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“It is my appeal to our journalists to guard against inaccurate information about the COVID-19.”



Zero Discrimination against Women and Girls



Stigma Index Report Dissemination Assembly



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FOREWORD



**SNAP Programme Manager
Mr Muhle Dlamini**

As we enter the year 2020, we are confronted with the novel coronavirus disease (COVID-19) that is spreading like wildfire all across the world. His Majesty the King has declared this epidemic a national disaster and has declared a state of emergency in Eswatini. As the HIV sector, we will not fold our arms and hide our heads in the sand but we will face this COVID-19 epidemic head-on as we did with HIV/AIDS.

March is the Zero Discrimination month and on 2 March, we celebrated the right of everyone to live a full and productive life—and live it with dignity. On this day, UNAIDS promotes inclusion, compassion, peace and, above all, a movement for change. We challenge the discrimination faced by women and girls hence the 2020 theme was '**Zero Discrimination Against Women and Girls**'. Discrimination and gender inequality remain a huge barrier for women and girls, with a serious impact on the AIDS response. A spotlight on HIV-related discrimination against women and girls states that every week, around 6 000 young women worldwide aged 15–24 years become infected with HIV. Although Eswatini has made progress towards greater gender equality, discrimination against women and girls still exists.

In as much as VMMC primarily targets males, females are also beneficiaries of VMMC. In the move to increase the threshold of males who circumcise, thus making it difficult for HIV to be transmitted from one person to the next. We wish the female counterparts could have a say on VMMC. We appreciate efforts done in terms of reducing new HIV infections. VMMC is one of the drivers that contribute to this noble task of reducing new infections.

The adaptation of the Stepping Stones approach comes at a time in Eswatini and the world is struggling to come up with an intervention that can be scaled up with an evidence based behavior change model. There is a consensus that this study will add value in having carried out an evaluation process. Eswatini is one of those countries globally that has implemented the Stigma Index and it would not have been possible without the inputs of PLHIV and other stakeholders.

Let us remember that our target remains zero discrimination on HIV, zero discrimination on sexual orientation and zero discrimination on COVID-19.

MEDIA SENSITISATION WORKSHOP



Panel of the Media Sensitising Workshop Posing for a Group Photo.

The Ministry of Health on the 20th March 2020 hosted a media sensitization workshop on COVID-19 at the Hilton Hotel. Among those present were the acting Minister of Information, Communication & Technology Senator Manqoba Khumalo and the Minister of Health Lizzie Nkosi and the different local media houses.

The main objectives of the assembly were:

- To discuss the overview and national preparedness on COVID-19
- To discuss incorporation of COVID-19 in daily reporting as it has been declared a national disaster
- To sensitize the media on COVID-19.

The meeting was officially opened by the acting minister of information, communication

and technology senator Manqoba B.Khumalo. The minister first thanked the media for challenging them as Government and urged them not to stop challenging them. He proceeded to appreciate the media for their encouragement and giving accurate information and reporting.

In his remarks the Minister Khumalo applauded the media for their swift action in organising the crucial workshop, as the Coronavirus is spreading at an alarming rate in other countries. He further went on to say that the media has a role in disseminating balanced, factual and credible information to the general populace, on all the precautionary measures of preventing the virus.

The minister also mentioned that he had a fruitful meeting with; the chief executive officer of Eswatini Television, the director of

Channel Yemaswati, the Director of Eswatini Broadcasting & Information Services and the chief executive of Voice of Church. In this meeting they discussed ways in which accurate information and updates could be broadcasted and reported timely to alleviate uncertainty caused by social media platforms.

“We live in an era of fake news and misinformation that is spread by social media users in social platforms, hence it is my appeal to our journalists to guard against inaccurate information about the COVID-19.” said the Minister. He also noted that accurate information should be acquired from the Ministry of Health (MOH) and the World Health Organisation (WHO) because they are credible sources regarding this pandemic.

The Minister further extended Government’s sincere gratitude to MISA ESwatini and its donor for joining hands with the Government of Eswatini in the fight against the Corona virus. He further implored the media to spread accurate and credible information that will help save the lives of Eswatini; by making them follow the precautionary measures put in place by Government of Eswatini, World Health Organisation and the Ministry of Health.

