Draft

KINGDOM OF LESOTHO

Behavior Change Communication and Community Strategy

for

Family Centered HIV Services

Maseru, March 24, 2006

ACRONYMS

ABC	**A**bstain, **B**e faithful or use **C**ondoms
AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Antiretroviral Therapy
BCC	Behavior change communication
ARV	Antiretroviral
CBD	Community Based Distributors of contraceptives
CBO	Community Based Organization
CHW	Community Health Worker
CT	Counseling and testing
CTX	Cotrimoxazol
DBC	District Breastfeeding Committee
DDMT	Director, Districrt management Team
DHMT	District Health management Team
DMO	District Medical Officer
DPHC	District Primary Health Care
DPHN	District Public Health Nurse
EGPAF	Elizabeth Glaser Pediatric Foundation
FBO	Faith Based Organization
FHD	Family Health Division
FP	Family Planning
GMP	Growth Monitoring and Promotion
HIV	Human immuno-deficiency virus
HMIS	Health Management Information System
ICAP	Internarional Centre for AIDS Programs
IYCF	Infant and Young Child Feeding
HAS	Health Service Area
MTCT	Mother-to-child transmission of HIV
NGO	Non-governmental organization
NVP	Nevirapine
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PHN	Public Health Nurse
PLOWA	People Living Openly with HIV
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother-to-child Transmission of HIV
RHAP	Regional HIV/AIDS Program
STI	Sexually Transmitted Infections
USAID	Unites States Agency for International Development
USG	United States Government

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EXECUTIVE SUMMARY

Between March 20 and 24, 2006, the Ministry of Health of the Kingdom of Lesotho held a workshop in Maseru to develop the behavior change communication and community strategy for the Lesotho Family-centered HIV Services. The workshop was organized in collaboration with the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), the Academy for Educational Development and the International Center for AIDS Programs (ICAP) of Columbia University. The workshop was attended by 22 participants from the Ministry and collaborating agencies.

The Family-centered HIV Services program is an expanded PMTCT program that promotes HIV and AIDS as a concern that requires the engagement of the community and all family members, including men, and includes the following components: provider-initiated HIV counseling and testing, antiretroviral prophylaxis and therapy, promotion of optimal infant and young child feeding in the context of HIV, pain and symptom management, cotrimoxazol prophylaxis, strengthening maternal and child health services, support for improved home-based care, and community involvement and ownership.

The strategy development workshop was informed by an analysis of existing data on knowledge, attitudes, and practices related to HIV and AIDS, and PMTCT which showed that although awareness of HIV and AIDS was high in Lesotho, as in most countries, the adoption and practice of healthy behaviors was low, and there was need for a communication and community strategy that would move target audiences from the high awareness of HIV and AIDS, MTCT and PMTCT to increased practice of optimal behaviors to prevent and mitigate the impact of HIV and AIDS, improve care and support and strengthen the capacity of communities in project sites to respond effectively to the challenges of HIV and MTCT. This strategy document identifies the key behaviors and target audiences, and proposes strategies and activities that can be implemented to this end. The strategies are organized in 9 objectives:

i. Identify and strengthen the structures for managing, the program and increase support for the BCC approach

ii. Increase utilization of Family Centered HIV services and promote adoption of behaviors that prevent mother to child transmission

iii. Promote couple testing, disclosure and discussion on Family Centered HIV services in homes

iv. Establish and strengthen structures that support planning and provision of Family Centered HIV Services in the community

v. Strengthen linkages between facility and community based services

vi. Increase community and male participation and ownership of Family Centered HIV Services

vii. Empower supervisors of BCC and community activities, health workers, community health workers and community members with the knowledge and

skills they need to participate optimally in planning, implementing and supporting BCC and community activities in support of Family centered HIV services

viii. Strengthen coordination between agencies providing services that compliment Family Centered HIV Services

ix. Strengthen monitoring, record keeping and reporting of BCC and community activities, as well as utilization of monitoring information

This document discusses the strategies and activities to be implemented under each objective.

1 LESOTHO CONTEXT

The Kingdom of Lesotho has been hard hit by HIV/AIDS. The HIV prevalence rate in the country is estimated at 26.4 percent. Factors contributing to the spread of the epidemic include having multiple sex partners, early sexual debut among young people and low condom use. The high rate of internal and external migration of men in search of work has increased the incidence of extramarital sexual relations, contributing to the high HIV infection rate. To respond to the crisis, the Family Health Division of the MOHSW initiated eight PMTCT sites in 2001, and by 2004, the country had 15 PMTCT sites.

In 2004, the MOHSW requested assistance from the USAID Regional HIV/AIDS Program (RHAP) of Southern Africa to strengthening and expanding the country's PMTCT activities. USAID in turn asked AED/LINKAGES to provide technical assistance through the LINKAGES Africa Regional PMTCT and IYCF Program. AED/LINKAGES assisted the Ministry to conduct an assessment of selected health facilities for their readiness to implement PMTCT activities and a behavioral assessment.

In 2005, the program was re-named the Family-Centered HIV Services with a mandate to prevent pediatric HIV infection, reduce HIV-related morbidity and mortality, and mitigate the effects of HIV and AIDS. The main partners in the program include the Columbia University, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and AED/LINKAGES, with other United States Government (USG) partners and development agencies working in health making a contribution. Three sites have been selected for implementation of the program: Queen Elizabeth II Hospital in Maseru with associated health centers, Botha Bothe and Mohale's Hoek.

This program promotes HIV and AIDS as a concern that requires the engagement of the community and all family members, including men. Services include provider-initiated HIV counseling and testing, antiretroviral prophylaxis and therapy, promotion of optimal infant and young child feeding in the context of HIV, pain and symptom management, cotrimoxazol prophylaxis, strengthening maternal and child health services, support for improved home-based care, and community involvement and ownership.

2 FAMILY CENTRED HIV SERVICES

The Partnership for Family-Centered HIV Services was established by USAID to help Lesotho and Swaziland reduce HIV infection among mothers and children. The goal of the partnership is to prevent pediatric HIV infection and reduce HIV related morbidity and mortality among children, women, and their families.

2.1 Objectives

The program's objectives are to:

i. Increase the proportion of pregnant women undergoing antenatal HIV testing and receiving their results to at least 68 percent of those attending antenatal care (ANC)
ii. Increase the total number of pregnant women receiving a complete course of antiretroviral (ARV) prophylaxis at least twofold relative to baseline
iii. Increase the proportion of HIV-positive women initiating ARV treatment (ART) during pregnancy to at least 50 percent of the eligible HIV-positive women identified in ANC
iv. Increase the proportion of mothers exclusively breastfeeding for 6 months from 41 percent to 61 percent
v. Increase the proportion of mothers identified as HIV-positive adopting recommended early cessation of breastfeeding to at least 25 percent
vi. Increase the proportion of HIV-exposed infants identified in PMTCT settings beginning Cotrimoxazole prophylaxis at 4-6 weeks as per WHO guidelines to at least 50 percent
vii. Support the enrolment of at least 50 percent of HIV-infected women and partners identified in PMTCT settings in HIV care and treatment services, including ART
viii. Support the enrolment of at least 50 percent of HIV-infected eligible children in HIV care and treatment services, including ART
ix. Support the enrollment of at least 50 percent of HIV infected eligible children into HIV care and treatment services, including ART.

