Elizabeth Glaser Pediatric AIDS Foundation

Until no child has AIDS.

SWAZILAND ANNUAL REPORT 2014

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SWAZILAND ANNUAL REPORT 2014

Eliminating
Pediatric HIV/AIDS

MESSAGE FROM THE COUNTRY DIRECTOR

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been making meaningful contributions to Swaziland's efforts to eliminate pediatric HIV since 2003. Since our inception in Swaziland, EGPAF has become a recognized a leader in prevention of mother-to-child HIV transmission (PMTCT) and elimination of pediatric AIDS programming throughout the country.

In 2014, EGPAF celebrated ten years of work in Swaziland. As we celebrated this milestone it was important to reflect on the love and passion of EGPAF's founder, Elizabeth Glaser. Her lasting passion to see both an HIV-free generation, and pregnant and breastfeeding HIV-positive mothers receiving the support they require is what has kept driving us forward throughout the years. In the 2013/2014 financial year, we continued to build our relationships with the Ministry of Health (MOH) and other partners who share our vision to end AIDS in Swaziland.

This report details results that EGPAF has achieved through its collaboration with Swaziland's MOH over the past year as we worked toward elimination of pediatric HIV, built the capacity of health workers, and strengthened the country's health system. In 2014, we reached 144 facilities in Swaziland with PMTCT services under the Elimination of Pediatric AIDS (EPAS) program, funded by the U.S Agency for International Development (USAID). We also expanded support to 167 facilities with provider-initiated HIV testing and counseling (PITC) services through the support of the U.S. Centers for Disease Control and Prevention (CDC). With essential oversight from EGPAF, a total of 174,000 women in Swaziland were enrolled in PMTCT services; while a total of 163,533 were provided with HIV testing and counseling services.

These achievements would not have been possible without the support of our donors: USAID, U.S. President's Emergency Fund for AIDS Relief (PEPFAR), CDC, the Department of Foreign Affairs, Trade and Development Canada, and others. We appreciate these development partners for trusting us with resources to do important work in Swaziland and we appreciate the efforts of the entire EGPAF community for their continued dedication and commitment to our vision.

Looking to the future, I am optimistic that EGPAF will be able to meet its strategic goals and effectively contribute to the Kingdom of Swaziland's vision wherein the country achieves zero new HIV infections, zero HIV-related deaths, and zero tolerance for AIDS-related discrimination. As we have done in 2013/2014, we will continue to position ourselves to strategically respond to the challenges presented by HIV to the Swazi nation. Our goals are achievable as long as we continue to work together.

DR. MOHAMMED ALI MAHDI

Country Director,
Elizabeth Pediatric AIDS Foundation in Swaziland

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(Photo: Jon Hrusa/EGPAF)

ACRONYMS

ACCLAIM	Advancing Community Level Action for Improved Maternal Health/PMTCT
ANC	antenatal care
ARV	antiretroviral medications
CDC	U.S. Center for Disease Control and Prevention
CD4	cluster of differentiation 4 lymphocytes
CHTC	couples HIV testing and counseling
EGPAF	The Elizabeth Glaser Pediatric AIDS Foundation
EID	early infant diagnosis
EPAS	Elimination of Pediatric AIDS in Swaziland
HTC	HIV testing and counseling
ICAP	Columbia University International AIDs Program
L&D	labor and delivery
LTFU	lost to follow-up
MDT	multidisciplinary team
MNCH	maternal, neonatal and child health
MOH	Ministry of Health
M&E	monitoring and evaluation
PCR	polymerase chain reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHU	public health unit
PITC	provider-initiated HIV testing and counseling
PMTCT	prevention of mother-to-child transmission
PNC	postnatal care
QI	quality improvement
SNAP	Swaziland National AIDS Program
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

(Photo: Eric Bond/EGPAF, 2015)

(Photo: James Pursey/EGPAF, 2011)

EGPAF VISION, MISSION, GOALS, AND VALUES

VISION

A world in which children and families live free from HIV/AIDS.

MISSION

EGPAF seeks to end pediatric HIV and AIDS through research, advocacy, and implementation of HIV prevention and treatment programs.

GOALS AND STRATEGIES

Goal 1: **Quality Services**	Support Swaziland's MOH in the implementation of high quality, integrated services to eliminate pediatric HIV, further promote the uptake of HIV prevention, care and treatment, and improve maternal, neonatal and child health (MNCH) services in health care facilities and communities in Swaziland
Goal 2: **Strong Systems**	Support the MOH, implementing partners, and communities to build strong systems as the foundation for sustainable high quality, comprehensive, and accessible health care services
Goal 3: **Evidence Based Approaches**	Promote operations research and develop MOH, EGPAF, and other partners' program monitoring and documentation systems to provide accurate and reliable evidence for effective and efficient program implementation
Goal 4: **Effective Operations**	Ensure that EGPAF-Swaziland is accountable to stakeholders and is acting with transparency and integrity to manage risk and ensure compliance with donor and government regulation

CORE VALUES

Innovation. EGPAF's creativity and forward-thinking spirit inspires our scientific and research advancements, our programmatic excellence, our strong public policy and advocacy efforts, and our mission to eliminate pediatric AIDS.

Passion. Elizabeth Glaser's maternal ferocity to protect children is the driving force behind EGPAF's work. Every day around the world, EGPAF employees demonstrate their tireless commitment to preventing new HIV infections in children and caring for those already infected.

Excellence. EGPAF is committed to providing top-quality services in every aspect of our work. We have proven that we can establish infrastructures that deliver education and medications to woman in need. In the countries where we operate, we empower mothers, train caregivers, and educate policymakers—no matter where they live, what language they speak, or what cultural perspectives they hold.

Teamwork. EGPAF believes that collaboration is the only way to bring about a generation free of HIV. Today, we carry out our work in conjunction with key partners including the U.S. Government, United Nations Children Fund, and the World Health Organization (WHO), as well as governments, medical professionals, and advocates around the world.

Accountability. We are proud to be a well-managed organization that approaches our work with integrity, honesty, and transparency – and we strive to fulfill the highest ethical standards in support of donors, stakeholders, and partners.

Leadership. From our humble beginnings around a kitchen table, EGPAF has become a recognized force working to prevent pediatric HIV infection and to eliminate pediatric AIDS through research, advocacy, and implementation of HIV prevention and treatment programs in 14 countries.

(Photo: Heather Mason/EGPAF, 2014)

TECHNICAL HIGHLIGHTS

(Photo: Eric Bond/EGPAF, 2015)

EGPAF IN SWAZILAND

Since 2003, EGPAF has been the leading national partner for PMTCT services, playing a critical role in supporting the MOH to scale up PMTCT access to more than 95% of Swaziland's population. Since the inception of the national PMTCT program, EGPAF has played a key role in providing technical leadership and assistance to the Swaziland National AIDS Program (SNAP) and the Sexual and Reproductive Health Unit to improve the availability, accessibility, and utilization of HIV prevention and care and treatment services among key populations. EGPAF's strategic support is aligned with a comprehensive PMTCT approach adopted by Swaziland's MOH and involves provision of technical assistance at the national, regional, and facility levels. Nationally, EGPAF supported the development of key screening/treatment guidelines through participation in several national technical working groups for PMTCT, PITC, tuberculosis (TB)/HIV coinfection, HIV testing and counseling, and community linkages. At regional- and facility-levels, EGPAF provided extensive training, site support, and mentorship for regional health management teams and health care workers in PMTCT, PITC, TB/HIV, pre-antiretroviral therapy (ART) and ART initiation, nurse-led ART initiation, ART integration into MNCH, early infant male circumcision, and early infant HIV diagnosis (EID). In addition, health facility managers receive mentorship and training on program leadership and service delivery by EGPAF staff in all four regions of the country.

