



PEPFAR Swaziland – Civil Society Engagement: COP16

Day & Date: Tuesday, February 26, 2016

Venue: ICAP Conference Room

Time: 10:00 am – 11:15 am

Background

PEPFAR through the Coordinating Assembly of Non-Governmental Organization (CANGO) organized a meeting with civil society organizations members to share the COP 16 and also solicit input from members of CSO.

Objectives of the meeting were to:

1. To familiarize CSO on COP16 process and deliverables.
2. To CSO stakeholders participate and meaningfully make input into COP16 process.

Welcoming Remarks – CANGO Director

The CANGO Director thanked all the Directors for making time and come for the meeting. He highlighted that as a coordinating entity, CANGO has the mandate to coordinate all Non-Governmental organisations. He thanked PEPFAR for the opportunity to collaborate and appraise the HIV AIDS issues including the response.

He continued to urge everyone to engage in the platform so that we improve our day to day work.

Introductions

Everyone introduced themselves by highlighting name, organisation.

Presentation

Mduduzi Patrick Dlamini

In his presentation, he started by highlighting on the PEPFAR background. He highlighted on how important it is to engage civil society. He also mentioned that smart investment on programs, whereby targeting is key for sustainable financing.

His presentation focusing on the following topics:



- PEPFAR 3.0
- The Clinical Cascade (getting to 90-90-90) and how CSO can contribute in the first 90
- Why CSO Involvement and proposed plan of engagement for COP16

Discussions

All

The questions that stirred discussion were as follows:

1. What are the main barriers/opportunities to getting to the first 90 (90% of eligible individuals to get tested and know their status? In particular – (Men 20-45 year old)?
2. What are the most effective ways to link HIV positive individuals to services?
3. How will the drought and food insecurity affect ability to support the HIV response?
4. What would you recommend that PEPFAR consider?

The discussion highlighted the following:

1. Barriers in getting people to testing and treatment

- a) Stigma continues to be inhibiting factor in the response due to vertical programs or health service provision. VCT are still not integrated into other health services. Also among children who access services at Baylor Clinic, they do not want a sick note from Baylor but will want to go to another health facility (Government Hospital) to get a sick note because a Baylor sick note will identify them to be positive.
- b) Mixing different age groups makes it difficult for people to come forward. Doing Male circumcision for young and old at the same place makes it difficult.
- c) Testing and counselling by different age groups is a challenge. Older people are not comfortable to being counselled by young people who happens to be young females, and this drives men away.
- d) Gender and disclosure challenges make one partner to be scared to go for a test without telling the other partner and when results are out its difficult to disclose.
- e) Cultural issues and poverty contributes to lower numbers f people testing, especially men.



- f) After people are enrolled into treatment it's difficult to collect refills due to long queues as well as financial difficulty related to travel cost to nearest ART site. There is need to rollout and decentralize refill sites.
- g) Group refill needs to be strengthened. This helps in rural areas where people walk distances due to lack of transport money, to get refills.
- h) There is lack of follow up and counselling support on people on ART treatment. There are challenges related to treatment and nutrition.
- i) Funding for behavior change is minimal and money is devoted to treatment and OVC programs. We need to increase behavior change programming.
- j) Testing kits and viral load machines and reagents are in limited supply. There are constant stock outs of kits and limited viral load machines. There is need to scale up viral load testing and ensure that test kits are readily available.
- k) Insufficient family mobilization, yet SHIMS study showed that men are agreeable to testing when done at family level. Family environment is less intimidating, and this would equally address issues of stigma and discrimination.
- l) Need to strengthen advocacy for gender issues and poverty and disaggregated data according to needs of the different population groups (children, women and men)
- m) Need to understand the nutritional needs for those on treatment to get the desired outcome
- n) Follow-up structures to support people on treatment are important to improve the quality of services

2. Why do men not seek services in particular?

- i. Men generally struggle with fear to know their health status
- ii. Family mobilization seems effective to address this fear and the environment is not threatening. SHIMS study showed that men are comfortable when testing is done as a family.
- iii. Efficiencies in making service delivery in public facilities are important. The long queues and fragmented service points are a deterrent and men prefer private facilities



3. Myths on ART drugs

- a) The Diabetic/ART study in Siphofaneni revealed that some people on both treatments had a belief that diabetic medication will stimulate a sex drive but ART medication will lower a sex drive. This resulted to some people defaulting on ART thinking that it would make them impotence.
- b) More studies on medication side effects are needed to assist people on ART in order to o dispel myths.
- c) Doctors and pharmacist do not address efficiently the issues around drug side effects. There is need to address this issue in order to allay any fears as well as making people aware of such circumstances and its effects.
- d) Funding for advocacy is important to address stigma and discrimination

4. How can we effectively reach men?

- a) Lack of scientific approaches with community interventions. We need further studies on getting evidence on what works and what does not work at community level.
- b) We need research studies to understand what works or has worked
- c) Men forum called “Kudla Inhloko” needs to be revived. This is the main forum for men where they are comfortable to discuss any issue around gender and HIV.
- d) The question raised was whether we can realistically test 100%. It was felt that this is ambitious, and we need to revise our expectations because some people do not want to test because they consistently use condoms and.
- e) It was suggested that offering a menu of service could help reach men because testing will be integrated into other services.
- f) There is need to have programs targeting soccer teams and school boys.

5. Weak coordination structures

- a) Partner’s interventions are not supporting government intervention as they are fulfilling donor request.
- b) Coverage of interventions does not reach all corners of the country because partners chose easy accessible areas where they want to work.
- c) Very weak governance and this where we are not focusing



- d) PEPFAR should assist Swaziland to pull things together, get data and analyses to inform programming.
- e) Close coordination will be need at community level to address HIV and drought. It was suggested that distribution sites for food and water should be used to offer health.

6. How do we plan HIV programs during the current drought season?

- i. There is need for an integrated approach.
- ii. Food security will overshadow health needs. People will be concerned about what they eat and less about health.
- iii. Nutrition will plummet

Other critical points to consider on how we can effectively reach men

- ✓ Women cannot provide services to men
- ✓ Time spend in trying to access services and the packaging of services is important
- ✓ Stigma is still a big issue and we need to make the services conducive for men to come
- ✓ How drought and food insecurity will affect programming for 90-90-90 and the need to explore if the food distribution points could be a gateway for integrated services. Such as offer health services during food and water distribution.
- ✓ Messaging on ART drugs and nutrition including the side effects is critical

Closing

The meeting agreed that there's need to engage. A report will be shared to everyone. A suggestion is to have a co-team that will work with CANGO from now moving forward. There's still need to discuss the more on the COP 2016. Request to have more input when the report is shared.

Selection of a Co – Team

The secretariat - CANGO was tasked to coordinate the different sectors to nominate representatives who will be part of the co-team.



Closing

The meeting was closed with a word of prayer.