The USAID partners in the Family centered HIV Services are Columbia University, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and AED/LINKAGES. AED/LINKAGES is responsible for the BCC and community component.

2.2 Interventions

The interventions of the Family Centered HIV Services are outlined below:

2.2.1 Basic package of high yield interventions

Provide provider initiated HIV counseling and testing services

- ANC services
- Labor wards
- MCH services, including postnatal testing of mothers
- Pediatric wards
- Rapid HIV testing of exposed infants at 18 months
- Earlier infant diagnosis when feasible (DBS)
- Other points of care (e.g. adult wards, STD, TB clinics, private)

Provide ARV prophylaxis for PMTCT

- NVP
- HAART where indicated

- More complex regimens where feasible

Provide ART at various points of entry with initial focus on pregnant women and their children

Provide a package of care services

- Pain and symptom management
- Cotrimoxazole prophylaxis to all HIV exposed infants according to WHO guidelines, all HIV infected infants and children and adults as indicated.

Promote best practices for breastfeeding and nutrition

- Early weaning when AFASS
- Support safe complementary feeding
- Exclusive breastfeeding until weaning

Psychosocial Support for HIV positive women and their families

- Promote establishment of support structures and groups
- Provide support for service/treatment adherence
- Promote community support

2.2.2 Interventions to enhance provision and utilization of the basic package

Building on a continuum of care through the strengthening of MCH services

- Revise health cards to enhance provision of Family Centered HIV Services
- Promote linkages to core child survival and other services
- Strengthen M&E systems

Support effort to care for the carers

- Provide ART to carers
- PEP and universal precautions
- Support initiatives to provide psychosocial support

Increase community involvement and ownership

- Provide information, education and behavior change communication to increase understanding and utilization of the services above
- Promote 'family-centered' testing and counseling services
- Promote post natal follow up for early weaning, replacement feeding, infant diagnosis and Cotrimoxazole uptake

3 KNOWLEDGE, ATTITUDES AND BEHAVIOUR ASSESSMENT

Between March 6 and 11, 2006, AED/LINKAGES supported the Ministry of health Social Welfare to conduct focus group discussions to determine the relevant levels of knowledge, attitudes and behaviors in the three project sites, Queen Elizabeth II, Botha Bothe and Mohale's Hoek. A total of 18 focus group discussions were conducted with 155 pregnant and lactating mothers (20-26), younger men (27-32 years), men over 50 years old, women over 50 years old, community leaders, facility based health workers and community health workers.

The results of this assessment are summarized blow. The summary includes data obtained from other studies carried out in Lesotho in recent years to provide a more complete picture. The detailed findings of the focus group discussions are reported in a separate report.

3.1 HIV and AIDS, PMTCT and IYCF services provided

Health facilities in Lesotho provide a wide range of HIV and AIDS, PMTCT and IYCF services, including the following:

At health facilities

- Health talks
- Counseling and HIV testing
- Screening for STIs, including partner notification
- Nevirapine prophylaxis for pregnant HIV positive mothers and babies of HIV positive mothers
- Referral to ART services
- Referring clients to other services (when such services are known)
- Ongoing support to HIV positive mothers on return visits
- Training of community health workers (CHWs) by health workers
- Visiting communities infrequently to supervise CHWs and support community activities when and transport allows
- Meeting monthly with community health workers to receive reports (in some clinics only)

Most health workers said they did not have training on infant and young child feeding and were not sure of the advice to give to HIV positive mothers on infant feeding.

In the community

Most health workers and CHWs interviewed said that while general HIV and AIDS content and messages were being promoted in the community, PMTCT and IYCF messages were yet to be introduced in the community. CHWs said the had not been trained in PMTCT and IYCF and there were no BCC materials in these areas to use. Respondents identified the following activities which take place in the community in which PMTCT and IYCF content could be integrated:

- Community meetings (pitsos)

- Fun walks (street walks with stops to provide education, currently organized by World Vision in Botha Bothe)
- International health day activities
- Mobile community counseling and testing meetings
- Home visits to provide education, care and support
- Monthly mobile clinics in areas far away from clinics. The clinics provide integrated child survival and development services such as immunization and growth monitoring and promotion, including counseling mothers
- Discussions in special interest groups such as women's groups

3.2 Key KAP findings

ANC attendance and delivery

Most respondents believed that women should start attending ANC clinics as soon as they became aware that they were pregnant, but most start ANC attendance late Only 55.4% of the deliveries in Lesotho are supervised by health professionals.

HIV and AIDS

- Most respondents knew the difference between HIV and AIDS
- Most knew the routes of HIV infection. There wee widespread inaccuracies and gaps in respondent knowledge that could discourage people from using proven preventive measures, such partner reduction and condom use. Frequently mentioned misconceptions included the following:
  - People get AIDS when they engage in illicit sex and fail to undergo cleansing
  - Taking herbs before and after having sex with an infected person can prevent HIV infection
  - AIDS can be cured by taking herbs (pitsa)
- All respondents knew that HIV could pass form an infected mother to her baby and the majority knew some ways of preventing mother to child transmission of HIV (MTCT), including condom use.

Counseling and HIV Testing (CT)

Respondents said that many people did not want to take the HIV test because:

- They are not HIV positive
- They could be found to be HIV positive and shunned by other people
- They could be found to be HIV positive and be told to use condoms

Condoms and condom use

Respondent listed many advantages of using condoms. At the same time, they listed many factors that prevented them and others in their communities from using condoms. They said condoms:

- Have the HIV virus

- Have worms in the lubrication
- Provoke irritation and allergic reactions in both sexes, especially in men
- Block seminal ducts in men and cause pain
- Cause kidney pain in men and pain in the lymph nodes
- Cause stretch lines on the thighs
- Encourage people to have many sexual partners and engage in prostitution
- Reduce sexual satisfaction
- Burst during sexual intercourse
- Remain in the vagina and cause the death of a woman
- Is oily and messy

A few believed that use of condoms to avert pregnancies amounted to killing children. They complained that after use, condoms were "thrown all over the place" and could pass on HIV to children who pick them up and to adults as well. Some pregnant and lactating women believed that a condom was a big thing that could "fill with 20 litres of water" and could, therefore, not be used by a person.

