

Gone Rural Project

Contributed by Administrator

Empowering Women Craft Business for Wellness Mobile HIV and Sexual and Reproductive Health Services for Women in Craft business Background Women in Swaziland are extremely vulnerable to HIV infection and unwanted pregnancies. According to the Swaziland Demographic and Health Survey among women, the HIV rate is 31 percent, compared with 20 percent among men; HIV prevalence peaks at 49 percent for women age 25-29; and 37% of pregnancies are unwanted.

While these statistics suggest an obvious need for HIV and sexual and reproductive health (SRH) services for women in Swaziland, women face many social, logistical and financial barriers that limit their access to those services. Common barriers include gender inequality, stigma, peer pressure, lack of privacy and confidentiality, distance to clinics, client waiting times, lack of resources to pay for services, etc.

Issues of vulnerability and lack of access to services are exacerbated for women living in rural areas of Swaziland, where levels of education are generally lower – the median years of completed schooling for urban women is 7.8 years, whereas for women in rural areas it is only 4.7 years. In the rural areas there are also greater numbers of female-headed households – 52 percent of households in rural areas are headed by a woman compared to 39 percent in urban areas⁶. Both education levels and household composition are correlated with higher levels of poverty, which in turn create greater barriers to accessing health services.

One entity in Swaziland has attempted to break the cycle of poverty for rural dwelling women. Gone Rural Pty Ltd. registered as a company in 1992 and has since become a model of socially responsible business practices. The core focus of the business is to provide home-based work for approximately 700 rural Swazi women at 13 sites throughout the country. Gone Rural has supplied over 1,000 retail outlets in 32 countries worldwide with its handmade products with an African image. Gone Rural embodies an understanding and respect of Swazi cultural heritage and tradition. Through economic empowerment, the company's quest is to continuously improve the daily lives of women and to uplift the thirteen communities in which they work. While Gone Rural has provided opportunities for women to participate meaningfully in the labour market, in the areas where these women live, work and gather, health services are lacking. Most of these women live far distances from rural clinics and travel to a clinic or hospital to treat illnesses such as HIV/AIDS or tuberculosis (TB) - or even maintain basic health care – is prohibitively expensive. For women who have started on antiretroviral therapy (ART), the need for regular, reliable service is of great importance, in order to maintain adherence to the highly regimented drug protocols.

Response Gone Rural, the Family Life Association of Swaziland (FLAS), and the Business Coalition against HIV/AIDS (BCHA) seek to address some of the barriers and challenges described above by implementing a 10-month pilot project that will provide safe, confidential, female-friendly, and easy-to-access services and information to women artisans of Gone Rural and employees of Swazi Can. Building on a foundation of project experience and knowledge of client needs, the project partners will implement the following activities:

1. Provide Mobile Clinic Services – FLAS will operate a "Women's Mobile Wellness Clinic" designed to provide a "one-stop-shop" for women to access comprehensive HIV testing/ counselling/treatment and SRH services, including family planning, cervical cancer screening, and treatment of sexually transmitted infections (STIs). Specifically, FLAS mobile clinics are equipped to provide: a variety of contraceptive commodities (including condoms, pills, injectables, Norplant, IUD, and emergency contraception), HIV testing and counseling, blood draws for CD4 counts, treatment of opportunistic infections, pap smears, STI treatment and counseling, pregnancy testing, ante and post natal care, maternal and child vaccination services, and pre-/post-abortion care.

The Mobile Wellness Clinic will be stationed for one full day every two weeks at the following Gone Rural sites: Malkerns, Mtholweni, Mahlabatsini, and Mpuluzi. Similarly, the wellness clinic will be stationed fortnightly at the Swazi Can site in Malkerns. FLAS will attempt to provide clinical services to the community on the same day that the Gone Rural production team meets with the women artisans. This takes advantage of an existing meeting place and time and ensures an opportunity for regular, structured health services for the women - and their families - every two weeks. The following table lists the number of women currently working for Gone Rural or Swazi Can at each site. Site Number of women
Malkerns (Gone Rural) 80
Mtholweni 30
Mahlabatsini 67
Mpuluzi 60
Malkerns (Swazi Can) 140
These women and their family members will be eligible to receive Wellness Clinic services on the days when site visits are scheduled.

2. Disseminate Information, Education, and Communication materials (IECs) - The Mobile Wellness Clinic will be equipped with a wide range of information, education and communication (IEC) materials that are specifically designed to address the HIV and SRH needs of women. Materials will be regularly distributed with the aim of equipping clients with the information they need to lead healthy, positive lives.

3. Peer Education – Peer education will be another key component of this project, complementing and reinforcing the information received during clinical visits and via IECs. A team of peer educators will be trained during the early stages of the project, and will provide regular and on-going support and information to women on-site on issues such as HIV and SRH. All activity implementation will be conducted in close coordination with project stakeholders, including:

women from Gone Rural and Swazi Can, the Regional Administration, local chiefs, government agencies (SNAP, the reproductive health unit of the Ministry of Health), and project partners. Following a brief phase of outreach to project stakeholders, a more formal stakeholder meeting will be held at project inception to get the endorsement of stakeholders.