



*The South African Academy of Family Practice's Rural Health Initiative (RHI) is proud to be able to bring you the following section of the journal, that will concentrate on issues pertaining to rural health in South Africa. We hope to provoke discussion on these issues and would encourage anyone interested in rural health to offer contributions to future issues.*



## **RURAL HEALTH INITIATIVE: REPORTS ON PROJECTS**

### **The Vulindlela TB/HBC project, Port St. Johns, Eastern Cape Province**



On the 17<sup>th</sup> of February 2004 the official launch of the Vulindlela TB/HBC (Home based care) project irrigation scheme took place at Ntafufu clinic near Port St. Johns.

The project was started in September 2000 to address the poor performance of the TB Control Programme in the deep rural Port St. Johns area. Funding was obtained through a former Dutch TB sanatorium, the Suppletiefonds Stichting Sonnevand in Harderwijk, the Netherlands. Two clinics in the Nyandeni Health district, Ntafufu and Mtambalala, which are linked to Bambisana Hospital, were identified for the project because of their high TB case-load and overlapping catchment areas. Ntafufu treats about 300 TB patients per year and Mtambalala about 120.

Initially ten volunteers were trained per clinic as TB-DOTS supporters. They received bicycles to visit patients at their homes and to report back to the clinic. The volunteers support TB patients, visiting them at their homes on a regular basis (on average three times a week), giving advice, fetching drugs from the clinic, taking sputum samples to the clinic and monitoring the condition of the patients. Diagnosis of TB was established at the clinics through sputum collection from TB suspects by DOTS supporters or clinic staff.

From early 2002 a partnership was established between Nyandeni Health district office, different Non Governmental Organisations active around TB and HIV/AIDS (the Health

Systems Trust, the Rural Health Initiative and Bambisana Project), Community Based Organisations and other projects around TB as well as HIV in the area. Through this partnership, training in bicycle maintenance and repairs was arranged, and the link between HIV/AIDS and TB is addressed by training DOTS supporters in Home-Based Care, with additional funding from the Rural Health Initiative. The total number of volunteers has increased from twenty in 2000 to fifty in 2004. Ntafufu clinic has established an HIV support group, growing from six members in June 2003 to almost 70 at present.

The project has resulted in a significant improvement in the outcome of the TB Control Programme in the two clinics. Before the start of the project almost 74% of patients did not finish their treatment, whereas in the project over 81% of patients supported by a volunteer have completed treatment successfully.

Income generation is important to maintain the motivation and commitment of volunteers and to eradicate poverty. Vulindlela has chosen to establish a gardening project within the programme, in order to provide some form of income for the voluntary workers as well as a supplementation of the patients' diets. Irrigation schemes were designed for the two gardens to enable crop production all year round. These systems were installed and the first crops were planted in December 2003.

The official launch celebrated these achievements and

acknowledged the efforts of the volunteers.

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Voluntary care and DOTS supporter (also a sangoma) digging trenches in preparation for the installation of the irrigation scheme



Volunteers planting the first seedlings at the installation of the scheme



The garden at the launch of the irrigation scheme, 2 months after the installation