Since the program's inception, EGPAF-Swaziland has been supported by a host of public and private sector donors that include PEPFAR partners (USAID and CDC), Department of Foreign Affairs, Trade and Development Canada, Johnson and Johnson, Gilead, and ViiV Healthcare. Three major awards helped make the work done over the past year possible: the EPAS project (2010-2015) funded through USAID; the CDC-funded Strengthening Facility-based HIV Testing and Counseling in Swaziland project (2011-2015); and the Department of Foreign Affairs, Trade and Development Canada-funded Advancing Community-Level Action for Improving Maternal and Child Health and Prevention of Mother-to-Child Transmission of HIV (ACCLAIM) project (2012-2016). In addition, EGPAF is partnering with Columbia University International AIDS Program (ICAP) on the Safe Generations project (2012-2015), providing technical assistance for a national study on combination prevention and implementation of the 2013 WHO guidelines recommending lifelong initiation of ART among pregnant and breastfeeding, HIV-positive women (Option B+).

Key to our program's success, EGPAF works in close collaboration with key stakeholders at the national, regional, and facility levels to strengthen coordination, ensure continuity in implementation, and expand access to integrated HIV services throughout the country. Implementing partners include international and local organizations such as the University Research Corporation, ICAP, and World Vision International. Community partners include the Health Communication Capacity Collaborative, Swaziland National Infant Nutrition Network, and the Alliance of Mayor's Initiative on Community Action on AIDS at the Local Level, Lutsango Lwaka Ngwane, and the Swaziland National Network of People Living with HIV and AIDS. EGPAF also continues to collaborate with other sector partners such as the Center for HIV and AIDS Prevention Studies, Population Services International, Management Sciences for Health, Clinton Health Access Initiative, Baylor, American Cancer Society, and Young Heroes. Major areas of collaboration include early infant male circumcision, HIV testing and counseling, cancer screening and pain alleviation and management, TB/HIV, drug supply management and EID, pediatric HIV testing, HIV care and treatment, psychosocial support issues, and community involvement. EGPAF also continues to collaborate with United Nations agencies, including United Nations Children Fund, United Nations Population Fund, United Nations Global Programme for HIV & AIDS, and the WHO to strengthen the efforts of the elimination of pediatric AIDS.

As of September 30, 2014, EGPAF-Swaziland was supporting 143 sites to provide PMTCT services, 167 sites to provide HIV testing and counseling services, and nine facilities to provide ART services. EGPAF provided more than 174,000 women in Swaziland with PMTCT services, 163,533 with HIV testing and counseling services, 9,322 with HIV care and treatment services, and 799 with psychosocial services.

(Photo: Jon Hrusa/EGPAF 2010)

EPAS PROJECT

OVERVIEW OF EPAS

EGPAF has been implementing PMTCT programs in Swaziland since 2004, through the Global Call-to-Action (CTA) project, which ended in September 2010. To continue our important work, EGPAF was awarded a five-year USAID bilateral agreement, the EPAS project, in October 2010 which allowed us to expand access to PMTCT services to all public facilities in the country. The project has four main objectives: (1) to ensure universal access to PMTCT including expanded delivery of services to achieve elimination of mother to child transmission of HIV; (2) to ensure sustained quality, comprehensive, and integrated PMTCT services at government health facilities; (3) to strengthen national health systems in accordance with MOH plans for PMTCT; and (4) to ensure MOH policies, protocols, and guidelines for PMTCT services are reviewed and improved on a regular basis.

Over the last 12 months, EGPAF has made several remarkable achievements including: scaling up support to new facilities and helping them to deliver comprehensive quality PMTCT services; strengthening health systems through trainings and intensive mentorships for health care workers to improve uptake and quality of services; further integrating ART services in MNCH settings; and improving the quality of services and data through quality improvement (QI) activities at the regional and facility levels. Underscoring these achievements, EGPAF has been providing technical assistance to the MOH for various PMTCT national issues, including revision of PMTCT guidelines in-line with Option B+. EGPAF assessed, prepared for, and supported five sites to deliver comprehensive quality PMTCT services in-line with these revised guidelines, beginning in the first quarter of 2014. EGPAF now supports 144 sites including all six public hospitals, all six public health units (PHUs), all five health centers, and 127 clinics across all four regions to deliver PMTCT services. In 2014, EGPAF reached over 80% of pregnant women who gave birth in 11 labor and delivery (L&D) facilities with PMTCT services.

EGPAF NATIONAL ACHIEVEMENTS UNDER EPAS

HEALTH SYSTEMS STRENGTHENING

Global technical assistance: EGPAF provided technical assistance for several major reports, including the Global AIDS Response Report in collaboration with the National Emergency Response Council for HIV and AIDS and the United Nations Global Programme for HIV and AIDS, focusing on the PMTCT section.1 EGPAF also attended the third National Health and Research Conference to share best practices in HIV program scale up.

Country Operational Planning: EGPAF provided technical assistance for the finalization of the extended national HIV strategic framework 2014-18 launched in April 2014 and the subsequent development of the country operational plan.

Health Care Worker Trainings: A total of 458 health care workers were provided in-service training throughout 2014 as shown in Table 1.

In addition, 872 health care workers had on-site trainings on selected program areas as seen in Table 2. In addition to in-service training, EGPAF provided consistent and robust on-site supportive supervision and mentorship at the facility level in all areas of service.

QI: In 2014, EGPAF continued to support multidisciplinary teams (MDT)/QI committees at 12 selected high-volume sites. The committees met monthly to review PMTCT data, identify gaps, and develop strategies to address the gaps. One QI-supported facility introduced a strategy of using of appointment registers to strengthen re-testing of previously HIV-negative women, for example. Through QI projects, several sites have been able to meet their targets in numerous areas including: improving re-testing among HIV-negative women; improving re-testing of children at 18-24 months; and improving ART initiation among eligible pregnant women.

Table 1: Health care worker trainings conducted in 2014

TRAINING	TARGET GROUP	NUMBER TRAINED
Basic PMTCT	Newly qualified nurses	87
Basic integrated management of adult and adolescent illnesses	Newly qualified nurses	58
Advanced integrated management of adult and adolescent illnesses	Doctors	35
Paediatric testing & psychosocial support	Nurses	124
Psychological care and support	Nurses	95
QI and monitoring and evaluation (M&E)	Nurse supervisors	41
Adolescent sexual reproductive health	Nurses	18
TOTAL TRAINED		**458**

Table 2: Health care worker on-site trainings in selected program areas in 2014

PROGRAM AREA	NUMBER TRAINED
Early infant male circumcision	35
PMTCT updates	176
Cervical cancer screening	91
PMTCT Option B+	128
Pre-ART/ART	110
Referrals and linkages	98
EID	33
M&E tools	62
L&D PMTCT	139
TOTAL TRAINED	**872**

MNCH

MNCH Training: In 2014, EGPAF provided technical support for the development and adaptation of a comprehensive refresher training package to better equip midwives to provide improved integrated care during pregnancy, childbirth, and the postnatal period. The package includes a training guide, a participant manual, job aids, and electronic materials. An initial training-of-trainers and training for midwives was conducted in October 2014. EGPAF staff provided continuous support throughout the trainings in collaboration with the MOH and the Sexual Reproductive Health Unit. The package is currently being assessed for efficacy and will be finalized by the national core team by August, 2015.

Cervical Cancer Screening: Throughout 2014, EGPAF provided technical assistance to the MOH in the rollout of the cervical cancer screening program in Swaziland. EGPAF helped develop national guidelines and procured screening equipment for five facilities. EGPAF is currently working to collect data on the number of women able to access cervical cancer screening through this initiative.

PMTCT

Option B+ Implementation: EGPAF provided technical assistance and leadership in updating the national consolidated guidelines on HIV testing and counseling, PMTCT, and HIV care and treatment in-line with the revised 2013 WHO guidelines. EGPAF served as a co-chair of the PMTCT working group and provided strong leadership in finalizing the PMTCT guidelines. EGPAF is also co-chairing the national life-long ART for pregnant and lactating women task team established in 2013, which developed a national rollout plan and initiated implementation of the rollout.

EGPAF piloted Option B+ in 18 facilities in 2014, where the proportion of eligible women newly initiated on ART in the reporting period increased to 73% (939/1,282), compared to 67% (1,450/2,165) in 2013. In sites offering Option B+, the proportion of HIV-positive women newly initiated on ART was 90% (1,263/1,407).