Infant and Young child Feeding

Most respondents knew the value of colostrum (khatsele) and said babies should be fed on it. Mixed feeding is common and often starts shortly after birth. Respondents said that they had not known or heard of a women who breastfed her baby exclusively. In addition to breast milk, mothers give babies water, herbs and other foods to expel me conium (tsilana), "wash the intestines of the baby" and ensure that the baby grows healthy and strong. Many respondents looked down upon mothers who breastfeed their babies exclusively because "children who are given other foods do not become weak like those of AIDS mothers".

Support structures

Identified structures that can support BCC and community activities on the ground include the following:

<u>Community mobilization structures</u>

- District AIDS Task Forces
- District breastfeeding committee (Butha Buthe)
- NGOs, FBOs and CBOs
- Traditional Healer's Association
- Farmers' unions
- Footballs clubs
- Community leaders and influential people (chiefs, councilors, business people, retired people)
- Community groups involved in various activities

<u>BCC, care and support agents</u>

- Health workers
- Nutritionists

- Community counselors from (Ministry of Local Government)
- Counselors at health facilities
- HIV and AIDS Volunteers (Support Groups)
- Village Health Workers
- TBAs
- CBDs
- Retired medical people
- HIV/AIDS Volunteers (Support groups)
- Traditional healers
- Family members: father, mother, grandmothers/mothers-in-law, baby minders, other relatives

Peer support groups

- Funeral associations
- People Living Openly With HIV and AIDS (PLOWA)
- Women's groups
- Men's groups (few)
- Sick people's support groups (sick with any disease)

Linkages between facility and community based services

All respondents believed that the link between facility and community based services was weak and needed o be strengthened.

Community participation

Most respondents believed that community participation was strong and community members were ready and willing to contribute towards delivery of health services.

- Most chiefs are supportive and organize public meetings for CHWs and speak in favor of health and HIV/AIDS services
- Some chiefs distribute condoms from their homes
- Community members volunteer to become CHWs
- Most community members welcome CHWs to their homes and use the services of CHWs: accept treatment for minor ailments,
- Community members identify sick and needy people and refer them to CHWs, to the chiefs and to other agencies for help
- Community members attend health and HIV and AIDS educational activities
- Funeral and sick people's associations help and support their members
- Many NGOs, CBOs, FBOs and schools are integrating health, HIV and AIDS information and activities in their work
- Priests sometimes collect and give clothes to the needy
- Teachers give information to young people in school and in other setting

Male participation

Virtually all respondents, including men, believed that men had role to play in looking after their babies and in protecting them from HIV infection, but were not playing their role effectively. They do not play their role effectively because they:

- Do not have enough information to motivate them and enable them to participate effectively
- Believe that looking after children is the job of women.
- "Take a long time to understand and act on new ideas and need to be educated continuously and supported".
- Resist information on health, HIV and AIDS because it is brought home by women.
- "Like fast moving horses (street women) which are not controlled by anybody"

Messages and materials

Respondents had read, watched or heard many messages on health and HIV and AIDS, but had not been exposed to PMTCT or IYCF messages. They preferred to get messages from the following sources:

- Health workers "because they are trained and have information"
- Community Health workers, especially Village Health Workers and HIV/AIDS volunteers (usually called "support groups")
- Radio "because radio is always on the whole day and one gets t hear what it is saying"
- People living with HIV and AIDS "because they have experience"

4 BEHAVIOUR CHANGE COMMUNICATION AND COMMUNITY STRATEGY

4.1 Goal and objectives

Goal

Move target audiences from the high awareness of HIV and AIDS, MTCT and PMTCT to increased practice of optimal behaviors to prevent and mitigate the impact of HIV and AIDS, improve care and support and strengthen the capacity of communities in project sites to respond effectively to the challenges of HIV and MTCT.

Objectives

i. Identify and strengthen the structures for managing, the program and increase support for the BCC approach

ii. Increase utilization of Family Centered HIV services and promote adoption of behaviors that prevent mother to child transmission

iii. Promote couple testing, disclosure and discussion on Family Centered HIV services in homes

iv. Establish and strengthen structures that support planning and provision of Family Centered HIV Services in the community

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vi. Increase community and male participation and ownership of Family Centered HIV Services

vii. Empower supervisors of BCC and community activities, health workers, community health workers and community members with the knowledge and skills they need to participate optimally in planning, implementing and supporting BCC and community activities in support of Family centered HIV services

viii. Strengthen coordination between agencies providing services that compliment Family Centered HIV Services

ix. Strengthen monitoring, record keeping and reporting of BCC and community activities, as well as utilization of monitoring information

4.2 Target audiences

The table below identifies the various target audiences by objective.

Objective	Broad strategy	Target audience
1. Identify and strengthen the structures for managing, the program and increase support for the BCC approach	Appoint a Focal Person and carry out advocacy and orientation with key health and community leaders	National heads of relevant MOH departments District Medical Officer Focal Person AED County Coordinator Health & community leaders
2. Increase utilization of Family Centered HIV services and promote adoption of behaviors that prevent mother to child transmission 3. Promote couple testing, disclosure and discussion on Family Centred HIV services in homes	Strengthen BCC, follow up, care & support and referral activities at health facilities, and in the community (including group, one-on-one and home visits)	**Primary target audiences** Pregnant and lactating women HIV positive women Partners and family members of pregnant a lactating women Couples PLOWA Youth in high school & colleges **Secondary target audiences** Health workers Community Health Workers Community leaders Religious leaders Men Grandmothers & grandfathers Traditional healers
4. Establish and strengthen structures that support planning and provision of Family Centered HIV Services in the community	Stimulate development and strengthening of support groups and structures	**Primary target audiences** Community leaders (chiefs, chiefs' assistants, influential persons, leaders of the various community groups) Leaders of NGOs, CBOs and community groups Religious leaders Men Grandmothers & grandfathers Traditional healers **Secondary target audiences** Health workers CHWs
5. Strengthen linkages between facility and community based services	Advocacy with health facilities and communities to increase contacts between facility and community based services, develop and use tools that can strengthen linkages	**Primary target audiences** National heads of relevant MOH departments District Medical Officer Focal Person AED County Coordinator Volunteers Community groups **Secondary target audiences** Health workers CHWs
6. Increase community and male participation and ownership of Family Centred HIV Services	Provide information, education, skills, motivation and support to promote effective participation by individuals and community groups	Chiefs & chiefs' assistants Influential persons Business community Men Leaders of NGOs, CBOs, FBOs and community groups CHWs