The Minister of Health Lizzie Nkosi was present to officially close the meeting. In closing the minister pointed out that that the Ministry of Health is guided by the World Health Organisation. The Minister proceeded to appreciate the media for its cooperation with the ministry. She went on to say that as the Ministry of Health they will communicate with the media. “If there are rumours about the Virus, the media should come to the Ministry of Health.” said the Minister.

Moreover, the Minister mentioned that the Ministry of Health through the Minister, should be the one who communicates the number of people affected by the virus. Should it happen that they receive any information they will contact the media, even if it is very late at night.

The Minister of Health Lizzie also warned the nation that even though a lot of people tested negative, this should not make the nation think that there is no Corona virus in the country. On the other hand, the nation should continue washing their hands constantly and not touch their eyes, nose and mouth and they should continue testing.

ZERO DISCRIMINATION AGAINST WOMEN & GIRLS



Zero Discrimination Against Women and Girls Commemoration Day in Pictures.

The Zero Discrimination commemoration took place on the 2nd March 2020 at the Millennium Park in Manzini. The Ministry of Health observes this day each year on the 1st March, as this is a universal annual event. Since it is a universal commemoration, this day does not confine itself to HIV or health related themes and aims to highlight issues related to discrimination.

Activities of the commemoration consisted of: a march from the town circle that proceed to the Millennium Park and it was led by His Majesty's Correctional Services band, an entertainment and the distribution of 500 t-shirts that were branded with the theme message 'Zero Discrimination' for awareness raising. Present organisations were: the Ministry of

Health, UNAIDS, NERCHA, SNAP, PEPFAR, People living with HIV networks, Young people networks, Key populations networks, PSHACC, Wellness Center, PSI, URC, FHI, PACT, ICAP, EGPAF, MSF, CANGO and Kwakha Indvodza.

The objectives of the commemoration were:

- To raise visibility for the challenges of discrimination against women and girls. It is important to highlight that this includes women in all their diversity including women living with HIV, transgender women, sex workers.
- To generate political will and support for action to address discrimination against

women and girls that are legal and economic barriers to women's equal access to health and education including:

- * Age of consent laws for health services.
- * Laws protecting women from violence.
- * Laws to prevent early marriage.
- * Programmes to support economic empowerment of women and girls.
- * Decriminalisation of sex work.
- * Discrimination against women and girls in education, health and workplace settings
- * Property and inheritance rights.

The commemoration was graced by the honourable Minister of Health, where she rendered a speech by stating that, the importance of this day should not be lost in whether the day is commemorated on the 1st or 2nd of March. She then mentioned that the theme of the zero discrimination day this year was “**Zero discrimination against women and girls**”. The minister then emphasised that putting an end to stigma and discrimination is critical in expanding HIV services. If stigma and discrimination is not addressed, it seriously reduces the quality of life of people who experience it and it hinders their access to health and HIV services.

She went on to point out that due to discrimination against women and girls in the education system and labour market, it creates economic and social insecurity, undermining their agency and well-being. As Gender inequality undermines the ability of women to decide

how, when and with whom they have sex with. Therefore shaping the use and access to health services by women and it increases the risks of women experiencing gender based violence thus creating barriers to finding redress when their rights are violated.

She further stated that ending violence against women and girls is one of the most widespread human violations in the world, hence violence against women is deeply rooted in gender inequalities and is used to exert male control over women.

The Minister then stated that the Kingdom of Eswatini is committed to the Sustainable Development Goals (SDGs), which includes the targets of ending the AIDS, Tuberculosis and Malaria epidemics and tackling Hepatitis by 2030. However other SDGs are also critically important in reaching this goal which includes reducing inequalities.

In addition to that, she stated that the Political Declaration on Ending AIDS, which the Kingdom of Eswatini adopted and other States at the United Nations General Assembly – Level Meeting on Ending AIDS. It reinforced that in reaching all of the SDG no one must be left behind and that zero discrimination including in health care must be ensured.

In her closing remarks, she stated that zero discrimination is at the heart of the country's response to HIV, even though discrimination continues to undermine efforts to achieve a more just and equitable society thus causing pain and suffering for many.

STIGMA INDEX REPORT DISSEMINATION ASSEMBLY



Participants of the Stigma Index Report Dissemination Assembly.

The Stigma Index Report Dissemination meeting was held at the Royal Swazi Convention Centre, Ezulwini, on the 11th of March 2020. Participants of this meeting were; Government officials, representatives from CANGO, NERCHA, M&E, SNAP, PCSHAC, Project Last Mile (PLM). AM-ICAALL, PLHIV, UNAIDS and the Civil Society.