PITC: Throughout 2014, EGPAF-Swaziland supported 144 sites to increase uptake of HIV testing within MNCH service points at ANC and L&D sites. During the reporting period, 26,666 pregnant women were seen for their first ANC visit at EGPAF-supported sites. A total of 26,226 women, accounting for 98% of all pregnant women seen in these facilities, were tested and given their HIV test results. Of these pregnant women, 19,805 in ANC and 272 in L&D were newly tested and given results. Testing increased in 2014 from 2013 among women with an unknown HIV status attending ANC and L&D clinics (Figure 1). Out of all pregnant women who came into supported clinics, 6,149 had a known HIV-positive status.

(Photo: Heather Mason/EGPAF, 2014)

Promising Practice in Action: Enhancing Data Quality through QI

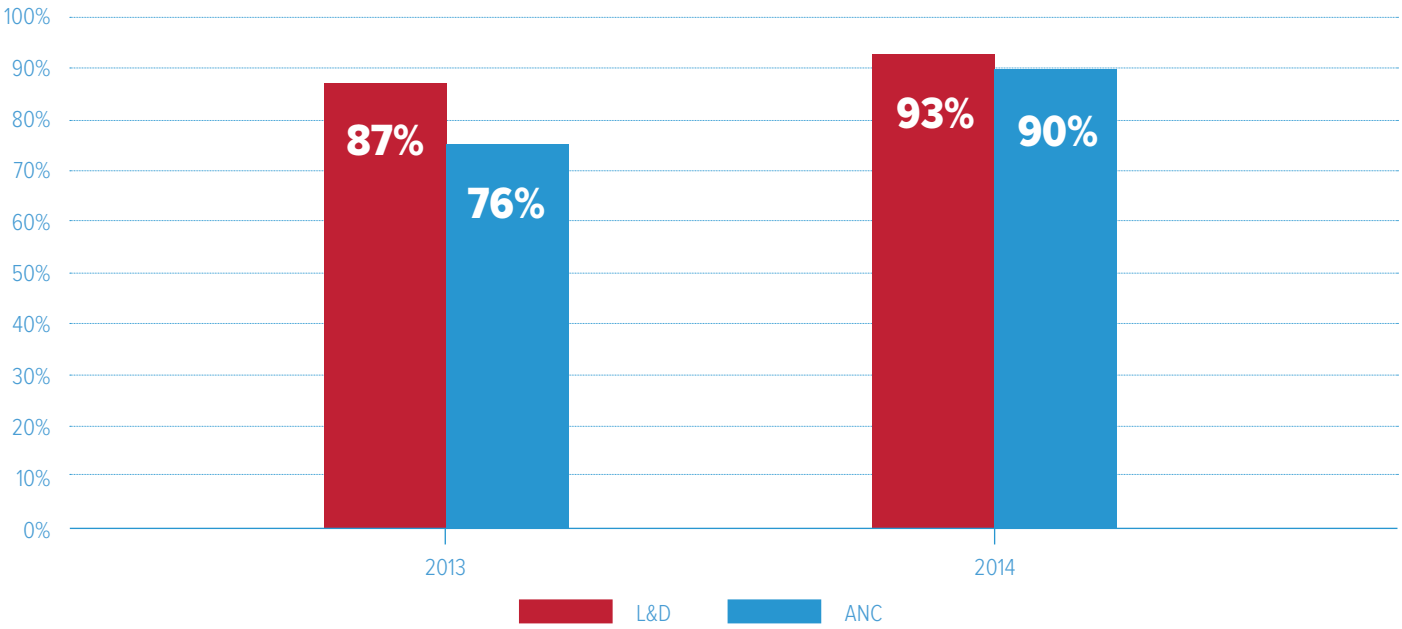
One of EGPAF's core competencies is our focus on data and quality of care. In 2009, EGPAF engaged all PHUs to formulate MDT meetings as a strategy to improve quality of services for pregnant women and their families. The focus of the MDT/QI meetings was to discuss the trends in data, and also improve the efficiency of service delivery and client flow. The meetings are conducted once a month with targeted agendas. They serve as platforms for new updates on PMTCT.

These meetings are attended by all PHU staff from all units including child welfare, antenatal care (ANC), postnatal care (PNC), ART, pharmacy, laboratory, and maternity. EGPAF was coordinating these meetings from 2009-2011 and then shifted coordination over to facility managers to ensure long-term sustainability. The PHUs were trained on how to generate their own PMTCT data for discussion. Data captured is routinely analyzed to identify gaps, root causes, and possible solutions. Health workers utilize the data to improve service delivery through QI projects.

One of the facilities that benefited from the MDTs/QI meetings is Hlathikhulu PHU. EGPAF began supporting PMTCT services at the Hlathikhulu PHU in 2006, focusing on pediatric follow up and care and treatment. EGPAF-Swaziland staff visits the facility on a monthly basis for mentorship and attends their MDT/QI meetings. The MDT was formed in 2009 in Hlathikhulu aiming to improve data quality and quality of services. Through QI projects developed in response to issues raised at the meetings, the facility has greatly improved their documentation, including health workers completely filling in registers and reporting over the years. By integrating services and improving client flow, the facility has also improved the efficiency and effectiveness of services provided. Through these meetings the facility is able to identify gaps in skills, identify solutions and mentor one another to ensure improvements.

Nurse Nosipho Dludlu from Hlathikhulu PHU said: "MDT/QI meetings helped us, as a facility, to be able to identify gaps and improve on them". Nurse Dludlu also highlighted that through the MDT/QI meetings they are able to share experiences from different departments such as ANC, child welfare clinics, family planning, PNC.

Figure 1: Uptake of testing in L&D and ANC settings among women with unknown HIV status, 2013-2014



Approximately 3% (54/2,027) of the women re-tested were found to be HIV-positive in 2014. In addition, 85% (8,115/9,514) of infants born to HIV-positive women received an HIV test by two months of age and 91% (8,638/9,514) received a test by 12 months of age. The increases in testing and re-testing at ANC and L&D clinics could be attributed to improved documentation and reporting and on site L&D PITC trainings and mentorship. However, re-testing of women in ANC still remains a challenge: in 2014, 56% (9,622/17,172) of previously HIV-negative pregnant women were re-tested, while in 2013, 59% (9,983/17,002) were re-tested.

Antiretroviral (ARV) Uptake: EGPAF-supported facilities were able to surpass the 2014 PEPFAR target of reaching 70% of HIV-positive clients with ARV medications; 91% (124/136) of EGPAF-supported facilities managed to provide clinical assessment (WHO staging), TB screening, and cotrimoxazole prophylaxis to 80% of people living with HIV and AIDS. Overall, 94% (8,919/9,514) of HIV-positive women were receiving ARV prophylaxis during the reporting period. Table 3 illustrates the type of ARV prophylaxis given to women and HIV-exposed children.

PEDIATRIC AND ADULT ART

Technical Assistance: In 2014, EGPAF conducted trainings in pediatric HIV testing, psychosocial support, and early infant male circumcision counseling to strengthen pediatric HIV care and support services. Overall, 124 health workers and 35 nurses were trained in these areas.

ART Uptake: In 2014, a total of 9,322 HIV-positive individuals received at least one clinical service (CD4 screening or cotrimoxazole initiation) at EGPAF-supported facilities. At the nine EGPAF-supported ART sites, 1,709 individuals were newly initiated on ART, including 1,602 pregnant women and 52 children under 15 years of age.

Table 3: Type of ARV prophylaxis given for PMTCT to women and HIV-exposed infants

	WOMEN N=8,919	EXPOSED INFANTS AGED 6 WEEKS N=9,514	EXPOSED INFANTS AGED 6 WEEKS AT CHILD WELFARE CLINICS N=8,326
ART	64%	-	-
Zidovudine	35%	-	-
Single-dose nevirapine	1%	-	-
Cotrimoxazole	-	87%	99%

Promising Practice in Action: Cell Phone Use Improves PMTCT Service Utilization

In 2009, EGPAF-Swaziland's clinical services team performed a needs assessment in 30 facilities to assess gaps in PMTCT service delivery to HIV-positive pregnant women and HIV-exposed infants. Results indicated low numbers of clients returning to clinics to receive CD4 and DNA polymerase chain reaction (PCR) test results, and low levels of adherence and retention among clients in HIV care and treatment. To improve HIV test result acquisition, adherence, and retention in care and treatment, EGPAF adopted the use of mobile phones to actively follow-up clients.

