseliso Soai, above right, ALAFA's expert patient

Although the Lesotho apparel industry provides work mainly for women, fifteen percent of the workforce are men. As only eight percent of the workers registered on the ALAFA programme are men, we are increasing our efforts to reach this group.

Following the success of using women expert patients to connect with workers, ALAFA has employed its first male expert patient, Tseliso Soai. Among the reasons he has identified as to why men appear to be more reluctant to come forward is a sense of hopelessness that leads to negative behaviour as a way of coping (see page 3).

Another issue that has been identified is that men want their own support groups at the factories instead of mixed groups where women domi-

nate at present. Males groups would allow people to share information and experiences more freely.

### Family support

Another way in which ALAFA is reaching out to men is by extending testing and treatment services to the spouses of workers on the programme.

HIV and AIDS cannot be treated in isolation. Emotional and psychological support for people on treatment is part of keeping well, and this means bringing the whole family in. This service is offered to both men and women workers, with spouses being defined so as to include traditional marriages.

After a pilot this service is being extended across the industry with 18 spouses now enrolled on the care and treatment programme.

# Keeping people on treatment

Getting people onto treatment in time so that they preserve their health is central to HIV and AIDS care. The best time for an HIV positive person to go onto antiretroviral (ARV) treatment is when their CD count falls below 350 – and this is often happens before they feel sick or any symptoms appear.

“Persuading people that they need treatment when they feel well is a challenge,” says Dr Fred Mugenyi Asiimwe, ALAFA’s medical director. “Even when a person’s CD count is 350 they often have no symptoms. Waiting beyond the CD count falling below 350 poses serious challenges as patients often then present with severe, opportunistic infections like TB. This increases the mortality considerably.”

## Early diagnosis

One of the advantages of moving clinics into factories is that it makes it easier to test people early and get people on treatment on time, provide clinical care and treat opportunistic infections early. Having clinics where people work makes access to treatment direct and easy.

Despite early diagnosis, some people are reluctant to move on to treatment. The reasons are complex and not only about not feeling sick. There is a social and religious dimension: “I believe a traditional healer can heal me” . . . “God willing he will heal me”.

Also common is women who haven’t told their husbands, or husbands who don’t support them. “My husband doesn’t allow me” . . . “I’m still waiting to tell my husband” . . . “Where will I hide my treatment?”



**COLLECTING DATA:** Mpho Mokonyane at the Nien Hsing factory clinic. Good records are crucial for the long-term success of the programme.

ALAFA hopes that by extending services to spouses it will be possible to build the family support necessary for long-term treatment.

Another challenge is keeping people on treatment. “Once a person has started ARV treatment it is for life,” says Dr Asiimwe.

“They can’t stop and start; otherwise they run a danger of the virus developing resistance to the ARV drugs. First-line drugs are an easier regime and well-tolerated. Second-line drugs are more expensive and more difficult to take. People can become resistant and there is a risk to the greater population of spreading a drug-resistant strain of the disease.”

## Keeping track

ALAFA tracks patients in a number of ways. The computer data base of patient records makes it possible to see that appointments are met and to follow up when patients lapse.

ALAFA works with 15 doctors and there are adherence officers,

nurses and councilors at their rooms who work with ALAFA’s case managers and expert patients.

“Often the reason for default is because not enough information was given at the beginning,” says Dr. Asiimwe. To minimise this, HIV infected people need to be counselled for three or more sessions before treatment starts, a service now being enhanced by the adherence officers.

## Support groups

The factory support groups, where people share experiences, are also used to disseminate information and demystify treatment. Despite this some people who have tested disappear and become “lost follow-up”, often because they don’t want treatment. Patients who leave their jobs transfer into the public system.

By the end of May, 15161 people had been tested; 4741 tested HIV positive and 4382 had enrolled on the programme. Of these 28 have died, 14 have transferred out and 383 are registered as lost follow-up.



**TEAM:** Klase Molele with a group of peer educators at a factory function

## Klase Tlelase – trainer

**ALAFA uses peer educators as a central part of its prevention strategy. Workers volunteer and the chosen ones are trained by contracted service providers, who are also trained. Klase Tlelase works for Bohlale, a local training company, and trains shop stewards, supervisors and peer educators.**

“My motive for doing this work is quite simple. I am HIV positive myself. When I found out about my status I was shocked and miserable. I really wanted to die. I didn’t know who to turn to and it was very difficult time. I don’t want people to go through that and my personal experience helps me with this work.”