The purpose of this survey was to join the global action in reducing stigma and discrimination related to HIV and AIDS, through the creation of a supportive stigma reduction framework that will inform HIV and AIDS policy, advocacy and programming.

The overall objective was to determine manifestations of stigma, discrimination and human rights violations against PLHIV in the Kingdom of Eswatini.

The secondary objectives include:

- To measure where and when stigma discrimination against people living with HIV/AIDS occurs;
- To measure stigma and discrimination and its impact on the response to HIV especially disclosure and treatment;
- To identify promising approaches to stigma and discrimination that can be taken to scale to achieve sufficient impact across the country;
- To generate evidence and identify gaps in HIV programs that may fuel stigma and discrimination;
- To access and document the experiences of PLHIV in general and key population living with HIV ,regarding stigma and discrimination, and
- To profile PLHIV on matters related to human rights.

- The main concentration of this meeting was to join the global action in reducing stigma and discrimination related to HIV and AIDS through the creation of a supportive stigma reduction framework that will inform HIV and AIDS policy, advocacy and programming, (good practices that dispel stigma and discrimination).

The SNAP programme manager, Muhle Dlamini. He introduced different representatives from the different organizations, among those was NERCHA director Khanya Mabuza.

Mr Khanya Mabuza, NERCHA director thanked People Living with HIV (PLHIV) for being present during the meeting despite carrying the burden of being judged and discriminated. He touched on the history of the Stigma Index Report and reminded people that in order to understand discrimination, you need to have been a victim of discrimination. He emphasized that stigma is a disgrace to the victim and those who witness it. He highlighted the problem of uptake of ARV's in communities; facilities need to engage with communities to ensure that there are no difficulties, and that the Civil Society has a role to play in issues of adherence.

Mr Mandla Hlatjwako spoke on behalf of PLHIV, "We have been through a lot, been called names and marginalized but through resilience we stand proud and firm." he said. He raised concerns on how Key Populations will cope as the focus is now on them and the resistance of the public in accepting them is clear for all to see. He expressed his trust and hope in Parliamentarians to enact a law to make it a crime to discriminate. "As we are

faced with the threat of corona virus, we hope discrimination will be addressed", he concluded.

UNAIDS country director Tim Rwabuwemba gave closing remarks, by first thanking the organisers of the convention for inviting him to the assembly. He applauded all who were present and those that were not present, but have been part of the journey of people living with HIV Stigma index report; for creating and enabling an environment which allows us all to respect the rights of people living with HIV and their freedom to discrimination. "The discussion that took place today, '2019 stigma index' signifies that a lot of work which indicates that a lot has been done to create space for people living with HIV in the Kingdom of Eswatini." stated Rwabuwemba.

Furthermore, he stated that the stigma index provides a tool that detects changing trends in stigma and discrimination, experienced by people living with HIV and informs policy makers, programme managers, interventions and address stigma and discrimination that prevent achievement towards universal access to treatment and prevention services.

He lastly mentioned that there is a need to break the stigma around key population and he thanked them for being part of the journey. He further went on to state that the United Nations always see the key population as brave champions, who are willing to be in the forefront in the fight against HIV/AIDS, and thanked them for coming out and expressing their views during the survey.

CORONA VIRUS DISEASE BRIEFING SESSION



Participants of the Corona Virus Disease (COVID 19) Briefing Meeting watching Thabang Masangane demonstrating Practices on COVID 19 Prevention.

On the 17th March 2020 the Ministry of Health hosted a CoronaVirus (COVID 19) Disease Briefing conference with the Transport Sector, at UN House in Mbabane. The participants were: Government officials, representatives from the National Disaster Management Agency and the local media houses.

The director of health services Dr Vusi Magagula, in his opening remarks asked for co-operation from the Transport Sector, for the reason that the virus has a potential to have negative effects on the country. The reason for the involvement of the Transport Sector was due to the fact that a lot of emaSwati use kombi's and buses (public transport), thus putting the much of the population at risk of contracting the virus. He further mentioned that as Emaswati it is important to take safe precautions.

Nhlanhla Nhlabatsi, an Epidemiologist at the Ministry of health, highlighted that the Transport Sector is very important in the fight against the virus and that his wish was that all public transport had communication material on CoronaVirus, as that

will educate emaSwati about the virus. Nhlabatsi added that the virus affects both animals and humans and it is found in droplets and handshakes. He further mentioned that the virus has affected 151 countries internationally and in Africa alone, there has been 107 confirmed cases and 2 deaths.