Mobile phones were given to senior nurses in ten facilities with high client volume and high lost to follow-up (LTFU) rates. Clients provided phone numbers at clinic registration and were called if they had infants with positive DNA PCR results, were defaulting on ART, or were considered LTFU. EGPAF developed a standard operating procedure for this follow-up activity, including the use of a log book to track calls. In addition, a quarterly report that documents the number of clients called, those who returned to a facility, those reported as deceased, and the amount of mobile phone airtime used. As of today, 78 EGPAF-supported sites are using mobile phones.

Between January and September 2013, a total of 2,672 clients were called for follow up. Of these, 56% (1,488) were brought back to the PMTCT program. The cost to bring back one client was estimated at less than US$1.00. The facilities were able to identify 20 (0.7%) clients recorded as LTFU who were deceased. Mobile phone usage has shortened turnaround time for positive DNA PCR results from one week to one day, as labs are proactively sending results to facilities through the mobile phones. Challenges noted included poor documentation of outcomes and patients providing wrong mobile numbers.

EGPAF-Swaziland can build on mobile phone usage to strengthen follow-up of clients using automated SMS to send clients appointment reminders. Following this initiative, other implementing partners collaborated with EGPAF to provide mobile phones to all facilities in Swaziland.

Promising Practice in Action: Scaling up Early Infant Testing

Strengthening PITC among children can reduce morbidity and mortality as it leads to increases in early linkage to care and treatment among HIV-positive children.2 Because many parents and caregivers are not bringing their children in to facilities early enough in Swaziland, HIV testing and counseling rates among children in primary health care facilities remains low. Several factors contribute to this, including the health workers perceived incongruity of the accompanying guardian to consent for HIV testing on behalf of the child, failure to prioritize children who were not exposed (and screen children above two years of age), and poor general knowledge on the importance of having children tested early.

The SNAP HIV testing and counseling program, in collaboration with EGPAF and other partners, conducted a national pediatric HIV testing campaign aimed at increasing the number of children tested in August 2014. The focus for the 2014 campaign was on children between the ages of 6 weeks and 15 years. A total of 19 facilities throughout Swaziland were selected to participate and community members were mobilized to bring their children for testing by offering HIV testing and counseling to every child who visits the selected facilities.

Siteki PHU was one of the facilities selected to participate in the campaign. After the facility supervisor was made aware of the campaign, the staff was sensitized by the facility supervisor on the campaign and requested to intensify screening of HIV status for children. EGPAF also sensitized nearby communities on the campaign through media and health education. Facility staff created awareness during open health talks (health educational sessions provided to all patients while awaiting service provision) in the morning and nurses routinely screened all children. All children over two years of age with an unknown HIV status were offered HIV testing and counseling and referred to a focal HIV counsellor for testing. Incentives such as tooth brushes and tooth paste were given to all children who tested (Table 4).

According to Sr. Simelane, the Facility Supervisor, "the commitment of both the health workers and supervisors is important if you want to improve uptake and acknowledging your subordinates for the good work they have done and assisting those with challenges are key. I wish the campaigns would be done annually."

Table 4: Comparison of children tested and linked to care at Siteki PHU, June to August 2014

MONTH	NUMBER TESTED	NUMBER HIV POSITIVE	NUMBER LINKED TO CARE
June	46	1	1
July	44	1	1
August	90	1	1

COMMUNITY APPROACHES

The community linkages program is one of EPAS' key projects. The main goal of EGPAF-Swaziland's community program is to create linkages between the communities and the health facilities to increase uptake of PMTCT services, as the local community plays a significant role in improving general HIV and health knowledge and the uptake of services. The program works directly with existing community structures (schools, community centers, etc.) and local health facilities to mobilize communities and focuses on the inclusion of children and men in PMTCT services. The program includes several activities such as PMTCT dialogues and psychosocial services, including support groups and camps.

PMTCT Dialogues: Through PMTCT-focused dialogues within the community linkages program, EGPAF-Swaziland was able to address numerous sociocultural barriers that affect MNCH. These dialogues utilize guided discussions to explore the causes for delayed health care seeking, sexual risk taking, gender inequalities, stigma, and poor communication among couples regarding general health and reproductive issues. During 2014, the community linkages team was able to conduct 23 community dialogues in the Hhohho region. Lutsango LwakaNgwane, a women ARV regimen group, was sub-granted by EGPAF-Swaziland to conduct eight of the dialogues in the Manzini and Shiselweni regions, as they already had a significant presence in the community.

Psychosocial Support: In addition to addressing barriers to treatment, EGPAF continues to provide psychosocial services for HIV-infected children, aiming to improve adherence to care and treatment. These support services also serve the important role of improving children's emotional health in addition to their physical health. EGPAF-Swaziland established 11 support groups for children living with HIV in the 2013/2014 project year (Table 5). We also engaged 117 parents and caregivers in support group sessions aiming to train parents on handling disclosure to their children. Disclosing HIV status to HIV-positive children early is important as it promotes a healthy mental state, which is essential for efficacious and successful treatment outcomes.[3]

In partnership with Baylor Clinic Swaziland, Young Heroes, and the Children Serious Fun Network, EGPAF conducted a camp for 182 children and adolescents living with HIV in 2014. The camp enabled children and adolescents to share the experiences and challenges of living with HIV/AIDS. The camp also helped to promote treatment adherence among children and adolescents by reducing effects of stigma and instilling the importance of taking ARV medications. The camp program also educated the adolescents on sexual and reproductive health issues, strategies for coping with stigma and discrimination, and general life skills.

Also in collaboration with Baylor Clinic Swaziland, EGPAF conducted three teen leadership trainings in 2014 for 88 teenagers who are living with HIV/AIDS and who were members of the support groups. These leadership trainings aimed to empower the teenagers and improve their communication, facilitation, leadership and mentoring skills to enable them to run and manage the support groups on their own. EGPAF is exploring this strategy further to develop a sustainable support group program that ensures children and adolescents have full ownership of their meetings. EGPAF will also be conducting an evaluation of the support groups to assess their impact on ART adherence and viral load suppression.

Table 5: Support groups and number of children enrolled in 2014

SUPPORT GROUP	MALES	FEMALES	TOTAL
Bhalekane	22	27	49
Bhekinkosi	20	23	43
Cana	25	27	52
Dvokolwako	53	86	139
Emkhuzweni	69	88	157
Herefords	15	17	32
Milba	14	22	36
Ngculwini	3	14	17
PPK	62	81	143
Mankayane	48	56	104
Ntshanini	14	13	27
TOTAL ENROLLED	**345**	**454**	**799**

Men at a community dialogue meeting, learning how best to support women in the PMTCT cascade. Photo: Muzie Yende/EGPAF

Children at a plat in psychosocial support group. Photo: Muzie Yende/EGPAF

EPAS CHALLENGES

Despite the accomplishments over the past year, a number of key challenges remain that affect the delivery of PMTCT and HIV services to clients, including: supply chain issues; health system issues; low male involvement; and low CD4 testing and retesting rates, and poor result delivery. The supply chain issues included stock outs of CD4 reagents, expiration of drugs, and inefficient transportation of client samples. There are also low rates of testing and limited involvement of partners in PMTCT services, as well as a low uptake of ART among eligible women. Weak health systems that are essential for referrals and linkages, client follow up, and tracing mechanisms also impact service delivery. Health system issues included staff shortages, high turnover rates, the delayed rollout of the new referral and linkages system, and limited availability of comprehensive HIV care and treatment guidelines at site-level. EGPAF is working to address some of these challenges through engagement of clinic supervisors and chief nursing officers to reduce staff turnover; scaling up trainings of health care workers on the referral and linkages tools; and distributing relevant guidelines to all supported facilities.

Additionally, despite EGPAF's close collaboration with implementing partners to address partner involvement through male dialogues and use of invitation letters, success in engaging male partners in PMTCT has been limited. In 2014, only 3% (621/20,227) of women testing in ANC were tested with their male partners. In FY15, EGPAF plans to convene a meeting to discuss and harmonize male involvement strategies in Swaziland to improve male involvement rates.