Objective	Broad strategy	Target audience
7. Empower supervisors of BCC and community activities, health workers, community health workers and community members with the knowledge and skills they need to participate optimally in planning, implementing and supporting BCC and community activities in support of Family centered HIV services	Provide training and mentoring to key personnel to play their roles more effectively	Supervisors, coordinators of BCC and community activities Trainers of staff and volunteers carrying out BCC and community activities Health workers CHWs Community and religious leaders Traditional healers Grandmothers & grandfathers
8. Strengthen coordination between agencies providing services that compliment Family Centered HIV Services	Advocacy to set and operationalize collaboration mechanisms	NGOs CBOs FBOs
9. Strengthen monitoring, record keeping and reporting of BCC and community activities, as well as utilization of monitoring information	Advocacy to get consensus on tools that can improve monitoring of BCC and community activities, utilization of monitoring tools and integration of BCC/community information in the main HMIS	National heads of relevant MOHSW departments District Medical Officer Focal Person AED County Coordinator **Secondary target audiences** Health workers CHWs

4.3 Focus behaviors

The strategy development workshop identified the following behaviors to focus on:

BEHAVIORS BY TARGET AUDIENCE	
Categories	**Behaviors to promote**
Primary audiences	
Pregnant and lactating women	Start ANC attendance as soon as you know that you are pregnant Attend ANC at least 4 times in one pregnancy Go for CT during pregnancy Encourage your sex partner to test also Initiate breastfeeding within 30 minutes after birth Breastfeed exclusively during the first 6 months. Do not practice mixed feeding Use condoms during pregnancy and breastfeeding
HIV positive pregnant and lactating women	Disclose your HIV status to family members Discuss with your health worker or counselor about your HIV status and choose a method to use to feed your baby. Involve your partner Stick to the chosen feeding method. Do not practice mixed feeding At six months, stop breastfeeding and give the baby other foods only Discuss with your health workers, counselor or CHW to identify the additional help that you may need Adhere to the treatment the health worker prescribes Use condoms every time you have sex Discuss with your health worker or counselor about your family planning needs

Categories	Behaviors to promote
Men	Provide leadership in discussing health, MTCT and PMTCT issues at home and in taking action to improving your health and the health of your family Accompany your wife/sex partner to the clinic and take the HIV test with her Support one another whether you test HIV positive or negative Use condoms during pregnancy and breastfeeding Participate in decisions to determine the family planning needs of the family and support the family planning program you agree on
PLWHA	Use condoms every time you have sex Go to the health facility for help every time you feel unwell Take the ARVs and other medicines according to the instructions of he health worker Consider taking contraceptives to avoid having un planned pregnancies
Youth in high school and colleges	Practice ABC Go for treatment whenever you have an STI Take the prescribe medicine until it is finished Report rape to the relevant authorities and seek medical help
Secondary audiences	
Community leaders	Mobilize communities for Family Centered HIV services Provide leadership in establishing and strengthening structures for planning and implementing Family Centered HIV Services Follow up decisions to ensure implementation of plans and decisions made by the community to promote Family Centered HIV Services Educate your people about Family Centered HIV Services and encourage them to use the services offered and practice of PMTCT behaviors Catalyze establishment and strengthening of support structures
Religious leaders	Integrate Family Centered HIV Services in activities of faith based organizations Provide leadership in establishing and strengthening structures for planning and implementing Family Centered HIV Services in faith based organizations Provide education about Family Centered HIV Services and encourage use of services Encourage establishment and strengthening of support structures Encourage use of family planning methods to improve family health
District health managers, coordinators, supervisors and trainers	Provide leadership in planning and implanting Family Centered HIV services Identify and assign a focal person and other personnel to Family Centered HIV services Advocate for improvement of BCC at health facilities: Make BCC more participatory, report on BCC activities regularly, discuss reports and make improvements Promote development and use of uniform reporting templates Promote close contact between facility and community based services Promote establishment and strengthening of support structures in the community and at health facilities Support and mentor CHWs, volunteers and other community based motivators Visit communities frequently to participate in community activities and provide supervision and support Make services at health facilities more male friendly
Health workers	Treat clients with respect Advocate for improvement of BCC at health facilities: Make BCC more participatory, report on BCC activities regularly, discuss reports and make improvements Promote close contact between facility and community based personnel Promote establishment and strengthening of support structures in the community and at health facilities Support and mentor CHWs, volunteers and other community based motivators Visit communities frequently to participate in community activities and

	provide supervision and support Make services at health facilities more male friendly
Community health workers	Make written monthly plans Intensify BCC, follow up, care & support, and referral in the community Keep a record of the activities you carry out and report on them monthly Meet with heath workers monthly to discuss work and agree on new strategies Catalyze development and strengthening of support groups and structures

4.4 Strategies and activities

The tables below set out the key strategies and activities to be implemented to strengthen behavior change communication and community activities:

Objective One: ***Strengthen structures for managing BCC & community activities***

In this objective, efforts will be made to increase the understanding and appreciation of the BCC and community approaches and processes among district health managers and establish appropriate structures for managing BCC and community activities. The table below sets out the activities to be implemented under this objective.

Objective 1: Identify and strengthen the structure for managing, the program and increase support for the BCC approach

Strategies	Activity	Action by
Strengthen the structures for managing, the program and increase support for the BCC approach	Hold a one day orientation meeting with key health managers and discuss program implementation, including linkages to other health services, facility/community linkages, standardized referral tools and processes, making health facilities more male friendly to promote the couple/family approach	DPHC AED National Program coordinator
	Appoint a Focal Person for the Family Centered HIV Services	DMO
	Appoint a Focal Person for the BCC/community component	DMO
	Establish a DHMT/HSA sub-committee for the BCC and community component to support the Focal Person	DMO Focal person
Increase support for BCC approach and community activities	Provide training to selected health workers who have a role in facilitating BCC/community. Key content: BCC/community skills and strengthening linkages between facility and community based services	DPHN, FHD, STI/HIV/AIDS Directorate AED Program Coordinator
	Report monthly on facility and community based BCC, follow up, care and support activities	CHWs Mamatsoele
	Meet monthly to discuss facility and community based BCC, follow up, care and support reports (guided by monthly reports), make and implement recommendations for improvement	DPHN, FHD, STI/HIV/AIDS Directorate AED Program Coordinator

Objective Two: ***Increase utilization of Family-Centered HIV Services and practice of behaviors that prevent mother to child transmission of HIV***

This objectives aims to inform target audiences about the package of Family Centered HIV Services and where the services can be accessed, and encourage them to practise behaviors that prevent mother to child transmission of HIV. Key target audience will include Pregnant and lactating women, men, PLWHA, youth in high school and colleges. Secondary target groups to support BCC and community activities include District health managers, coordinators, supervisors and of BCC and community activities, facility based health workers, community leaders, religious leaders, community health workers and the various NGOs, FBOs and CBOs working in related areas. How the program will work with secondary target audience audiences is discussed in objectives 7 and 8.