The Ministry of Health Quality/IPC Thabang Masangane, before doing a demonstration on hand washing, mentioned that according to a report by the World Health Organisation, our hands contain more viruses, which puts us in a vital position to wash our hands. He also stated that there is fecal matter on 10% of credit cards, 14% banknotes and 16% of cell phones, which puts us at risks of contracting the virus.

The methods of hand hygiene advised by Masangane were that; people need to utilise included cleaning, which is physically removing germs and dirt, disinfection which is chemically killing the germs by the use of hand sanitisers and lastly hand hygiene which is the use of soap and water.

STEPPING STONES DISSEMINATION MEETING

On the 19th of March 2020, the Stepping Stones evaluation report dissemination meeting was held at the Happy Valley Hotel, Ezulwini. Among the participants during the meeting were government officials, representatives from CANGO, NERCHA, M & E, SNAP, PCSHAC, and Project Last Mile (PLM). AMICAALL, PLHIV, UNAIDS and the civil society.

The main objectives of meetings consisted mainly of;

- To measure level of impact of the Stepping Stone approach to HIV prevention programme (on young people's level of knowledge, SRH, safer sex practises, gender responsive relationships, access to care, etc.).
- To identify the existing and potential opportunities for better implementation of the stepping stones approach to HIV prevention program interventions in the priority areas where Stepping Stones is being implemented.
- To inform future HIV prevention programs for young people in the country.
- To ascertain accessibility and or challenges towards accessing health services such as HIV testing voluntary medical male circumcision (VMMC), access to antiretroviral therapy (ART), STI diagnosis and treatment, etc. amongst the people.



NERCHA's Mphikeleli Welcoming Participants of the Meeting.

During his welcoming remarks, Mr Khanya Mabuza's Representative Mphikeleli Dlamini, thanked everyone for making it to the meeting and also thanked CANGO for the support. He also mentioned that in terms of the COVID 19 virus the country is still safe, because so far there is one person who has been confirmed as infected with the virus. He also highlighted that doesn't mean we are not going to be affected. He emphasised that we should regular-

ly wash our hands with soapy running water, if ever someone sneezes or cough, a flexed elbow and a tissue must be used to cover the mouth and nose, then dispose that used tissue in a closing bin. Also practise social distancing as that will help us remain with the same records.

Local consultant Lungelo Bhembe, spoke about the Background and methodology. His main points on the topic were;

- Qualitative methods on focal group discussion
- Complementing the survey responses with qualitative perspective on program content
- Quality and delivery
- Focus Group Discussions which were also conducted with groups of female beneficiaries, male beneficiaries and parents/caregivers.

He went on to point out that Focus Group Discussions (FGDs) were guided by asset of short, clear, probing questions. Thus the FGDs were captured either in SiSwati or in English, by hand, also by the use of back up recordings using a Dictaphone/cell phones. He went on to mention that an in-depth literature review was performed, and that the main method of Step-

ping Stones evaluation was face to face surveys with program beneficiaries. This was conducted with a computerised survey tool loaded on-to tablets using survey To Go software.

He went on to say about the ethical consideration that a research protocol was developed and submitted to the National Research Review Board (NHRRB). Confidentiality was prioritised as, all evaluation team members and data collectors signed confidentiality agreements; Adolescents and young people who participated in this evaluation did so anonymously. He further identified the risks and benefits for participants. The risks for participants were minimal; however their participation in the study did involve sharing sensitive personal information.

Hence participation was entirely voluntary and participants were able to opt out of the survey anytime. The Benefits to the study were that; participants included a direct and immediate benefit of being able to talk about important issues in their lives connecting with CANGO, receiving information about HIV and sexual reproductive health and rights and a transport reimbursement of E50-100 depending on distance travelled.

Bhembe further recommended the global fund to maintain or increase investments in the Stepping Stones Approach to improve HIV and SRH outcomes for adolescents and young people in Eswatini. Thus Global fund has to use the results and recommendations of this evaluation to inform decision making on catalytic investments for the 2020-2022 funding cycle.

