

House of Our Pride: Outreach and adaptation keep treatment accessible amid COVID-19 pandemic in Eswatini

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***—HOOP outreach worker
Msimisi Dlamini***

Key population individuals may face many challenges to continuing antiretroviral therapy (ART) including stigma, inconsistent work schedules, relocation, alcohol or drug use—and now—the COVID-19 pandemic. One example of someone facing that situation is Phenduliwe,* 25, a transgender woman living with HIV. She initiated ART in 2019 but later stopped.

“After a couple of months, I quit the medication because I had to go back to stay with my parents in a different part of Eswatini,” Phenduliwe said. “They did not know I had sexual partners. They suspected I was gay. I was confused.”

Phenduliwe heard from an outreach worker at House of Our Pride (HOOP). This community-based organization (CBO), founded in 2010, serves men who have sex with men, transgender people, and female sex workers in need of health services including pre-exposure prophylaxis (PrEP) and ART. The group recently began using case managers (also called linkage officers) to follow up with clients on ART/PrEP for adherence support and to seek out those who had stopped treatment.

“Late last year, I received a call from Mcebo, a linkage officer,” Phenduliwe said. “He tried to reason with me about the importance of staying on treatment. I broke down in tears when I heard of all the dangers and risks I had exposed myself to. I met him for counseling in the Manzini office. I have a light burden on my shoulders now that I am back on ART. After three months, my CD4 counts have risen drastically.”

Amid the pandemic, HOOP, an implementing partner of the Meeting Targets and Maintaining Epidemic Control (EpiC) project funded by the United States Agency for International Development (USAID) and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), has strengthened its efforts to link individuals at higher risk of HIV acquisition to PrEP and to keep HIV-positive individuals on ART. In addition to the case managers, HOOP has trained 11 outreach workers on peer education and peer navigation since October 2020; two of those workers are trans women who focus on transgender community members.

Funding from the Key Populations Investment Fund (KPIF) has allowed EpiC to increase capacity building for key-population-led organizations, like HOOP. The two-year global investment, which concludes this year, aims to improve access to HIV prevention, care, and treatment for men who have sex with men, female sex workers, transgender people, and people who inject drugs.

HOOP outreach worker Msimisi Dlamini follows up with clients visiting the Together Realizing Ubuntu Eswatini (TRUE Eswatini) community center in Manzini.

“We have been trained during the COVID-19 pandemic on online reach,” Msimisi said. “This has changed our thinking and our approach for hard-to-reach clients. I have linked clients through the online platform and successfully provided them with services without meeting in person.”

The training has helped outreach workers identify and connect with key population individuals through WhatsApp, Facebook, and the [TRUE Eswatini](#) online platform, a deployment of the online reservation and case management app (ORA) used by a group of Eswatini key population partners. The ORA platform allows key population members to complete a self-guided HIV and sexually transmitted infection (STI) risk assessment and find and book health services at two TRUE community centers. With these tools, Msimisi continues to serve a large group of clients.





HOOP program staff members share program information and provide free condoms and lubricants during World AIDS Day 2020.

Photo credit: HOOP

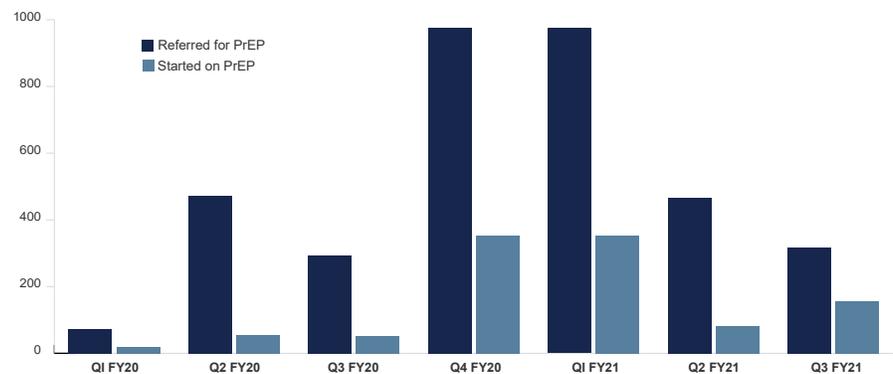
“I have over 230 peers on my contact list who I follow up on from the Manzini region and provide with health-related services and support,” Msimisi said. “I have gained understanding and love for my clients and for the work I do.”

HOOP holds weekly meetings with a team that provides technical assistance and capacity building to help the CBO reach its program targets. Because of COVID-19, the meetings with FHI 360, which leads the EpiC project in Eswatini, and the Coordinating Assembly of Non-Governmental Organisations (CANGO), a local partner that assists with capacity building, are held virtually. Outreach workers provide reports to their project officer through WhatsApp, and the monitoring and evaluation officer then prepares weekly reports shared at the Friday morning meetings.

“Weekly meetings have played a crucial role in shaping our implementation,” said HOOP program manager David Maseko. “As a team, we strategized and focused on our main goal. Case finding and adherence to treatment were crucial; thus, we set a weekly plan for areas with high burden and the most high-risk population. We have seen improvements in our yield [case finding] this past year. Teamwork and collaboration are key, working toward attaining one bigger goal.”

The effectiveness of the outreach workers and the adaptations for COVID-19 are reflected in the 1,069 clients HOOP has enrolled on PrEP since October 2019 (Figure 1). In the first quarter of fiscal year 2020 (Q1 FY20) (October–December 2019), HOOP initiated 19 clients on PrEP, and in Q1 FY21 (October–December 2020), initiated 352 clients, reaching 178 percent of its annual target.

Figure 1. Clients referred for PrEP and initiated on PrEP through HOOP services from Q1 FY20 to Q3 FY21 (October 2019–July 2021)



One of those initiated clients is Mandlenkosi,* 19, of Manzini North, who attended a health session for men who have sex with men at the TRUE community center. He learned about PrEP and said that he quickly decided he should use it.

“I knew immediately I needed PrEP since I had more than one sexual partner and they were older than me,” Mandlenkosi said. “I often struggled in using condoms due to the influence of alcohol. Immediately after the session, I waited to see a nurse for initiation. My life changed; I started PrEP. I was responsible. I was taught that PrEP and condom use should be partners, to be safe from other sexually transmitted diseases. I have influenced two of my sexual partners to take the PrEP pill. It’s a lifesaver!”

*Pseudonym

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