The program will promote Family-centered HIV Services as services that benefit the whole family and require the engagement of all family members. Opportunities to reach couples and empower grandmothers and other potential support groups and structures to play a role in promoting appropriate changes in behavior will be identified and utilized. Change agents will use interactive communication techniques in community meetings, group meetings and in one-on-one encounters to promote behavior change. The agents will include community health workers such as Village Health Workers, HIV and AIDS Supporters (Support Groups) and CBDs, as well as other categories that are known to be culturally influential in Lesotho societies, such as TBAs and older women. Older women play a key role in matters of ANC, delivery and the care of mother and baby, and the Government has promoted their training as Mamatsoele or "mother of the breast" to promote breastfeeding. Individuals who have worked well as Mamatsoele in the past and new ones will be identified and trained to educate younger mothers Family-centered HIV Services, with emphasis on no mixed feeding.

Community organizations and groups will be engaged to play a role as key support structures for behavior change. The tables below summarize the behavior change strategies and activities to be implemented.

Activities to increase utilization of Family-centered HIV Services and practice of behaviors that prevent mother to child transmission of HIV will include the following:

Objective 2: Increase utilization of Family Centered HIV services and promote adoption of behaviors that prevent mother to child transmission of HIV		
Strengthen support for BCC/community activities at the facility level	Carry out advocacy with the various health facilities to appoint BCC/community focal persons and integrate Family Centered HIV Services in their services	DPHN, FHD, STI/HIV/AIDS Directorate AED Program Coordinator
	Identify Focal Persons for BCC and community activities in the various health facilities	DHMT
Intensify BCC, follow-up, care & support and referral activities	Make written monthly work plans and carry out intensive BCC activities at community meetings, in community groups and house to house to house	CHWs, Mamatsoele Volunteers leaders
	Carry out intensive follow-up, care & support and referral activities in groups & house to house	As above
	Provide support to communities to establish and strengthen support groups and establish structures for planning and implementing activities	DPHN, FHD, STI/HIV/AIDS Directorate AED Program Coordinator Supervisors CHWs
Intensify BCC, follow-up, care & support and referral activities continued	Report monthly on BCC, follow up, care and support activities at health facilities and in the community	DPHN AED Coordinator
	Meet monthly with CHWs and volunteer motivators to receive reports, discuss issues, set priorities and determine priorities for the coming month	DPHN

Objective 3: ***Promote testing, disclosure and discussion***

Data from Lesotho indicate low counseling and HIV testing (CT) rates. Many people who take the HIV test (including pregnant and lactating mothers) are afraid to disclose if they test HIV positive, for fear of being shunned by their families and community members. The fact that people are not taking the HIV test and many HIV positive people are not disclosing their status can lead to further spread of HIV and make it difficult for family members to provide support, when they do not know the HIV positive status of the family member in the first place. The situation is compounded by limited discussion of health and HIV and AIDS issues in homes.

The following strategies and activities will be implemented to increase counseling and HIV testing, disclosure of HIV results, discussion and family support.

Objective 3: Promote couple testing, disclosure and discussion of Family-centered HIV Services at home

Strategies	Activity	Action by
Present Family Centered HIV Services as services for the couple and the whole family, and not for women only	Develop and use educational materials that promote the Family Centered HIV Services as services for the family and emphasize the importance of disclosure and family support	FHD, STI/HIV/AIDS Directorate AED
	Motivators and service provides actively encourage both partners to come for services at health facilities and elsewhere and support one another	Health workers CHWs, Mamathoele
	Meet and talk with both partners when on door-to-door visitations	As above
Promote the couple approach at the health facility actively	Carry out advocacy with health facilities to make adjustments that will make facilities more male friendly	FHD, STI/HIV/AIDS Directorate AED Coordinator & Supervisors
	Keep records of people receiving services as couples, review the records regularly and develop and implement new strategies for increasing male involvement	Health workers Coordinator & Supervisors
	Hold counseling sessions with men and their wives as men bring their wives for delivery and collect them after delivery	Health workers
Identify and utilize opportunities for reaching out to couples	Advocate for integration of Family Centered HIV Services in pre-marriage counseling through faith based organizations	FHD, STI/HIV/AIDS Directorate AED coordinator
	Meet couples at other convenient venues and times, e.g. at fellowships in various religious organizations, weekend couples clubs/meetings which can be organized at churches or health facilities	Health workers CHWs Mamatsoele
	Promote male/couple involvement through community meetings, meetings organized by the chief and in the various community groups.	Leaders Health workers CHWs Mamatsoele
Promote discussion and action on Family Centered HIV Services at home	During discussion of Family Centered HIV Services at home during BCC, follow up, care and support visits	As above
	Develop and use an aid to facilitate discussion at home	FHD, AED STI/HIV/AIDS Directorate

Objective 4: ***Strengthen linkages between facility and community based services***

People who go to health facilities to seek services such as CT or ART often feel stigmatized in the community. This leaves them feeling alone and unsupported. To provide these individuals with the full continuum of care, health services need to follow them into the community. The Family-Centered HIV Services will seek to strengthen the link between facilities and community based health services in of order to facilitate follow up, referral and message harmonization. Target audience in promotion of linkages between health facilities and communities include the following: Health Service Area managers, supervisors and coordinators of Family-centered HIV services, health workers at all levels, CHW and volunteer motivators and community groups. The table below presents strategies and activities to be implemented to strengthen linkages between facilities and communities.

Strategies	Activity	Action by
Objective 4: Strengthen linkages between facility and community based services		
Build consensus on linkages and referral systems and processes	Hold a one day workshop of senior and mid-level health managers and facilitators of BCC and community activities to discuss and agree on linkages and referral mechanisms, processes and tools	FHD STI/HIV/AIDS Directorate AED
	Develop agreed linkages and referral tools referral tools	As above
	Hold a half day meeting to review developed tools and agree on processes of introducing and promoting the tools	As above
	Introduce the tools to the health workers and CHWs during ongoing training activities and monthly meetings	As above Focal Persons
Maintain regular contacts between community and facility based services	Strengthen/set up health centre/committees committees and increase their involvement in facilitating linkages between facility and community based services	DMO DPHN AED Coordinator
	Conduct regular supportive supervision of community activities at least monthly	As above Coordinator & Supervisors
	Facility based supervisors and facilitators of community activities meet monthly with CHWs and volunteer motivators to receive reports and discuss future plans	DPHN Coordinators & Supervisors
	Hold quarterly meetings of community and facility based stakeholders to review quarterly report and make recommendations for improvement	DPHN Focal Persons

Objective 5 & 6: ***Increase community participation and strengthen support structures***

Long-term improvements in a society come about only when community members are involved, discuss issues and support one another to implement the emerging consensus. Through discussion, groups generate the best and most feasible solutions to problems, and their ownership of the process increases the chances of sustainability of the improvements. Activities under these two objectives will encourage community participation, formation of groups to discuss and support, incorporation of the Family-centered HIV Services agenda in the activities of community-based groups, and engage communities to address issues and problems relating to HIV and AIDS.