The Government of Eswatini was also recommended to;

- Disseminate the results of this evaluation to all key stakeholders in the HIV and SRH response in Eswatini.
- Remove age-related barriers to accessing family planning and contraceptives services for adolescents to prevent teenage pregnancy.
- Intensify HIV prevention efforts for adolescents and young people in lower performing Tinkhundla.
- Improve integration of health services provision, providing HIV testing, STI screening, TB screening for planning and cancer screening as part of a comprehensive package for adolescents and young people

Bhembe concluded by pointing out that the Stepping Stones program has positively contributed to HIV prevention efforts in Eswatini. Therefore graduating from the program is associated with modest but positive improvements among adolescent and young people; as it imparted knowledge, behaviour, attitudes and access to services. These positive effects appear to be maintained among participants up to three years post intervention. Areas for improvement include updating and augmenting the curriculum as well as optimizing the role of the facilitators. He further lamented that Stepping Stones program should continue to be implemented in Eswatini, to help the country achieve its HIV prevention targets. This can be achieved by scaling up resource permitting to maximize impact.

UNAIDS country director Mr. Tim Rwabuwemba passed his closing remarks by first thanking the organisers of the event for inviting him and proceeded to thank everyone who made an effort to attend the event. He acknowledged the people who made the event to be successful and the co-ordinator's especially the Stepping Stones team, the entire multi-sector team that put together the event and all present organisations.

VOLUNTARY MEDICAL MALE CIRCUMCISION BACK TO SCHOOL LAUNCH



Participants of the Voluntary Medical Male Circumcision Back to School Launch listening to Vusi Maziya's Presentation.

On the 17th March the Voluntary Medical Male Circumcision hosted a VMMC Back to School Launch, At Sibane Hotel. The launch was attended by the Ministry of health, local media houses, PEPFAR and VMMC implementing partners.

Vusi Maziya the VMMV focal person was the main presenter and had this to say, “VMMC is primarily targeted at males before they can get HIV. If the uncircumcised men were to be sanctioned by their female counterparts, the results would be positive. There are benefits that accrue to women e.g. cervical cancer,

where the chances of contracting this type of cancer is greatly reduced. We are seeing younger males coming forward all around the country to receive immediate benefits of VMMC, we still need to reach males who are sexually active i.e. 15 years and above. The Back to School (BTS) campaign is mainly focused on high schools”.

Simon Mazibuko, a senior guidance officer presented after Maziya and he explained that they were gathered at the Back to School launch, to request to the media; for their unending support as the Ministry of Education



Simon Mazibuko Thanking the Media for their continued Support.

and Training together with the Ministry of Health, as they embark on their yearly journey of circumcising students during school holidays. He further went on to express his gratitude to the media for their continued support in this exercise, since it has been ongoing for 10 years.

He further elaborated that the Ministry of Education and Training supports the Back to School campaign and that it supports the Ministry of Health, in ensuring that young boys are circumcised. In addition to that, he stated that the benefits that come with Voluntary Medical Male Circumcision cannot be under-

scored and as the Ministry they appreciate such initiatives.

He emphasised that the media still has an important role to play in this campaign and in the VMMC program at large. As they have to send positive messages to the general public and further engage the Ministry of Health for accuracy. He continued to point out that parents are also important in the quest to circumcise the students. Therefore the media has to assist the Ministry of Health in sensitising parents on VMMC services, and also inform them on roles that they have to play in supporting the decision of the young boys to circumcise.

Mazibuko concluded by saying that both ministries are working towards a HIV free generation. It is through such initiatives that they are going to achieve that goal. He also emphasised that the media is key in this initiative, as it is through its support and collaboration that the fight against HIV will be won. He went on to express his gratitude to all representatives present and that he was looking forward to read, hear and watch positive news about circumcision.

STANDARD OPERATIONAL PROCEDURE FOR IMPLEMENTING MULTI-MONTH PRESCRIPTIONS FOR ART CLIENTS

Introduction:

The Eswatini National AIDS Programme (SNAP) has been informed on increase in clients requesting for refills beyond the last 3 months due to specific circumstances related to their occupations. Most of these clients are mobile population working in the transport industry or are working or studying beyond the country's borders. The Ministry of Health and PEPFAR have recently met to agree on strategic shifts that are necessary for Eswatini to achieve epidemic control; one of the key prongs in the shifts is retention to care with a focus on 6 months prescriptions and refills. In responding to this direction, the Ministry of Health has therefore led efforts to develop Standard Operational Procedure (SOP's) to guide the implementation of the Multi-Month (MM) prescriptions and refills in public health facilities, in line with the National Differentiated Service Delivery (DSD) guidelines.