CD4 testing also proved to be a challenge in Swaziland; the proportion of HIV-positive pregnant women at ANC who had a CD4 test has decreased to 71% (6,692/9,394) in 2014 from 80% (7,857/9,865) in 2013 and the proportion of women who received their CD4 test results has decreased to 79% (5,299/6,692) in 2014 from 81% (6,382/7857) in 2013. These decreases could be attributed to stock outs of CD4 reagents in some laboratories, point-of-care machines running out of ink cartridges, and an unreliable national sample transportation system. Challenges in re-testing were also common; many women only had one ANC visit and often booked in late. The absence of a proper denominator for this indicator also impacted documentation for re-testing services. In 2015, EGPAF will be piloting some community interventions to improve early and frequent ANC attendance and HIV testing/restesting.

SUCCESS STORY FROM EPAS PROJECT: A MOTHER, A NURSE, AND THE DREAM OF AN HIV-FREE GENERATION IN SWAZILAND

Fikile Mamba is a 21-year-old mother living with HIV in the drought-stricken Lubombo Region of Swaziland. Like many women, she only learned her HIV status when she went for a pregnancy test at the local clinic. "After my pregnancy was confirmed, the nurse at the clinic advised me to do an HIV test and explained the importance of me knowing my status now that I was pregnant." Mamba says. Mamba took the HIV test, which came back positive. Although the news was painful, she saw it as an opportunity to keep herself and her baby healthy.

"I liked the nurse because she took time to talk to me about how I can prevent transmission of the virus to my child. I agreed to the medication and have been under this program for a year now," Mamba continues.

"I have been responsible for helping more than 200 women enroll in the prevention of mother-to-child transmission of HIV [PMTCT] treatment program during the past three years I have been in this health center," says Ncobile Lubhedze, the health worker who treated Mamba at the Siteki Public Health Unit. "To enroll every pregnant HIV positive women for PMTCT treatment is the right thing to do as we are guaranteed that [with adherence to the treatment] most babies will be born without the virus. This will also strengthen disclosure in communities as these women would be able to share their lives and give support to each other," she says. Lubhedze encourages her fellow health workers to maintain trust and professional service with their patients so that they follow the protocols for preventing transmission of HIV and recommend that other women get tested and treated.

Mamba's daughter was born HIV-free three months ago. Now Mamba is determined to adhere to her PMTCT treatment, which will protect her child from getting the virus through breastfeeding. She feels fortunate to be counted among the women EGPAF has reached with PMTCT services in Swaziland.

"My wish is to see many women being part of this PMTCT program and reach the dream of an HIV free generation," Mamba said.

(Photo: Jon Hrusa/EGPAF, 2010)

(Photo: Eric Bond/EGPAF, 2015)

PROVIDER INITIATED HIV TESTING AND COUNSELING

OVERVIEW OF THE PITC PROGRAM

In September 2011, EGPAF-Swaziland was awarded a five year project from CDC, to strengthen and scale up the accessibility of HIV testing and counseling services in all four regions of the country, making HIV testing and counseling available in all health facilities in Swaziland. The aim of this project was to assist the government of Swaziland to achieve its national goal of increasing the percentage of the population receiving an HIV test each year. The project has four main complementary and synergistic objectives:

1. Support the MOH to create an enabling environment to achieve universal access to HIV testing and counseling services at all health facilities;
2. Support the implementation of routine HIV testing and counseling provision in all health facilities in the country;
3. Strengthen referral systems and linkages to HIV care, treatment, and support services to ensure that those who test are provided comprehensive services based on their needs; and
4. Build capacity and strengthen health systems to ensure that the scale-up of HIV testing and counseling services is sustainable and that quality remains high.

With the support of the CDC, the project has been expanded to 163 health facilities countrywide, making testing and counseling services more accessible to all. As the main entry point to HIV prevention, care, support, and treatment services, HIV testing and counseling is central to all HIV programs nationwide and is closely linked with other health services.

PITC ACHIEVEMENTS

TECHNICAL ASSISTANCE AT NATIONAL-LEVEL

In-Country Strategic Planning: Throughout 2014, EGPAF continued to support the national HIV testing and counseling technical officer who provided strategic direction in implementation of HIV testing and counseling activities in Swaziland, including chairing the its technical working group. EGPAF also provided technical assistance for several national level initiatives including supporting SNAP in developing the HIV testing and counseling plan for 2014, supporting the development of the second national health sector strategic plan 2014-2018, and the development of the extended national multi-sectoral strategic framework 2014-2018. The national framework was developed to update the 2009-2014 framework in response to the government's decision to prioritize PMTCT care and treatment and ART as key interventions.

To demonstrate EGPAF's continued commitment in supporting the government of Swaziland in achieving its goals, we aligned our five-year strategic plan with the government-developed extended national HIV strategic framework. EGPAF-Swaziland convened an HIV testing and counseling stakeholder meeting with 50 participants, to provide updates, discuss successes, challenges, and recommendations to improve HIV testing and counseling in Swaziland. EGPAF also supported the review of PITC and couples HIV testing and counseling (CHTC) training manuals and conducted a training of trainers to ensure the newly selected regional trainers were equipped with all necessary skills and knowledge.

National Coordination: In 2014, EGPAF also supported a meeting between regional psychologists, regional AIDS coordinators, and national HIV testing and counseling officers to promote better coordination of HIV testing and counseling service provision across supported regions. During the meeting, HIV testing and counseling updates were shared and discussed, and the national work plan was reviewed. In addition, health workers discussed HIV testing and counseling training plans tht aimed to strengthen coordination at both the regional and national levels.

HEALTH SYSTEMS STRENGTHENING

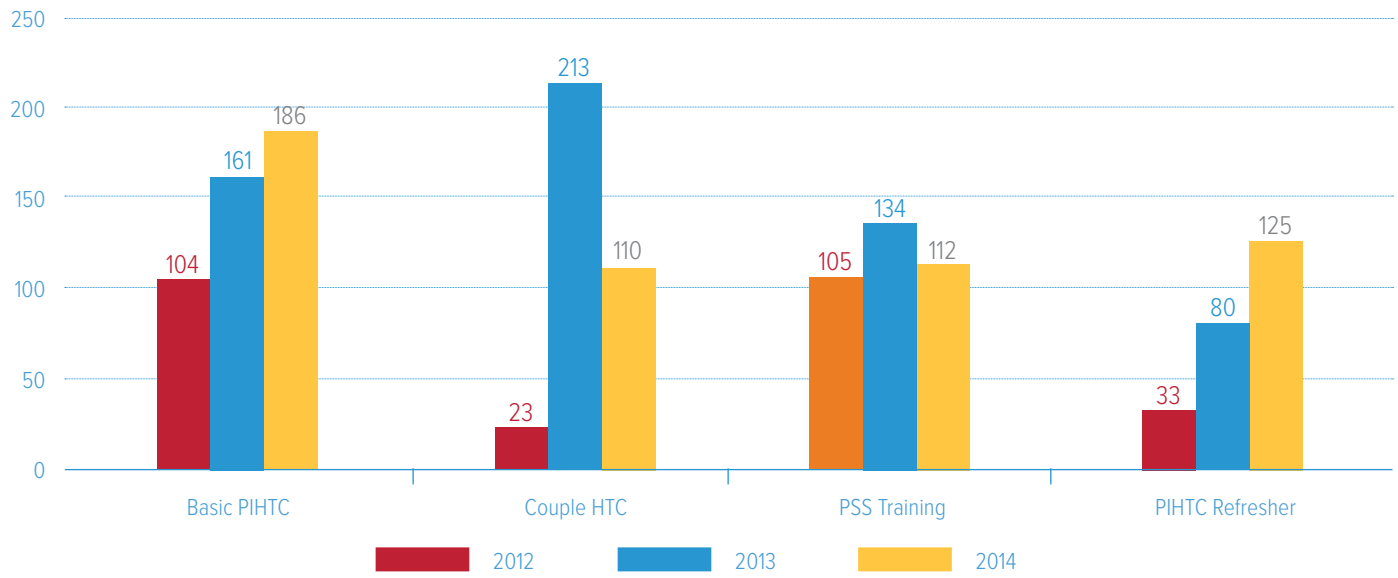
Trainings: A total of 518 health workers were trained in 2014 in PITC, CHTC, and pediatric psychosocial support. These trainings were aimed at building the capacity of the health workers to enable them do their work more effectively and efficiently. In addition, 112 health workers were trained specifically in pediatric PITC and psychosocial support. Regular mentorship and support supervision was also provided to strengthen pediatric HIV testing and counseling services at the supported facilities.