The knowledge, attitudes and behavior assessment conducted in Lesotho in March 2006 identified a number of support groups project sites (see section 3). These groups provide an opportunity for sharing, discussion, reinforcing and sharing messages and behaviors – key elements in adult learning and behavior change. The Family-centered HIV Services will work with these groups to strengthen the CT, PMTCT, IYCF and ARV content of their activities and encourage members of the groups to take advantage of the Family-centered HIV services. The program will also encourage the groups to reach out to the rest of the community with these messages.

The program will promote the establishment of support groups for pregnant and lactating women and other groups in various places as may be needed.

Chiefs, community and other opinion leaders, NGOs, CBOs and FBOs, will be reached to provide enhanced support for community participation and ownership and strengthening of support groups and structures.

Men are important decision makers in the home but are relatively uninformed about health matters. They consider health and brining up of children to be responsibilities for women. This makes it difficult for them to provide enlightened leadership in matters of health, HIV and AIDS, PMTCT and IYCF. This objective will also focus on reaching out to men and providing opportunities for them to discuss Family-centered HIV Services content and receive the correct information in a safe environment. The table below summarizes the strategies and activities to be implemented to increase community participation and ownership, including male participation.

Objective 5: Increase community and male participation and ownership of Family Centered HIV Services **Objective 6**: Establish and strengthen structures that support planning and provision of Family Centered HIV Services in the community		
Establish/strengthen mechanism for community participation	Hold meetings with existing District Breastfeeding Committees (DBC) to provide orientation on Family Centered HIV Services and define the roles of DBCs in promoting Family Centered HIV Services. Facilitate establishment of similar structures in project sites without the structures; provide orientation and facilitate role definition	DPHN AED Coordinator
	Hold a workshop to train District Breastfeeding Committee members and key community leaders in Family Centred HIV Services content and the in skills they need to play and effective role	As above
	Hold meetings with community leaders and influential people by health centre catchment area to provide orientation and discuss the need for community and male participation and strategies for achieving it. Agree on structures and support systems and groups to establish	Chiefs, business men, traditional healers
Provide support for establishment of structures to support planning and provision of Family Centered HIV Services	Visit the various chiefdoms/communities to follow up on decisions made at the meeting above and provide technical assistance to facilitate establishment of the structures (e.g. committees or task forces)	DPHN AED Coordinator
	Community committees (1) facilitate establishment of support groups (including groups for breastfeeding mothers, lactating mothers, men, youth and PLWHA), (2) identify and train volunteer motivators with the help of District Breastfeeding Committee members and facility based health workers	DPHN AED Coordinator Community leaders

Strategies	Activity	Action by
Plan and implementing activities with full participation of communities	Communities plan and implement intensive BCC, follow up, referral, care and support activities at public meetings, in support groups and house to house through volunteers and CHWs	DPHN AED Coordinator
	Individual volunteer motivators and CHWs keep a record of activities carried out and meet facility health workers to present reports and discuss issues (see linkages)	CHWs Mamatsoele Volunteers
	Individual volunteer motivators and CHWs make reports at community committees, discuss issues and develop strategies to address	As above
Increase male participation	Encourage men to volunteer as CHWs and volunteer motivators	DPHN AED coordinator Leaders
	Promote establishment of men's support groups	As above
	Encourage male volunteer motivators and CHWs to reach out to men	As above
Provide support to community activities	Facility based supervisors and CHWs visit the various chiefdoms/communities regularly to (1) support committees plan and implement activities and (2) participate in community organized activities	DPHN AED coordinator Leaders
	Facility based supervisors mentor CHWs and volunteer motivators through supportive supervision and monthly reporting meetings	Focal persons Health workers

Objective 7: ***Empower key target audiences to plan, implement and support BCC and community activities***

Primary target groups need the support of secondary target audiences to get the information they need, assess issues and benefit from the services offered. Secondary audiences to provide support to primary audiences in the Family-centered HIV Services in Lesotho will include District health managers, coordinators, supervisors and of BCC and community activities, facility based health workers, community leaders, religious leaders, community health workers and the various NGOs, FBOs and CBOs working in related areas. This objective will seek to strengthen the ability of these categories to support primary target audiences maximally and manage and carry out BCC and community activities effectively.

Most clients report health facilities as the primary source of correct health information, and health workers are considered to be trusted professionals who are well placed to provide correct information. At the same time, they complain that health workers are unfriendly and relate badly with them. Improving the attitudes and skills of health workers at all levels will be a major goal of this objective.

Efforts will also be made to strengthen the structures that support behavior change in the community. The table below summarizes capacity building strategies and activities to be implemented under this objective.

Objective 7: Empower supervisors of BCC and community activities, health workers, community health workers and community members with the knowledge and skills they need to participate optimally in planning, implementing and supporting BCC and community activities in support of Family centered HIV services		
Strategies	**Activity**	**Action by**
Empower facility based staff to play a more effective role	Train coordinator and supervisors BCC and community activities and of BCC and community activities	FHD, DPHN STI/HIV/AIDS Directorate AED
	Train health workers providing BCC at health facilities in Family Centered HIV services content and BCC methodologies	As above
	Monthly meetings to discuss BCC reports, recommend and implement action to improve services	DPHN, AED Coordinator
Empower community structures to play a more effective role	Train District Breastfeeding Committee (DBC) members in Family Centered HIV Services content and in skills that will enable them to play an effective role	FHD, DPHN STI/HIV/AIDS Directorate AED
	Train key community leaders and influential persons to equip them for their roles	As above
Empower community based health promoters for their roles	Train Community Health Workers (CHWs)	As above
	Select and train older women (Mama Tswele) to provide BCC, follow up and referral in support groups and homes	As above
	Provide supportive supervision and mentoring to CHWs, Mama Tswele and volunteer motivators through filed visits and monthly reporting meetings	DPHN, AED Coordinator

Objective 8: *Strengthen coordination inter-agency coordination*

The strategies and activities in the table below will be implemented to strengthen collaboration, networking and synergy among agencies working in HIV and AIDS, PMTCT and IYCF.

Objective 8: Strengthen coordination between agencies providing complementary services		
Strengthen coordination between agencies	Identify agencies working in complementary areas of work and convene a partners' meeting to agree on coordination mechanisms and processes and define roles	FHD, STI/HIV/AIDS Directorate AED Coordinator
	Share reports between agencies	Collaborating partners and agencies
	Meets regularly to review progress and agree or new strategies and roles	As above
	Implement high visibility activities (such as campaigns) from time to time to raise Family Centered HIV Services issues high on the community/national agenda and strengthen collaboration	As above

Objective 9: ***Strengthen monitoring and utilization of monitoring information***

This objective will seek to promote the importance of collecting and sharing information on BCC and community activities in order to understand better the processes that go into informing, educating, motivating and supporting clients to utilize Family-centered HIV services and adopting optimal MPTCT and IYCF behaviors. Key activities will include convening a workshop to build consensus on the information to collect, the tools to use and modalities for integrating BCC and community data in the main health management information system. Other activities under this objective are presented in the table below.