Inclusion criteria:

Generally, clients who have received ART for

at least one year, and have no adverse drug reactions that require regular monitoring, and have good understanding of lifelong adherence and evidence of treatment success are eligible to be enrolled in this DSD model.

Specific criteria guiding the enrolment into this model include the following:

- On ART for at least 12 months
- Age above 18 years
- Adolescents from the age 15 years with good record of adherence
- Clinically stable
- No Opportunistic Infections or Uncontrolled NCDs
- Not on TB treatment
- Two consecutive Undetectable Viral Load with the latest result from a sample taken not later than 6 months
- CD4 count above 350
- Good adherence to treatment in the last 12 months.

- Not pregnant or planning to get pregnant in the next 12 months
- Mentally stable with no history of alcohol or substance abuse
- Evidence of Good Medicine storage and security.
- Recently transitioned to TLD within a period of 6 month
- ART Clients in second line regimen for less than 12 months
- Not willing to receive 6 months refills
- Not disclosed

Exclusion Criteria:

- Not transitioned to TLD
- Does not meet proper medicine storage requirements

For Eligible Clients

Minimum package/services	care	<ul style="list-style-type: none"> • Clinical review and medication refill • Adherence assessment and support • Enhanced adherence counseling to Re-enforce the adherence practice • Lab monitoring as per the Guidelines
Location of Service delivery		Health Facilities
Provider of Services		Experienced Nurse / Doctor
Frequency of Service Delivery		<ul style="list-style-type: none"> • Every six months for clinical follow up and drug refill. • If the client is not willing to be included in the six monthly follow up, a Facility or Community drug refill will be arranged every other three months
Additional Support required		Additional adherence counseling and support by case managers (at the facility) and community adherence groups, encourage disclosure, involve treatment/adherence supporters at home
Comments		Treatment supporter at home level, pill box, safety box

Roles and Responsibilities in Multi-Month Prescription and Dispensing

<p>Expert Clients Education on the benefits of Multi-Month prescriptions and inclusion Criteria Client follow up to support adherence Send SMS or call clients to remind them of next clinical visit Follow up on Client reports in case of lost medicines</p>
<p>HTS Counselors Education on the benefits of Multi-month prescriptions and inclusion Criteria</p>
<p>ART Nurses Education on the benefits of Multi-month prescriptions and inclusion Criteria Assess Client's eligibility for Multi-month Prescriptions Assess for Multi-month Medicines storage and security Enroll Clients for Multi-month Prescriptions Provide Multi-month Prescription form and document in register and CMIS Schedule and communicate next clinical visit Communicate viral load results to the client Make a phone call to check on client after 3 months</p>
<p>ART Clients Discloses HIV Status to a close relative for support Provide information on readiness to receive Multi-month Prescriptions Reports any medicines loss or threat to medicines security Attends clinics reviews every 6 months Presents to the facility if experiencing any undesired symptoms</p>
<p>Treatment supporter Supports Client with treatment adherence Assess any challenges with the treatment including side effects</p>
<p>Community Health Worker/Community Expert Client/Chaplains Conducts community wide education on the benefits of Multi-month Prescriptions Conducts home visits to check on client after 3 months Support Household based ART deliveries for Clients having challenges presenting to the facility for refills or those ART Clients reporting medicines loss</p>
<p>Pharmacy Review medicines storage and security assessment findings Dispense the 6 months prescriptions and document in the electronic systems and in the 6 months multi-month refill log book</p>
<p>Laboratory Provide VL results for all ART Clients to facilitate MM eligibility screening</p>