There were four regional trainings each on basic PITC, CHTC, pediatric testing, and psychosocial support, and a PITC refresher (Figure 2).

In addition to scaling up access to HIV testing among children, EGPAF worked to ensure HIV testing was made available to those infected with TB -- those coinfected with TB and HIV are at increased risk for morbidity and mortality.4 EGPAF continued to support lay counselors in all TB centers in supported hospitals and health centers to improve HIV testing and counseling among TB patients. A total of 2,324 people were tested and 19.3% (449/2324) were identified as HIV-positive through the TB entry points. Regular mentorship was provided to all TB unit health workers by EGPAF-Swaziland staff.

Human Resource Scale-up: EGPAF recruited and placed 22 lay counselors in seven hospitals, five health centers, and seven high-volume clinics in Swaziland.

Figure 2. Number of health workers trained off-site by type of training, from 2012 to 2014



In addition, EGPAF absorbed 12 lay counselors that were originally supported by the Clinton Health Access Initiative, bringing the total number of EGPAF-supported lay counselors in 2014 to 34. These counsellors work to strengthen the implementation of PITC in all the 163 supported facilities. EGPAF continued to provide mentoring and support supervision to all.

Sharing lesson learned: EGPAF-Swaziland assisted all supported-facilities to identify HIV testing and counseling focal persons who then formed the HIV testing and counseling team that tracks service provision in high volume facilities. The team meets frequently to share updates, discuss challenges, make recommendations, and coordinate improvement activities. EGPAF worked in collaboration with SNAP to introduce in-kind grants for facilities that develop innovative ideas for increasing testing within inpatient departments.

M&E: EGPAF-Swaziland continues to work closely with facilities, providing mentorship and supervision programs to ensure timely submission of HIV testing and counseling reports, which helped track the monthly submission of reports by facilities. To ensure data quality, EGPAF also supported data clerks to alleviate the challenges with data capture at the regional level, and regional M&E officers were essential in rectifying any anomalies in the collected data. The data was collected from all entry points, including; clinics/hospitals, clinic referrals, family planning, inpatient department, out-patient departments, post-exposure prophylaxis unit, PMTCT, ANC, child welfare clinics, maternity clinics, PNC, sexual transmitted infections clinics, and TB unit.

SCALE UP OF PITC AND CHTC SERVICE UTILIZATION

During 2014, EGPAF-Swaziland scaled up PITC services to 162 sites, managing to ensure 163,533 individuals were tested for HIV, representing 96.4% of the country operational plan 2014 target for PITC.

The majority of individuals tested were tested at clinics and hospitals (Table 6)

Since 2012, the number of individuals has increased by almost half. However, in both 2013 and 2014, the target number of individuals was not reached (Figure 3).

The majority of individuals who were tested and identified as HIV-positive were in the 25-49 year age group. More females were tested for HIV than males (Figure 4).

Table 6. Number of tests and positive results by type of facility, 2014

TYPE OF FACILITY	TOTAL NUMBER OF INDIVIDUALS TESTED	TOTAL HIV-POSITIVE INDIVIDUALS
Hospitals	40, 588 (25%)	6,440 (31%)
Health centers	22,063 (13%)	2,205 (11%)
PHUs	17,315 (11%)	1,662 (8%)
Clinics	83,567 (51%)	10,173 (50%)
TOTAL	**163,533 (100%)**	**20,480 (100%)**

Figure 3: Individuals tested at EGPAF Supported facilities from 2012 to 2014

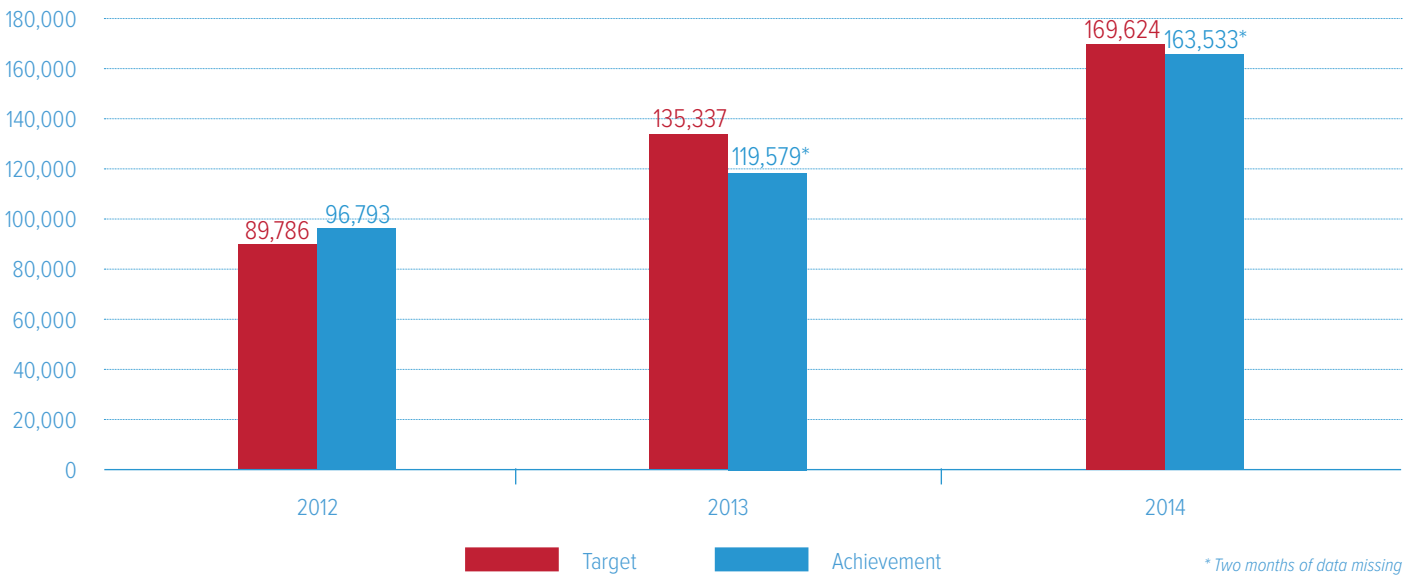
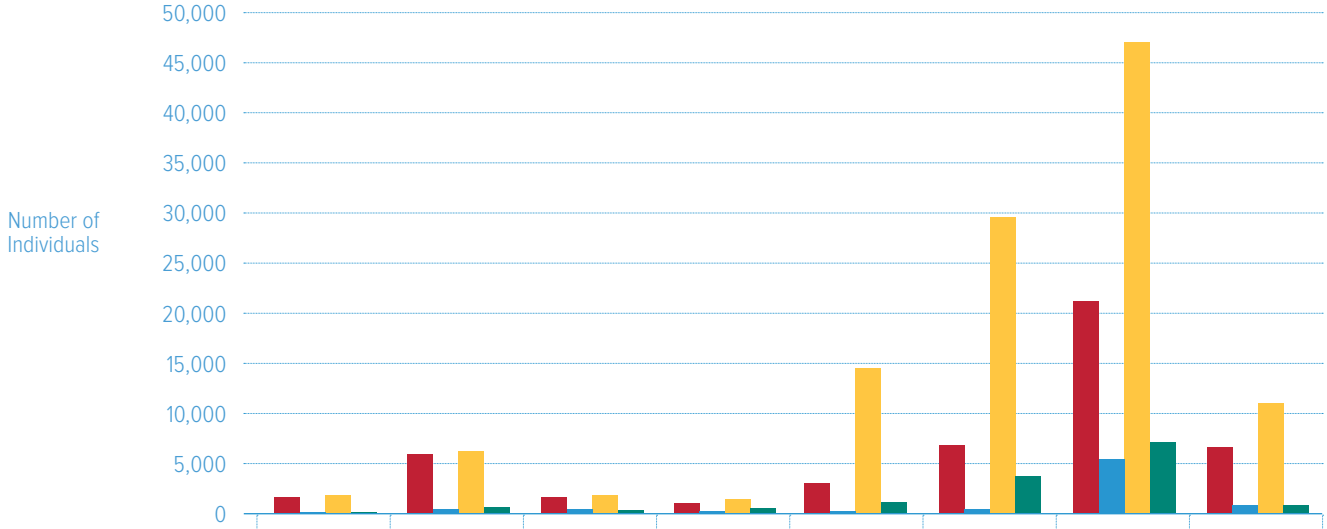
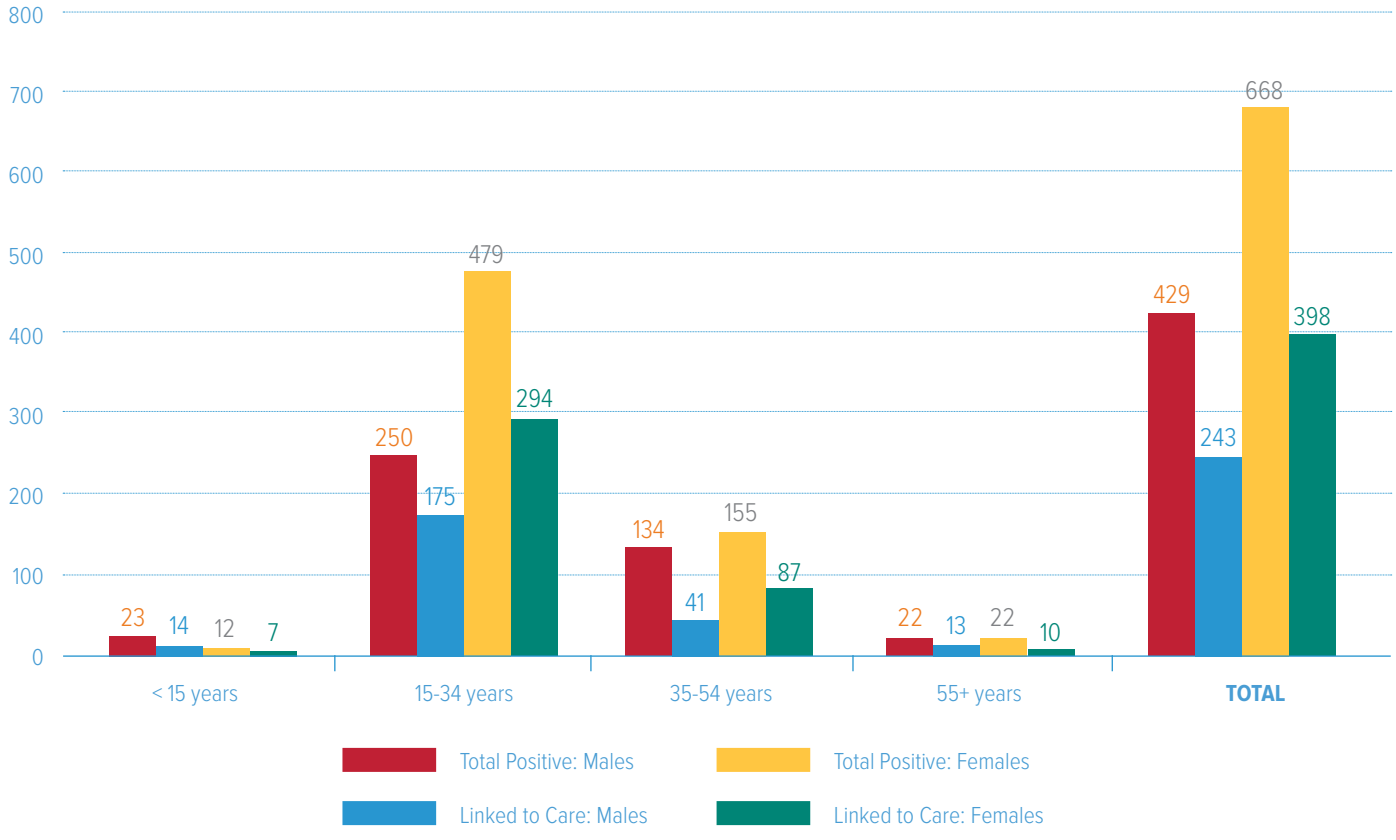


