

MAX ART NEWSLETTER

For Better Health
and Zero New
HIV Infections



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is Key!

Dialogue in
Maphalaleni Chiefdom

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Engaging Communities is Key!



Engaging communities is key to reach the goal of zero new HIV transmissions. This is why community mobilisation is an important component of the second phase of the *MaxART* programme (2014-2017) in Swaziland: the early Access to ART for All (EAAA) implementation study. The communities surrounding selected facilities are targeted with awareness raising activities on the availability of ART and the benefits of early HIV treatment. An increasing number of people now openly share their HIV status, which encourages others to have a test and enrol for ART.

The first step of community mobilisation is raising awareness among the traditional leaders, such as chiefs and 'tindvunas' (chiefdom headmen), soliciting for their buy-in for community activities and getting

their permission to implement activities in their chiefdoms. Following the orientation of traditional leaders and inner councils, community-based volunteers are trained about interpersonal communication. At community level they together form a resource pool consisting of rural health motivators, caregivers ('banakeleli'), support groups, expert clients and community police. The volunteers are equipped with tools, including education and communication materials, reporting tools and a T-shirt for ease of identification. Their task is to spread messages on EAAA and treatment adherence through door to door visits. In addition, religious leaders and traditional healers are trained on the intervention and its benefits, enabling them to encourage community members to remain on treatment and refer people to facilities.

Community dialogues

Once the leaders agree, SAfAIDS staff conducts dialogues in the communities. During the meetings, information about the available nearby ART services is provided. Moreover, a drama group presents an edutainment to depict resistance that might exist among some community members and how these could be resolved for the benefit of the entire community. The participants then split into groups – men, women, and youth – and further discuss the benefits of ART, barriers and solutions.

Community mobilisation ensures that the people themselves are actively involved in creating a healthy community and stopping the spread of HIV.

Foreword

It is my believe that people themselves are the agents of change. In the AIDS response, community members are more likely to accept any change that comes their way through community mobilisation. This is one of the outcomes of the Early Access to ART for All study.

An important lesson learned is that the design and implementation of health interventions that leave out its consumers does not yield the intended results. I urge that community engagement be maintained, as it will ensure a sustainable, acceptable and practical solution towards the country's commitment to the realisation of Early Access to ART for All and the 90-90-90 global targets.

Margaret Thwala-Tembe
Country Representative, SAfAIDS



Margaret Thwala-Tembe



Community Mobilisation

215 Traditional Leaders (Chiefs, Tindvunas and Inner Council Members)



Oriented in 14 chiefdoms surrounding Ntfontjeni and Ndzingeni Tinkundlas

246 Community-Based Volunteers



Oriented on Early Access to ART for All

40 Religious Leaders



Trained on Early Access to ART for All

25 Traditional Healers



120 Community-Based Volunteers



Trained on interpersonal communication and given tools (IEC materials, T-shirt and bag)

7 Community dialogues conducted reaching:

1,315 adults **845** youth

Accessed onsite HTC services:

237 people

Reached through door to door visits by community-based volunteers:

2,249 people

'Through the community dialogues, I learned to appreciate the importance of modern health care. I will now encourage my family to use health services without delay.'

Community dialogue participant

Key Figures on EAAA study

As of 1 September 2015, six facilities were successfully transitioned to the Early Access to ART for All intervention phase.

1,859 ART-naïve clients were enrolled, among whom 68% female (31% aged 21-29 years) and 32% male (44% aged 30-39 years) between 1 September 2014 and 31 September 2015.

In September 2015, 282 existing or newly diagnosed pre-ART clients were offered ART regardless of CD4. Of those initiated on ART, 185 people (85%) were willing to start ART on the same day.

Dialogue in Maphalaleni Chiefdom



After the nearby health facility transitioned to the Early Access to ART for All intervention, a community dialogue was conducted in Maphalaleni Chiefdom on Thursday 22 October 2015. The chair of the meeting, community leader ('bucophu') Mr Maphevu Dlamini, pointed out that the intervention is now commonly referred to as 'shesha', which means early or fast.

The senior nursing sister Ms Magagula explained that people do not have to wait until their CD4 cells drop but can take up ART immediately after an HIV-positive diagnosis. The nurse also

informed the community about practicalities, for instance that blood sample transportation days are Monday to Wednesday.

Edutainment

During the meeting, the Pelepele Drama Group offered edutainment about early access to ART and treatment adherence. After this, one of the topics the participants discussed was young people's concerns to get tested and their fear to disclose their HIV status to a new partner. A total of 96 community members attended the dialogue, and 46 people accessed HIV testing and counselling services on site.



Social Science

Research



During MaxART phase 2, social science research is undertaken in study communities to understand how Early Access to ART for All is understood, explained and practiced by community-based volunteers and traditional leaders. Research activities include observations of orientations, training sessions and community dialogues, as well as qualitative interviews with a selection of community-based volunteers and inner council members.

Training on Human

Rights



The members of MaxART's Community Advisory Board (CAB) facilitate exchange of information between the communities and the programme team. Thirteen core members attended two training programmes.

