Swaziland Civil Society Priorities Charter

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria New Funding Model

November 2013

AIDSAccountability International

FORDFOUNDATION
Working with Visionaries on the Frontlines of Social Change Worldwide

#1 Priority - Behaviour Change

Top Priority - Community Mobilization

Community ownership and long term sustainability is needed. There is a gap in innovative, inclusive and integrated methodologies and approaches. Interpersonal communication is more effective but it must be youth focused and youth driven - "by us, for us". Civil society can do this by engaging the structures relevant and appropriate to the target groups, using print and electronic media such as Facebook and other social media, as well as peer education and community announcements. It is also necessary to include sociologists and anthropologists for research. The primary target is youth age 10-24, especially girls, along with parents, guardians and teachers. This should be rolled out primarily in urban areas, in schools, churches, drinking areas, soccer fields, dipping tanks, bus ranks and Bush Fire. The suggested timeline is initially April 2014 to March 2019, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include SHAPE, Lusweti, FLAS, Super Buddies, AMICAALL, SAfAIDS, Khulisa Umntfwana, Bantwana (for secondary schools) and/or other relevant civil society organizations. Emphasis on Behaviour Change as the top priority for civil society requires roughly 30 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

Secondary Priority - Advocacy

There is a need for evidence-based programming and an enabling environment for change. Civil society can do this by lobbying and collaboration with partners through coordination. In particular, civil society suggests targeting traditional leaders, Member of Parliament and other community gatekeepers. This should be done at Parliamentary level as well as community where MP's constituencies are. The suggested timeline is initially April 2014 to March 2019, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include CANGO, Social and Behavior Change Communication Technical Working Group and/or other relevant civil society organizations. Emphasis on Behaviour Change as the top priority for civil society requires roughly 30 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

#2 Priority - Treatment, Care and Support

Top Priority - ART Literacy

Knowledge on ART is low, but civil society has a comparative advantage to engage people. Further, this is the only basic programme area in the Investment Framework which focuses on post-infection care, so it needs to be prioritized. Civil society recommends bringing comprehensive ART services, including bring testing, counseling, blood draws, refills, initiations, and adherence to the communities, instead of waiting for them to come to facilities. It is also put forward that fees be waived for opportunistic infections such as Tuberculosis. Nutrition and access to food is also part of this priority on ART Literacy. Civil society has identified youth, children and men as primary targets for ART literacy, since data shows these groups are often left behind. This should first be implemented in remote rural areas (i.e. Section 19) with scale up to follow. The suggested timeline is initially January 2014 to January 2018, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include Cabrini Ministries, Luke Commission, Good Shepherd Hospital, The Salvation Army, New Hope (for children), CHIPS (for men), Bantwana (for youth), SWAPOL, SWANEPHA and/or other relevant civil society organizations. As the #2 priority, Treatment, Care and Support should receive roughly 20 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

Secondary Priority - Access to ART

Ministry of Health data shows that uptake is low and there is a need to improve the linkages, especially with integrating HIV/TB treatment care and support. People are being tested in communities by organizations, but without follow up and those in remote, poor areas cannot get to clinics for ART initiation or counseling, or TB testing and treatment. Civil society suggests family-centered approaches to care, tapping into technology and using existing data. Key target groups are youth, children and men. This should first be implemented in remote rural areas (i.e. Section 19) with scale up to follow. The suggested timeline is initially January 2014 to January 2018, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include Cabrini Ministries, Luke Commission, Good Shepherd Hospital, The Salvation Army, CHIPS, SWAMMIWA (for men), and/or other relevant civil society organizations. As the #2 priority, Treatment, Care and Support should receive roughly 20 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

#3 Priority - Condom Promotion

Top Priority - Access

Condom usage is low in part because condoms are not available in all areas and at all times. Condom quality is also a problem. Civil society advocates for distribution in all public places, events and communities (music festivals; 360 communities). When civil society visits communities, they should always carry condoms, including female condoms. While all sexually active people 15-49 years old are targets, MARPS, migrants and married couples should be particularly focused on. Some of the key locations for intervention are factories, border gates, bars and low cost rentals. The suggested timeline is initially for a 3 year project starting in June 2014, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include FLAS, AMICAALL, SWABCHA, SWANEPHA, TASC and/or other relevant civil society organizations. This priority is suggested to receive roughly 12 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

Secondary Priority - Education

Risk perceptions are one of the main barriers to correct and consistent condom use, but education on proper usage and storage is also needed. For this priority, civil society has comparative advantage in social mobilization and interpersonal communication as change agents, using mass media (radio, TV) and distributing material. While all sexually active people 15-49 years old are targets, MARPS, migrants and high school youth should be particularly focused on for this priority. High schools, factories, border gates, bars and low cost rentals are among the target places for condom education to be rolled out. The suggested timeline is initially for a three year project starting in June 2014, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include FLAS, Bantwana, SWABCHA, Rock of Hope, SWANNEPHA and/or other relevant civil society organizations. This priority is suggested to receive roughly 12 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

#4 Priority – Key Populations

Top Priority - Protection & Creating a Conducive Environment

Data shows that a lack of protection inhibits other interventions (BSS, 2011). OVCs in particular are identified as needing focused support, as outlined in the eNSF (Swaziland eNSF, 2014). Civil society proposes advocacy for enabling environments, including changing the legal framework, improving the availability of commodities and helping communities to accept that key populations are sexual beings. Some of the high priority key populations for Swaziland include sex workers, OVCs, LGBTI people, persons with disabilities, and migrant workers, among others. This priority intervention should be rolled out in both rural and urban areas, but with particular focus on "hot spots" such as Shiselweni District for people with disabilities and Lubombo District for OVCs. The suggested timeline is initially April 2014 to May 2016 although civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include Rock of Hope and House of our Pride (HOOP) (for LGBTI people), Cheshire Homes (for people living with disabilities), Save the Children, Bantwana and Cabrini Ministries (for OVCs), SWABCHA (for migrants), SWAPOL and/or other relevant civil society organizations. This priority is suggested to receive roughly 12 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