Figure 4. Individuals tested and results by sex and age, 2014



	< 1	1-4	5 -9	10-14	15-19	20-24	25-49	50+
Males Indiv Tested	1,667	5,728	1,913	1,122	2,858	7,228	21,603	7,018
Males HIV Positive	59	205	145	102	103	567	5,262	783
Females Indiv Tested	1,681	5,945	2,092	1,557	14,671	29,327	47,509	11,610
Females HIV Positive	68	223	129	141	1,088	3,556	7,361	688

Figure 5. Linkage to care by age and sex for HIV positive individuals identified during the family days



Pediatric PITC: During 2014, 21,706 children under the age of 15 (13% of all individuals tested) were tested for HIV, an increase from 17,163 in 2013. EGPAF provided technical support during the HIV testing and counseling month (an annual August event started by the Swaziland MOH to mobilize people for HIV testing) which focused on testing children for HIV. EGPAF developed the concept note for the HIV testing and counseling month in 2014 and conducted demand generation activities, including radio advertisements.

EGPAF also led family days at selected facilities. Family days are an EGPAF initiative where families are invited to health facilities for a medical check-up, which included HIV testing and counseling. Four facilities (Pigg's Peak hospital, Matsanjeni health center, Good Shepherd hospital, and Mankayane hospital) were selected to host the family days in 2014. Out of 208 children tested during these family days in the four facilities, 21 were HIV-positive and linked to care on-site with the assistance of the facility's ART unit (Figure 5).

CHTC: EGPAF-Swaziland also continued to support the provision of CHTC services in ten selected health facilities. In these facilities, baseline data were collected, an orientation on CHTC was provided, action plans to scale up CHTC were developed, and linkages to care and treatment were created for both positive and discordant couples. To further strengthen couples testing, EGPAF supported three facilities that focused on CHTC community mobilization. The community mobilization campaigns were successful and 152 couples were tested, eight of which were concordant positive and 11 were discordant. Both the positive and discordant couples were linked to care on the same day.

PITC CHALLENGES

EGPAF worked with the CDC to conduct an HTC mid-term review, which identified several gaps, including: unknown coverage of HIV testing and counseling at facilities due to limitations in M&E tools in capturing key variables on testing; poor uptake of HIV testing and counseling in inpatient departments especially for men and children; lack of referral and linkage to care and treatment tools in facilities; and weak HIV testing and counseling quality assurance activities.

Throughout the year, EGPAF worked to address these gaps by conducting on-site PITC trainings for inpatient nurses, providing grants in-kind to facilities to scale up HIV testing and counseling in their inpatient departments, conducting onsite quality assurance trainings with lab trainers, and working with the National Reference Lab to develop HIV testing standard operating procedures as well as HIV testing job aids. This has resulted in some improvement in the gaps identified by the CDC, including better documentation of HIV testing and counseling activities and greater uptake of among clients.

(Photo: Eric Bond/EGPAF, 2015)

(Photo: Eric Bond/EGPAF, 2015)

PROJECT ACCLAIM

OVERVIEW OF PROJECT ACCLAIM

Project ACCLAIM is a study and program implemented by EGPAF in Swaziland, Uganda, and Zimbabwe and funded by the Department of Foreign Affairs, Trade and Development Canada. ACCLAIM aims to increase community demand for, uptake of, and retention in MNCH/PMTCT services to improve country progress toward elimination of pediatric HIV/AIDS. The project has three major objectives:

1. Improving key HIV, MNCH, and gender-related health behaviors through the implementation of community-based interventions
2. Assessing the behavioral and outcomes of selected community-based interventions and determine their relative effectiveness through operations research
3. Documenting and disseminating results and lessons learned

ACCLAIM's approach is three pronged:

1. Engage community leaders to help communities develop action plans for health;
2. Facilitate community dialogues about health and HIV through community days; and
3. Use peer groups to engage women and men in prioritizing health, especially MNCH and PMTCT.