Objective 9: Strengthen monitoring, record keeping and reporting of BCC and community activities, as well as utilization of monitoring information		
Agree on monitoring tools and promote their use	Hold a one day workshop of senior and mid-level health managers and facilitators of BCC and community activities to agree on tools for planning, monitoring and reporting BCC and community activities	FHD, STI/HIV/AIDS Directorate AED Coordinator
	During training activities and regular meeting with facility and community based workers, introduce the agreed tools for use	DPHC FHD, STI/HIV/AIDS Directorate AED Coordinator
	Use available opportunities (training, supervision visits, monthly meetings) to promote use of the tools	As above

BCC/community monitoring indicators

Information will be collected on the following BCC and community indicators:

- Number of facility-based outreach workers or community focal persons trained in Family-Centered HIV Services messages
- Number of CHWs and volunteers trained and actively promoting Family-Centered HIV Services messages
- Number of follow-up visits to clients of the various Family-Centered HIV Services
- Number of mothers/caregivers referred for HIV counseling and testing
- Number of infants, children, and adults referred to health facilities by CHWs
- Number of communities that have developed plans and are implementing, monitoring and reporting on interventions to promote the Family-Centered HIV Services
- Number of community leaders involved in program planning, implementation, and monitoring

- Number of community support groups formed or strengthened
- Number of advocacy, orientation, and training activities for community leaders and groups
- Number of BCC activities with large groups, small groups, and one on one
- Number of known children born to HIV-positive mothers enrolled in the program
- Number of children referred to health facilities for HIV testing at 18 months

5 ROLES AND RESPONSIBILITIES

The following groups were identified to play a role in the implementation of the Family-centered HIV Services

Category	Current responsibility	Role in the program
Director, District Management Team/ District Medical Officer (DDMT/DMO)	- Overall manager of the HAS - Prescribe medications to clients - Make major decisions at HSA level - Medical officer - Conducts HSA management meetings	- Appoint the focal person - Receive reports on the progress of the program and acts on them - See/treat patients in the program - Provide transport as necessary.
Public Health Nurse/Primary Health Care (PHN/PHC) Coordinator	- Manage/conduct school health activities - Coordinate PHC program - Provide training at HSA/District level - Report to DMO and central level ; - Arrange for supply of stationery & equipment - Compile and analyze data and utilize the results - Conduct monthly meetings to monitor progress - Develop the work plan for the HSA	- Support community activities - Supervises CHWs - Conduct school health activities - Supply health workers with stationery and equipment - Development of the program work plan - Coordinate PMTCT plus activities at HSA level - Serve as PMTCT Focal Person;
PHN/PHC continued		- Receive reports from health workers and nurse - Report project progress at the district and central level - Compile analyze and ensue local utilization of data - Organize activities for international days celebrations - Conduct monthly meetings with health centers nurses on progress of activities
Health inspector /assistant	- Inspect and issue health certificates to businesses - Inspect health facilities for proper waste disposal and pest control - Provide health education on prevention of communicable diseases at all levels - Issue food handles' certificates	- Promote integration of PMTCT-plus in health education promotion services at all levels - Trace and refer ART defaulter for further help

Category	Current responsibility	Role in the program
Health providers	Manage health facilities Provide MCH services Prescribe medicines Supervise CHWs Refer patients as necessary	Provide the various facility based Family Centered HIV Services Supervise CHWs Refer patients as necessary Provide IYCF counseling
Men	- Make major decisions at home - Provide for their families - Provide leadership and support in family - Provide security in the family - Link the family with the community and leaders - Belong to informal male groups and other community decision making and authority structures	- Provide family leadership in matter of health, HIV and AIDS & PMTCT at home - Provide support to partner to carry out appropriate PMTCT and IYCF behaviors - Disseminate information to peers & community & other men' groups e.g. herds boys
Traditional Birth Attendants (TBA)	- Conduct home deliveries ;	- Encourage mothers to attend ANC early - Refrain from conducting complicated deliveries - Refer women to the health facility - Practice early cutting of a cord
Community Based Distributors of contraceptives (CBD's)	- Distribute oral contraceptives and condoms	- Make sure that they have uninterrupted supply of condoms - Know about drug interaction between ARVs and COCs
HIV and AIDS Volunteers (Support groups)	- Visit clients in their homes to provide education, counseling, support and re-supply them with medicines - Refer patients to health facilities - Help organize fund raising activities in support of patients - Do counseling	- Continue with the tasks currently carried out, including fund raising - Re-supply sick people with medication (TB and ARVs) - Refer patients to the health facilities - Distribute condoms
Village Health Workers	- Weigh children and provide education and counseling during growth monitoring Provide education and counseling in the community - Treat minor ailments, including simple dressing and provide support to patients on various treatments - Provide first aid for minor injuries - Refer complicated ailments - Promote condom use - Act as a link between community and health facility - Keep register of activities carried out and report on them	- Promote infant feeding according to HIV status of a mother - Encourage pregnant women and their families to start attending ANC early - Educate mothers on breastfeeding - Continue as treatment supporters - Strengthen the linkage between community and health facility
Mamatsoele	- Educate younger women of antenatal care and breastfeeding	- Encourage pregnant and lactating women to form peer support groups - Continue to provide education on antenatal care and breastfeeding - Advocate for community/cultural leader support on social values, norms and behaviors needed o enhance HIV and AIDS prevention, PMTCT and IYCF

Category	Current responsibility	Role in the program
Traditional Healers	- Provide services to patients, including examining and prescribing medicine - Counsel clients - Conduct home visits	- Give their clients information relating to PMTCT , IYCF - Refer patients to the health facility and other community structures - Follow up clients in their homes - Distribute supplies, e.g. condoms - Compile reports and submit them to the health facility - Form traditional healers support groups - Organize and Facilitate training of other traditional healers Attend community stakeholders meetings
Youth leaders and peer educators	- Participate in youth group and club activities. - Carry out peer education (peer educators) - Participate in programs which promote delaying sex in order to achieve goals e.g. education, marriage or work	- Integrate PMTCT and IYCF content in youth clubs - Participate in PMTCT education and outreach activities - Advocate for abstinence and faithfulness - Advocate for couple testing
Breastfeeding committees	- Support breastfeeding mothers - Carry out home visits - Provide health talks during GMP and disseminate breastfeeding and FP messages - Advocate for breast feeding among decision makers in the family - Counseling - Refer clients to other services	- Continue carrying out activities as in the "current responsibility" column - Team up with health workers to train the various cadres of community members - Interest community sub-groups (such as traditional healers, chiefs, opinion leaders, business people) to integrate PMTCT and IYCF content in their activities - Provide health facilities with reports on activities carried out.
Chiefs	- Custodians of law and culture - Settle disputes - Allocate land and pasture - Preside over local courts - Organize group gatherings - Endorse/legitimize community activities and groups Facilitate selection of CHWs Proved health, HIV and AIDS messages and some distribute condoms	- Continue carrying out activities as in the "current responsibility" column - Increase level of involvement providing health, HIV and AIDS, PMTCT and IYCF messages and distribution of supplies, such as condoms - Promote community and male involvement - Promote resource mobilization from health, HIV and AIDS, PMTCT and IYCF from local and external sources Proved health, HIV and AIDS messages and some distribute condoms
Councilors	- Promote development	- Support communities to improve the health infrastructure, such as constructing additional clinics and new counseling rooms
Church Leaders	- Preach the word of God - Provide marriage counseling - Settle marital disputes - Initiate formation of community groups - Promote development - Own and manage some health facilities	- Mobilize their groups - Disseminate HIV and AIDS, PMTCT and IYCF messages sand materials from the pulpit and in faith based groups as appropriate - Encourage FBOs to integrate HIV and AIDS, PMTCT and IYCF content in their activities
Business people	- Run their businesses - Offer employment - Make cash and in-kind donations - Provide space in their premises to post messages and distribute health materials	- Make cash and in-kind donations - Provide space in their premises to post messages and distribute health materials - Play a more active role in HIV and AIDS, PMTCT and IYCF