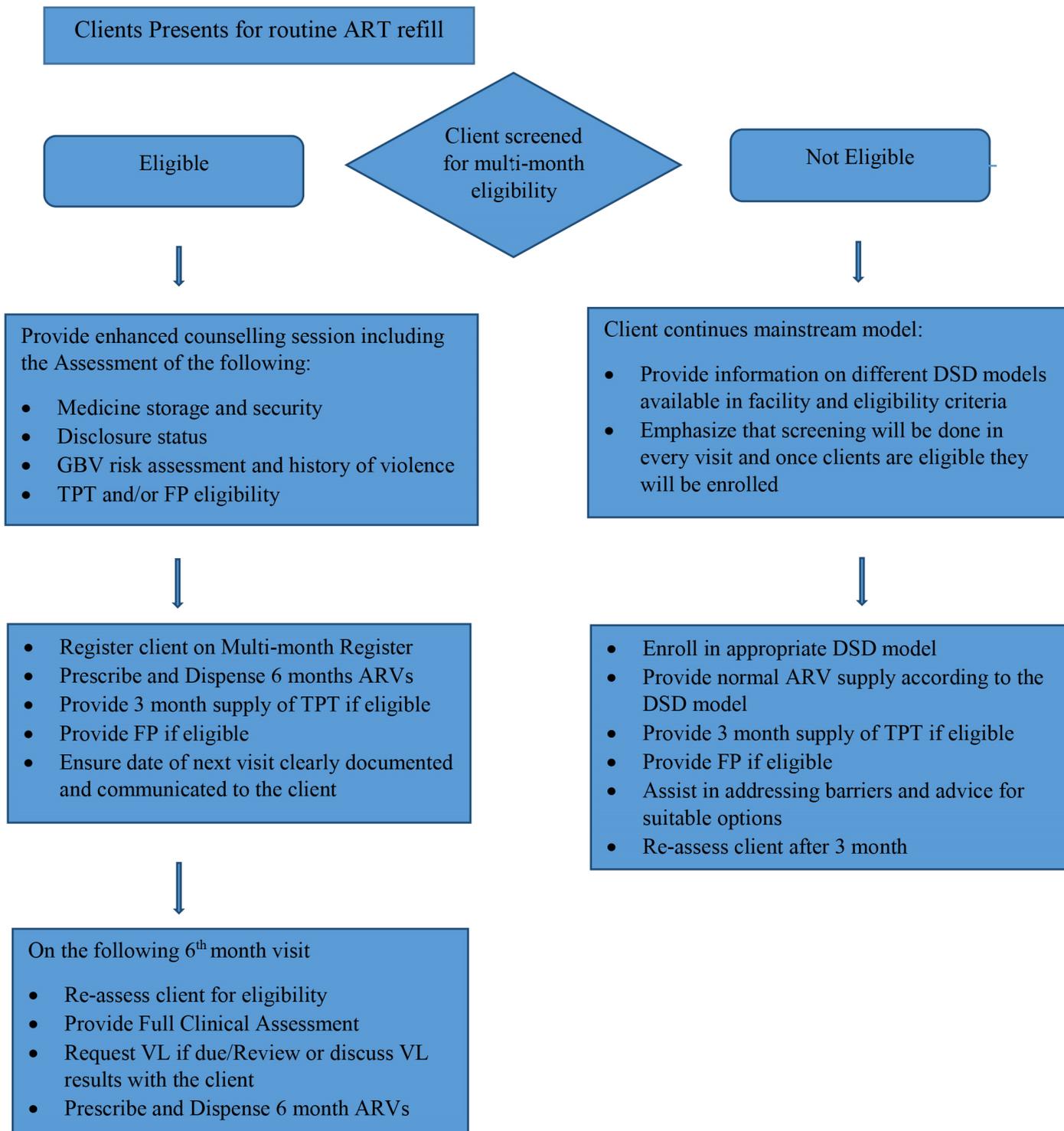
Checklist for clinical visits

Checklist for client ART clinical visits conducted at a minimum every 6 months

- Take Clinical history, do physical examination and WHO staging or WHO T-staging
- Review Medicine storage security and document any medicine loss
- Explore/manage opportunistic infections (OIs) and investigate all presumptive cases for TB
- Check and review if there are any available test results that are still to be communicated to the client
- Ensure blood collection for VL and communicate results through SMS platform, and ensure that clients with un-suppressed VL are called back to the facility for further management
- Assess any changes in the psychosocial well-being of the client that may influence chronic ART care
- Ensure that all necessary fields are completed in the chronic care file, appointment registers, client booklet and the client management information system (CMIS). Prescription forms should be fully completed
- Screen the client for continued eligibility on the preferred model and find any relevant feedback from the client
- Assure integration of other components of Care: FP, TPT, NCDs, cervical cancer screening
- Document significant incidents in the client's file

6 Month Prescriptions Enrolment Process Flow

Eligibility screening check list





KNOWLEDGE NUGGETS



What you should know about HIV Self-Testing

Frequently asked questions

Testing is the only way to be sure of your HIV status. Self-testing is one of the ways that you can get to know your status, however some may have questions about this particular type of test. Here are some answers to the questions people have asked.