ACCLAIM also develops and implements innovative methods to overcome barriers that have typically kept women, children, and families from accessing lifesaving HIV services and aims to ensure that more women utilize MNCH services that allow their children to be born healthy and HIV-free.

ACCALIM ACHIEVEMENTS IN SWAZILAND

MOVING FROM OPERATIONS RESEARCH TO PROGRAM IMPLEMENTATION

To date ACCLAIM has focused its efforts on the operational research component, wherein a total of 720 people took part in 30 exit interviews conducted during 24 community days. Interviewees included 360 females and 360 males. Data from these interviews were captured in a database and relayed to the global team for analysis.

During 2014, the ACCLAIM team was able to internally discuss the formative results to inform and improve program implementation. Using these results, the team identified knowledge gaps and develop key messages to be incorporated in all three prongs of the study. A baseline and follow up survey was conducted among pregnant women enrolled in MNCH classes and men who participate in community peer groups. A total of 139 people (104 males and 35 pregnant women) were enrolled for the first session of the peer classes.

The program team held quarterly meetings with regional stakeholders to provide updates. There were 15 meetings held to provide information on the progress of the project and on planned activities. Three of the meetings were held with health care workers, where the newly trained peer facilitators were introduced.

COMMUNITY LEADER ENGAGEMENT

The first prong of ACCLAIM is to engage community leaders and instill in them a passion for engaging their communities. In each cluster (a facility and its catchment area), 60 community leaders were trained and mentored. One-on-one sessions were conducted with leaders and the ACCLAIM team to ensure knowledge retention from the trainings. A forum was also held for the community leaders to develop and present their own community action plans on how they aim to address key MNCH challenges in their communities before the mentorship sessions were conducted. This enabled the leaders and their community action teams to strengthen project activities.

COMMUNITY DAYS

Twenty four community days were conducted, with 13,336 people in attendance. Community days consisted of drama, PMTCT/MNCH dialogues with different age groups, HIV testing and counseling services, treatment and monitoring of minor ailments like hypertension. Health workers, community stakeholders, and inner council members attended an orientation on the community day standard operation procedures prior to the community days. In addition, a situational analysis on MNCH issues was conducted in all communities where community days were to be held to ensure each community day was tailored to each community's specific needs. This analysis allowed the team to incorporate all relevant health needs and information accordingly. In addition, the program had two orientation meetings with partners to leverage their support on the MNCH/PMTCT services during the community days. Partners supported the community days by providing various services – for example, Population Services International provided HTC services.

Promising Practice in Action:
Community Days and Male Involvement

EGPAF-Swaziland, in collaboration with community leaders, aimed to increase male involvement and men's support of their partners in accessing PMTCT services. In almost all the communities where community days were held, the chief and constituency counselors or members of Parliament attended and pledged their support, motivating men to support their partners during pregnancy. A member of Parliament in the Mangweni chiefdom under Mhlangatane constituency in the Hhohho Region pledged E1000 in support of MNCH issues focusing on male involvement in all the chiefdoms under the Mhlangatane Constituency. As parliamentarians are key members of the community, this public pledge further motivated local communities, and especially males in the communities, to be more actively involved in MNCH and PMTCT.

PEER GROUPS

EGPAF conducted a series of four structured, peer-facilitated sessions on topics related to MNCH, gender, and PMTCT. These peer groups provided information and support to pregnant women and their partners, as well as other males in the community, to achieve positive health outcomes for themselves and their families. The groups use a defined curriculum and standard operating procedures, and are designed to follow the community leader and community day interventions.

During the reporting period, the curricula and group materials were finalized, and the community structures were used to nominate the peer facilitators to conduct the male and the MNCH classes. A total of 21 peer facilitators were trained in Swaziland. In the peer groups, 82 (5%) pregnant women out of a targeted 1,655 had male partners who had completed all four peer group sessions and taken the final interview survey. In Swaziland, there was a surprisingly high demand for the classes among men, allowing Swaziland to almost immediately reach 81% of their target for the male groups.

SUCCESS STORY FROM ACCLAIM PROJECT: A MOTHER, A NURSE, AND THE DREAM OF AN HIV-FREE GENERATION IN SWAZILAND

On a crisp winter morning, four expectant mothers gather in an open-air gogo center in Dinabanye, Swaziland, a village in the arid Shiselweni District. These centers are named for gogos (grandmothers in Siswati) because they are considered havens—safe place where orphaned children can be watched and fed during the day; where an abused woman can seek refuge; and where women and men can learn about antenatal care, reproductive health, and HIV.

Ndwandwe Nonhlenhla, a mother of two who lives in the community, awaits her pupils. Last year, she was recruited by chiefdom leaders to join the ranks of peer facilitators trained by EGPAF through the ACCLAIM Project. In November, she received intensive training in MNCH, and is now a bona fide peer educator. As an ACCLAIM volunteer, she goes door-to-door seeking pregnant women to invite to her classes. Community leaders help by referring pregnant women, and Nonhlenhla also recruits students through periodic EGPAF-sponsored community days.

This morning, as the sun slowly warms the concrete structure, one by one, each member of Nonhlenhla's class arrives and takes her seat. Given the rural setting and general lack of wristwatches, Nonhlenhla patiently waits to start class. If an enrolled class member fails to show up, Nonhlenhla will visit her at her home later for a one-on-one session. Shyly, the young women open their work books and turn their attention to their teacher. Today's session will focus on the changes in a woman's body when she is pregnant, the importance of creating a birth preparedness plan and giving birth in a health facility, and the necessity of each member of the family—mother, baby, and father—being tested for HIV.

The emphasis on visiting the health facility is of prime importance. "When mothers are tested for HIV, receive antenatal care, and deliver their babies in a health facility, the mortality rate for mothers and babies is much lower," Nonhlenhla says.

Nglamphalala Bongiwe, one of the pupils, will likely be giving birth to her son within the next two weeks. After today's lesson, Bongiwe intends to go home and prepare a plan for transport to the health center when she begins to feel signs that she is going into labor. "I am grateful for the information I have learned through this class," says Bongiwe, "like how can a mother [avoid] transmit[ting] HIV to an unborn baby, how is a woman supposed to eat when she is pregnant, and that I actually must visit the health facility for antenatal care … frequently." Bongiwe, whose pregnancy was unplanned, says that she appreciates the camaraderie of meeting with the other women, "It means that I am not the only one going through this process," she says.

Men, too, play an important role in the ACCLAIM project. Several men have come to the gogo center today to talk about their roles as community leaders. Like Nonhlenhla, these men have been chosen by the chiefdom to educate men about how to support their wives and children and look after their own health. These male leaders hold classes as well, encouraging husbands to accompany their wives to the health facility and get HIV tests along with the women. The men discuss other roles they have played in the community to increase adherence to MNCH—and PMTCT if a woman is HIV-positive.

"Sometimes, if a road gets big ruts, we will gather a group of men to attack the road with shovels and level it so that women can be transported to the main road in wheelbarrows," says Mamba Mciniseli. This is the sort of community problem-solving that ACCLAIM was designed to inspire.

ACCLAIM program officers are carefully monitoring the outcomes of this project to quantify the difference that it is making. While final numbers will not be analyzed until 2017, both Mfoko and Nonhlenhla have observed that more women are accessing antenatal care. "We have seen women starting early to go the facility and access ANC," says Mpofu. "In Swaziland, in this era of HIV, when pregnant women go to the facility early for ANC and HIV testing, those who test positive can be started on ART immediately, which has the effect of preventing transmission of HIV to their children."

(Photo: Heather Mason/EGPAF, 2014)

CONCLUSIONS

This annual report has provided an overview of the work undertaken by EGPAF Swaziland during the 2013/14 financial year. The results demonstrate the impact of EGPAF's strategic programs, which are aligned with the comprehensive PMTCT approach adopted by the Swaziland's MOH and form part of the national PMTCT and HIV care and treatment program. As Swaziland approaches achieving the elimination of pediatric HIV and AIDS, the evaluation of the impact of our PMTCT initiatives is essential. EGPAF remains committed to supporting the government of the Kingdom of Swaziland until the goal of total elimination of pediatric HIV and AIDS is achieved. We look forward to continued effective collaboration between EGPAF and our partners to enable us to reach our goal.

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