

Proactive Health Programme - Leadership

Edendale Hospital, Pietermaritzburg,
KwaZulu- Natal Province, South Africa

GGHH Agenda Goals

- Leadership
- Food

Hospital Goals

- To target the socio-epidemiological drivers of HIV disease progression in patients on ARV's, through encouraging them to develop sustainable vegetable gardens and engaging them in life skill and environmental health promotion.

Progress Achieved

- **Benefits to human and environmental health:** Since the inception of the project in April 2014, more than 90 “one-home-one-gardens” have been established in patients’ homes as well as within the hospital. This greening of the hospital and the community has enabled several staff and community members to return to more nutritious eating habits. Over 1739 patients have not defaulted on their treatment since the inception of the programme. Patients feel that their dignities have been restored as they no longer rely on hand-outs and are able to grow their own food. Most patients experience a return of energy and there has been tremendous improvements in terms of body wasting, weight gain and a general emotional well-being. Admission rates dropped by close to 85% in patients engaged in the programme. Patients also gained a sense of peer support and belonging from engaging in the garden and support groups.
- **Financial benefits:** Apart from being able to feed themselves patients have been selling produce to community members as well as hospital staff. Hospital staff buy vegetables from our patients on a bi-monthly basis.

The Issue

As a Social Services department we found that a large number of patients were defaulting on their ARV treatment regimes, due to issues of poverty stigmatization and denial. We also found that a large number of children were being admitted as a result of malnutrition and poor nutrition. This severely affected lifelong health outcomes as well as disease progression. Furthermore, resultant associated synergies of tuberculosis, drug resistance, and resistant strains of virus increased the complexities of the health presentations of our patients. The communities we serve have the resource



of land at their hands and taking them back to utilizing and caring for these resources would greatly empower them to deal with the ongoing effects of climate change on their lives. Also, most community land has been overcome by different levels of discarded waste.

The Sustainability Strategy Implemented

The project has five pillars:

PILLAR ONE: FOOD SECURITY

Social workers identify patients who are defaulting treatment and suffering from malnutrition and associated health presentations from their caseloads. They are screened using poverty screening tools and assisted for a short period of time with food parcels and introduced to the gardening projects to encourage self-sustainability and healthy nutrition.

PILLAR TWO: ONE-HOME-ONE GARDEN

Individuals who are identified as willing to participate in this initiative are given the necessary requirements like seed packs, seedlings and basic equipment. We have secured seedling sponsorships from Sunshine Seedlings. They are encouraged to use their skills in ensuring the successful growth of their gardens. Once individuals have initiated their gardens, follow-up investigations are conducted to monitor the progress of the garden, as well as to identify any presenting health and social problems that may have occurred with regards to the client. An annual competition for best garden is held and prizes given. This serves to further motivate patients. Those patients who do not have land, utilize land based at the hospital.

PILLAR THREE: SOCIAL SECURITY

We have implemented a strategy that is intended towards assisting individuals with engaging with social security processes, ensuring that each individual will gain access to their right of citizenship, and that this right is not violated in any way. Many patients are unable to access grants due to document challenges. We have addressed this via different processes.

PILLAR FOUR: INTERPERSONAL DEVELOPMENT

The focus of this pillar is to develop and build on the individuals' intangible instruments, such as dignity, self-esteem, attitude, passion, self-worth and the identity of individuals. The identified method of work towards establishing this goal is to initiate workshops such as:

- Self-Definition workshops: involving the 5 levels of the self, namely physical (nutrition and health), psychological, emotional, spiritual and social
- Goal-Setting workshops
- Moral Regeneration and Value workshops
- Relationship Skills and Anger Management workshops

We also create spaces to dialogue on mindset issues, through community narrative theatre.

PILLAR FIVE: STANDARDIZED THERAPEUTIC HIV GROUP WORK SUPPORT PROGRAMME

This programme has been piloted and is aimed at addressing issues faced by children, adolescents, and adults impacted by HIV. It is firstly for health, in that most programmes focus on the educational components of diagnosis and HIV. Due

to the unpredictable nature of the disease many dilemmas arise in patients which create emotional and behavioral scripts that impact on their adherence and psycho-social functioning. Clinical group work provides a useful treatment modality for issues of HIV diagnosis, isolation, stigma, behavioral response and emotional upheaval. We chose this strategy because it targets the individuals holistically, and ensures food security at a household level.

Implementation Process

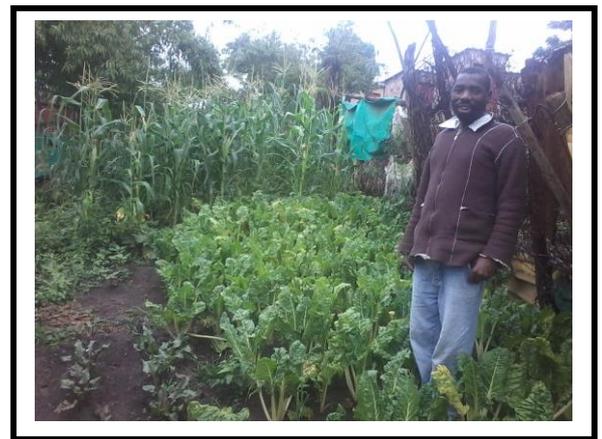
The strategy was implemented in response to the need to address the issue of ARV default and poverty amongst patients. It was a project initiated by an individual at the social work department which was greatly supported by the management of the hospital. We started with food parcels and then built in the concept of home gardens. Initially we had a few gardens and they grew in number.



As the demand grew we got a sponsorship from Sunshine Seedlings for food crop seedlings which enabled us to support our patients with the initiation of the gardens. We then started workshopping our garden project members on various topics and got the Department of Agriculture involved in training our patients. We conducted follow-up home visits on a monthly basis with our patients to follow up on their progress. We still require training on rotational crop farming, the establishment of organic composting and pest control. The project team consists of two staff members and social work students who rotate yearly and join in the implementation as part of their community development practical requirement at university.

Tracking Progress

The progress of the project is tracked through follow-up home visits and adherence tracking sheets. We also hold group meetings monthly with participants and conduct evaluation sessions.



Challenges and Lessons Learnt

Most challenges we experience relate to the lack of funding for implementation and training. We also learnt that by getting patients to utilize land resources in a way that benefits their sustainability makes them committed. Thus, the vegetable market and food security gains have enabled a deep pride in patients.

Next Step

Firstly, we wish to establish a formalized green committee with different internal and external stakeholders whose specific focus would be to take the goals of GGHH further. We hope to increase the size of the hospital gardens and to recycle food waste to make compost for the gardens. It is hoped that we can produce enough vegetable to supply the hospital kitchen. We also hope to begin teaching our patients to recycle waste at a community level. It is also hoped to take this project to community clinic level.