Klase has been on treatment for three years. “ARVs are working for me,” he says. I’m healthy now and living positively.”

So far more than 400 workers have been trained as peer educators, and about 20% of these are men. More than 70 peer educators have now also being trained on a second curriculum. The first curriculum focuses on HIV and AIDS issues such as prevention, information about transmission and living positively.

The second curriculum focuses on the broader social issues fueling the spread of the disease, such as substance abuse and domestic violence, which is accompanied by a lack of assertiveness and difficulty in negotiating things like safe sex.

“Many of the apparel workers come from the rural areas and know very little about urban life,” explains Klase. “Once they are here, they have money and start socialising. Often this involves drinking and leads to increased vulnerable with the possibility of unprotected sex.

“Often they know very little about HIV and AIDS and I am grateful for the opportunity that I have through ALAFA to share my experience and help the textile workers.”

## MEET THE PEOPLE WORKING FOR ALAFA

### Tseliso Soai – expert patient

Tseliso Soai worked as a machine operator at CGM factory in Maseru for seven years before joining ALAFA as an expert patient this year. Expert patients are recruited from the industry to help other workers adhere to treatment and Tseliso is the first man to take on this work.

Tseliso says he first became interested in knowing his own status in 2003 when he was selected for training at the factory. This training was to equip trainees with information about HIV and AIDS to inform other workers. At that time there were no places to go for testing. He eventually tested in 2006 at a hospital in Maseru.

“I was not so shocked to find that I was positive because I had been given information on HIV and AIDS and knew this was possible,” he says. He has been on treatment since 2006 and his wife is also on treatment. He joined the ALAFA programme and support group in 2007.

“Being an expert patient allows me to encourage other men to be open about their status. I have seen that for many men this is hard. There is a lot of fear. Many men lose courage and become negative about life. As a result they engage in risky behaviour like drinking heavily and getting involved in multiple relationships.

“Now I can spread the message among them so that they might know that there is still hope.”

## Working for a better life

Many young women in Lesotho leave their rural homes to work in the city – like Mamorena Phansi, the mother of the first twins born on the ALFA programme, who has now returned home with her sons.



**BACK HOME:** Mamorena Phansi (left) with Thabo (*happiness*) and Thabiso (*the one who makes others happy*). Both boys are HIV negative. Children in the village where they live come to visit (right).

Mamorena Phansi grew up in the rural area of Berea in the north-east of Lesotho. She came to Maseru to find a job in a factory four years ago. She was already 29 years old and a friend paid 40 Maloti (about five US dollars) for her to do a sewing course.

“I wanted to find work because it makes it possible have a more comfortable life,” says Mamorena. “At home I was working in the fields. There is nowhere else to work except in the factories.”

She found a job at Lesotho Precious Garments and moved into “a line”, the name for a row of rented rooms, often built at the back of another dwelling, where many of the factory workers live.

She found out she is HIV positive a couple of years ago.

“I decided to test at the factory as people were encouraging us to know our status,” she says. “I think I am lucky that I found out about my status while I was still healthy. It was a relief that I was still strong and could do something.”

### Deciding to have a child

The risks of falling pregnant when you are HIV positive are explained at awareness sessions and support groups. But Mamorena decided that she still wanted to try to have a child. “I attended the factory support group and saw that it might be possible to have a child,” she says.

Mamorena later gave birth to the first twins born on the prevention of mother-to-child transmission (PMTCT) programme.

Mamorena went home after the

twins were born to get help looking after them. She wanted to be open about her status and called the village together to introduce the boys and thank ALFA. “My children are standing up today because of the support from ALFA,” she says.

She returned to work for a while but then requested a break so she could build up her strength and look after her boys.

### Going home

When workers registered on the ALFA programme leave the industry, the case managers arrange for them to be transferred into the state system so their treatment can continue. Mamorena is going for follow-up at a clinic near her home.

“When I am stronger again, I will return to work,” she says.

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