Secondary Priority - Access to Services

There is an inability for key populations to access services due to attitudes, as well as societal norms and values. For instance, although data shows that 70 per cent of sex workers are HIV positive, they are stigmatized when they go to hospital for services (BSS, 2011). Civil society proposes interventions to ensure safe and convenient access to health and support services as well as mainstreaming services with support to key populations. This includes ramps and toilets for people with disabilities and mainstreaming dental dams and other commodities that government does not provide. Some of the high priority key populations for Swaziland include sex workers, OVCs, LGBTI people, persons with disabilities, and migrant workers, among others. This priority intervention should be rolled out in both rural and urban areas, but with particular focus on "hot spots" such as Shiselweni District for people with disabilities and Lubombo District for OVCs. The suggested timeline is initially April 2014 to May 2016 although civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include FLAS and/or other relevant civil society organizations. This priority is suggested to receive roughly 12 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known. In addition, there was recognition that a lot of the commodities needed for key populations do not currently exist in-country and will need to be purchased internationally. This will affect budgeting.

#5 Priority - PMTCT

Top Priority - Community and Family Approaches

There is a need to compliment bio-medical interventions with support for PMTCT in the community, including creating enabling environments. Civil society recommends developing guidelines for community and family centered approach interventions, which target implementing organizations and other key stakeholders. This should be a national initiative with an initial suggested timeline of one year (2015), although civil society recognizes that this may need to be an ongoing priority as guidelines require updating. Organizations that are well placed to implement include Mothers2Mothers, AMICAALL, Church Forum (church leaders), Cabrini Ministries, Nazarene Ministries and Network of Positive Women and/or or other relevant civil society organizations. Elizabeth Glaser Pediatric AIDS Foundation could do capacity building of local organizations, which is identified as a need for this priority. This priority is suggested to receive roughly 12 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

Secondary Priority - Post-Delivery Care from Birth to 24 Months

Evidence shows that at around 18 months, children seroconvert at high rates. Consequently, civil society suggests home visits, counseling and testing, psychosocial support (PSS), patient tracking, assisting HIV negative mothers to remain negative (prong 1 and 2 of the strategy) and strengthening future family planning. All HIV exposed infants and their parents (both mothers and fathers) should be targeted nationally. The suggested timeline is initially 2015 to 2020 although civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include Mothers2Mothers, AMICAALL, Cabrini Ministries, Good Shepherd Hospital and/or other relevant civil society organizations. Again, civil society emphasizes that all organizations need capacity building and technical support. Church Forum in particular expressed interest in capacity building in this priority area. This priority is suggested to receive roughly 12 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

#6 Priority - Male Circumcision

Top Priority - Social Mobilization & Demand Creation

National reports show low uptake and civil society has identified a need for honest campaigns that presents male circumcision as an option. This priority should target men (older than 24), as well as women who can influence their partners. The intervention should be a national initiative and the suggested timeline is initially 2014 to 2015, with targets aiming to be achieved by 2015. However, civil society recognizes that this may also be an ongoing need. Organizations that are well placed to implement include FLAS, Cabrini Ministries, Luke Commission, GSH and/or other relevant civil society organizations. PSI could do capacity building of local organizations, which is identified as a need for this priority. This priority is suggested to receive roughly 12 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

Secondary Priority - Use of Innovative and Efficient Mechanisms

Research shows there are cheaper and easier ways for male circumcision procedures. Men are afraid of the "surgical" element of MC and this is the barrier to uptake. Civil society suggests the introduction of newer non-surgical MC devices as well as the promotion of neo-natal infant MC. The intervention should be a national initiative and the suggested timeline is from 2014 onward. Organizations that are well placed to implement include FLAS, Cabrini Ministries, Luke Commission, GSH and/or other relevant civil society organizations. PSI could do capacity building of local organizations, which is identified as a need for this priority. This priority is suggested to receive roughly 12 per cent of the total budget and programming effort, though civil society recommends that this be refined once the total budget is known.

Partner Organizations

Acts 2 Clinic

Acts of Faith

Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL)

Bantwana

Cabrini Ministries

CCM Secretariat

Cheshire Homes

Church Forum

Coordinating Assembly of Non-Governmental Organizations (CANGO)

Family Life Association (FLAS)

Gone Rural boMake

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Khulisa Umntfwana

Kudvumisa

Lusweti

Mothers2Mothers

National Emergency Response Council on HIV and AIDS (NERCHA)

New Hope Centre

Pact

Population Services International (PSI)

Rock of Hope

Save the Children

Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS)

Super Buddies

SWAMIWA

Swazi Researcher investigating clients' reasons for discontinuation of pre-ART

Swazi Researcher on adolescents' perceptions of gender, sexuality and uptake of HIV services

Swazi Researcher on low utilization of HIV services, client attrition and sexuality

Swaziland Business Coalition on HIV and AIDS (SWABCHA)

Swaziland for Positive Living (SWAPOL)

Swaziland National Network of People Living with HIV/AIDS (SWANNEPHA)

Traditional Healers' Organization

TransWorld Radio Swaziland

United Nations Development Programme (UNDP)

Voice of the Church

World Vision