Can the HIV self-test kit detect other disease?

No, the HIV self-test kit can only detect HIV

What should I do if I test positive?

If you have a positive result from an HIV self-test kit, you need to have another test done by a health care provider to confirm the result. If you are positive, you can access life-saving HIV treatment to prolong your life.

What should I do if I test negative?

If you have a negative HIV test, you could have been exposed to HIV in the 12 weeks prior to this HIV self-test i.e. you may be in the window period. Therefore, it is important to repeat the test in 12 weeks. If you test negative, stay negative through:

- Practising safe sex and using a condom
- Staying faithful to one partner
- Go for circumcising, if you are a male

If your results negative and you engage in activities that put you at risk for HIV on a regular basis consider using Pre-Exposure Prophylaxis (PrEP) and should test regularly.

What should I do if I am unsure of the HIV self-test results?

If you are at all unsure of the results, you should have another test by a health care provider to confirm the results.

Why are I testing oral fluids, can HIV be spread through saliva?

HIV self-testing kits do not detect the actual HIV virus, they detect if your body has been exposed to HIV. If it has, your body will have produced antibodies specific to HIV to defend itself against the virus. These antibodies can be detected in oral fluids.

Where can I get an HIV self-test kit?

HIV self-testing kits and additional information on HIV prevention, care and treatment is available via our toll free line 1212. Our agents will assist you in accessing your self-test kit at a centre near you.

What is HIV SELF-TESTING?

HIV self-testing is a great way to find out your HIV status using an HIV self-test kit. It is a process where you screen yourself for HIV and interpret the results. It is easy to perform and can be done in private.

How does it work?

- You collect your own fluid; perform the test yourself and interpret results on your own.
- It detects antibodies created in response to the virus.
- The test has a window period of 3 months.
- It is highly accurate when done correctly.
- You can do it alone or with someone you trust
- Eswatini, mostly has oral HIV self-tests for now but there are blood-based ones too.

What are the benefits?

- It is easy to use;
- Its quick, it takes only 20 min
- Instructions are available in Siswati & English
- You can do it privately
- You can do it yourself (DIY)

- You can perform the test when you are ready
- Your results are confidential

How can I get one?

HIV self-kits are available in selected locations all over the country. Call our toll free line 1212 to get a list of access points near you.

Accessing HIV Testing Services during the COVID-19 period:

The effects of COVID-19 pandemic on daily life can only be described as unreal. This virus has brought the whole world to its knees and every individual is grappling to come to terms with this new reality and carry on in the 'new normal' as they possibly can.

Maybe you want to test for HIV but you do not see the community outreach workers as you used to .Don't let this discourage you .Now that you committed to taking the test, do your very best to see it through.

There are 4 options available to you no matter where you are in the country, even during this unprecedented time.

- 1. Visit your nearest or preferred health facility** (please ensure that you limit travelling long distances in confined spaces during this period). These facilities still provide all health care services including testing services. This applies to hospitals, health care centres and clinics nationwide.
- 2. Visit Newstart/ Litsemba Letfu Clinic**, if you are around Matsapha area.Newstart/Litsemba Letfu Clinic is open and HIV testing services are offered at the site. Please note that operating hours have been adjusted during this period as follows: **Monday to Friday from 08:00am to 05:00pm and Saturdays from 09:00am to 1:00pm.**
- 3. Visit Lamvelase Clinic** (opposite the national library), if you are around Manzini. Lamvelase Clinic opens for all services **Mondays to Fridays from 08:00am to 05:00pm.It is closed on weekends.**
- 4. Get an HIV self-test kit.** You can do the test yourself using an HIV self-test kit. HIV self-test kits are available at selected sites for free nationwide. The HIV self-test kit is **quick, easy to use** you can take the test at your convenience in the comfort of your own home. Call our toll free line 1212, to find out where you can access an HIV self-test kit.

Don't let your HIV test be one of the many uncertainties during this COVID-19 period, use a HIV self-test kit. You can Do it Yourself!



Swaziland National AIDS Programme

History

The Swaziland National AIDS Program was established in 1987 to respond to the HIV Epidemic. The core mandate of the national AIDS program is to coordinate health sector interventions as they account for more than 70% of the total HIV response.

VISION

Winning the fight against HIV and AIDS through effort for an AIDS free generation.

MISSION

To improve the health of the people of ESwatini through an effectively coordinated health sector response to HIV and AIDS.



COVID-19

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