The training in November 2014 focused on the roles and responsibilities of CAB members, issues related to HIV and AIDS, and interpersonal communications skills. The training in August 2015 also paid attention to human rights and ethics, to ensure that members know about people's right to access HIV treatment, care and support, for example. The Board comprises people from diverse backgrounds, such as youth representatives and community health workers.

Support Groups



Support groups play a significant role in the second phase of the MaxART programme. The group members encourage people to enrol in ART and adhere to treatment.

Support groups also aim to minimise self-stigma and societal stigma. The Swaziland National Network of People Living with HIV and AIDS (SWANNEPHA) has approximately 250 support groups situated in the four regions of the country. Community-based volunteers are part of the groups. They provide psychosocial support to new members and promote Early Access to ART for All through home visits.

'Face HIV Head-On'



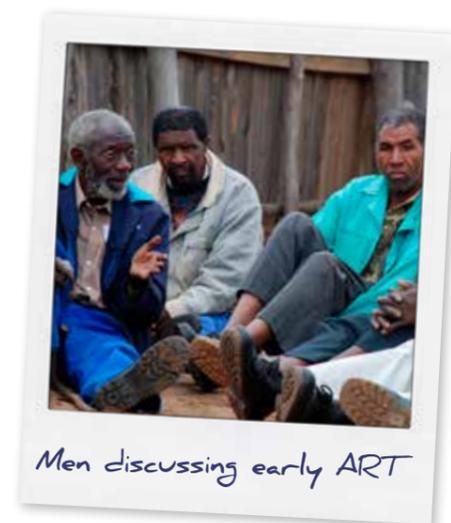
Community-based volunteers are extremely valuable for in mobilising their communities to participate in community dialogues during the launch of Early Access to ART for All. One of the volunteers who played a pivotal role in preparing and conducting a community dialogue is Ms Thembelihle Emmett. 'As women, we are mothers.'

When contributing to a women's group discussion during a community dialogue in Mshingishingini, Ms Emmett urged that women need to pioneer the use of Early Access to ART for All services. 'Note that behind every healthy and successful home there is a woman. Hence we need to face HIV head-on by ensuring that we live as good examples to our families.'

Community-based volunteer

'Taking an HIV test is a good start and, if the virus is found in your blood, enrol for the Early Access to ART for All services. We appreciate the Ministry of Health for bringing HIV treatment

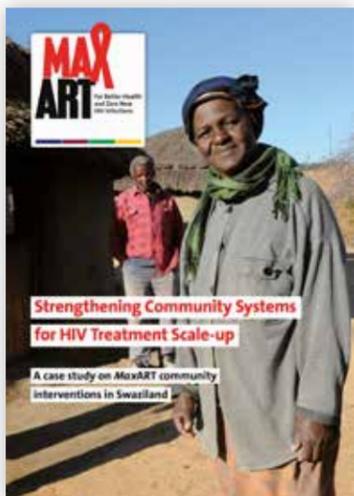
closer to us. Before it was at a distant clinic. Having these services here at Mshingishingini is even better. As a community-based volunteer, I will mobilise my fellow community members boldly, considering that free services are within our reach. This is a good move for the health of our families and the entire community of Mshingishingini.'



Men discussing early ART

Publication

In 2014, MaxART commissioned a case study on Community Systems Strengthening efforts during phase 1. The study report describes the different community interventions implemented and the results. As of 2011, there was a sharp increase in HIV tests done and people living with HIV put on ARV treatment. The testing rates went up for the two target groups of phase 1, men and adolescents.



Events

18th International Conference on HIV/AIDS and STIs in Africa (ICASA 2015).

29th November – 4th December 2015, Harare, Zimbabwe

The theme of the conference is 'AIDS in the Post 2015 era: linking Leadership, science and human rights.'

MaxART has four poster presentations at the conference and two delegates from the Ministry of Health are supported to present their posters.

'I should be the one testing first, so that I know my status as your chief.'

Chief of Maphalaleni



The Swaziland Ministry of Health, STOP AIDS NOW!, and the Clinton Health Access Initiative (CHAI) initiated the MaxART programme in Swaziland. The programme partners include the Swaziland Network of People Living with HIV and AIDS (SWANNEPHA) and the Global Network of People Living with HIV (GNP+), the National Emergency Response Council on HIV/AIDS (NERCHA), national and international non-governmental organisations including the Southern Africa HIV & AIDS Information Dissemination Service (SAF AIDS), social scientists from the University of Amsterdam and researchers from the South African Centre for Epidemiological Modelling and Analysis (SACEMA).

The MaxART Consortium gratefully acknowledges the extensive contributions of all partners who support initiatives within the project as well as broader efforts to strengthen health outcomes across Swaziland. These include, but are not limited to, PEPFAR/CDC/USAID, WHO, UNAIDS, PSI, EGPAF, ICAP, MSH, URC, Baylor, FLAS, AHF, M2M, Lusweti, and World Vision.

Do you want to contact MaxART staff? Please send an e-mail to: Charmaine Khudzie Mlambo, Senior Research Manager of the MaxART programme: kmlambo@clintonhealthaccess.org or Eliane Vrolings, Overall Coordinator of the MaxART programme: evrolings@stopaidsnow.nl