6 SUPERVISION AND MENTORING

The Head of the Directorate of STI/HIV/AIDS will have the ultimate responsibility for leading implementation of this strategy, with the support of Family Health Division and Family-centered HIV Services partners. AED will be the lead partner in implementing the strategy. District Public Health Nurses will lead implementation, coordination, supervision and mentoring activities in the districts. Facility-based health workers and focal persons will supervise participate in supervising and supporting the work of he various CHWs.

National supervisors will visit, supervise and provide mentorship to the regions, while district staff support activities in communities and villages. District Public Health Nurses and facility based health workers will meet monthly with CHWs to receive reports, review work and generate program ideas for the coming month.

7 ANNEXES

Annex One: BEHAVIOUR ANALYSIS

Focus behavior: Many women start ANC attendance late and attend irregularly. Others do not attend ANC at all		
Factors promoting problem behavior	**Positive factors**	**Recommendations of workshop participants**
-Young mothers find out that they pregnant late - Some young mothers do not know that they are supposed to attend clinics when pregnant - Young mothers getting pregnant out of wedlock want to hid their pregnancies - Some mothers live far from health facilities and avoid visiting health facilities many times - No bus fare to health facilities - Terrain makes it difficult to get to the health facility - Nurses are harsh and make noise over small things" - Fear that they may believe they are pregnant and found not to be pregnant - Belief that pregnancy is a normal occurrence and there is no need to attend clinics - Many women prefer to use traditional medicines (pitsa)	Most women know the importance of attending ANC. Most frequently mentioned benefit of ANC include the following: - Confirm pregnancy - Get medicine - Know how the baby is lying - So that you can deliver at a health facility - Know how the baby is growing - To be told if you have enough blood or not - 90% attend ANC clinics at one time or other	- Make ANC services free of charge - Provide training to health workers to improve their attitudes and communication skills and make health services more user friendly - Offer ANC services during outreach services. This will help more women to access the services - Strengthen health education on the need to attend ANC clinics as recommended - Reduce the number of visits pregnant women should make to ANC clinics in one pregnancy - Provide ANC education to young people in -Intensify community involvement in the support for ANC attendance
Focus behavior: Many women do not take the HIV test		
- Fear that they will be abandoned by their husbands and shunned by community members if they test HIV positive - Many women are denied permission to test by their husbands - Belief that only HIV positive people need go for the HIV test - Fear that they could be found to be HIV positive and asked o use condoms	- More and more women are recognizing the importance of testing and taking the HIV test - Some gets support from their husband - Able to take NVP at 32 weeks of pregnancy and swallow it when active labor starts	- Form support groups for pregnant women to share experiences and support one another - Encourage couple counseling and HIV testing

Focus behavior: Most women (HIV positive and negative) practice mixed feeding		
Factors promoting problem behavior	**Positive factors**	**Recommendations of workshop participants**
- Local culture supports mixed feeding and giving babies herbs from birth - Belief that children who are not given other foods becomes unhealthy - Belief that water, salt solution and herbs help to remove me conium - Fear to be identified as HIV positive - Insufficient information on exclusive breastfeeding - Many women who test HIV positive fear to disclose and so do not get family support for exclusive breastfeeding - Pressure from the partner and family to give other foods - Mothers who work outside the home find it difficult to maintain exclusive breastfeeding	- Some women make appropriate infant feeding choices when they are counseled properly - An increasing number of people now know that giving the baby other foods could "help pass on HIV to the baby"	- Form HIV positive mothers support groups to share experience - Health personnel should continue providing ongoing counseling to mothers - Strengthen follow up, care and support services - Carry out health education on breastfeeding and lactation at health facilities and in the community
Focus behavior: Some women stop breastfeeding before six months.		
Frequent illness of the baby When the breastfeeding mother is mourning When the breasts are sick In order to go back to work	- People know the value of breast milk to the baby - Most women breastfeed their babies for 2 years or longer	- Reinforce education on exclusive breastfeeding and breastfeeding for 2 years or longer Disseminate messages through existing and influential groups and individuals
Focus behavior: Some women do not breastfeed at all		
- A baby born following the death of 2 other babies is not breastfed at all because the mother's milk is said to be the cause of the deaths	- People know the value of breast milk to the baby - Most women breastfeed their babies for 2 years or longer	- Health education focusing o he value of breast feeding and showing that there is nothing in the mother's breast to kill a baby
Focus behavior: Some people oppose use of modern contraceptives		
- Religious beliefs Contraceptive are not 100 % effective	- Many mothers are using modern contraceptives - Those who oppose on religious grounds accept child spacing without modern contraceptives	- Provide more information on he value of contraceptives - Strengthen education on Billing methods - Organize family planning training for religious leaders

Focus behavior: Many people do not like to use condoms		
Factors promoting problem behavior	**Positive factors**	**Recommendations of workshop participants**
People believe that condoms: - Can cause HIV infection - Have worms in them - Reduce sexual pleasure - Promote promiscuity - Make women too wet - Cause allergic reactions - Make women wet - Burst during sexual intercourse - Remain in the vagina	People recognize that condoms: - Provide protection against STIs, including HIV - Leave women clean after sexual intercourse - Ensure that "the man's blood (sperms) does not go into the breastfeeding women to spoil the baby's milk"	- Health education to correct misinformation and demonstrate appropriate condom use. - Provide information in community meetings and community groups - Form men support groups to promote discussion and information and experience sharing - Train men peer educators to reach out to men - Target different groups in the community and give health education
Focus behavior: Men are not involved enough in ensuring that their children access health care		
Men believe that bring up children and talking them for health care is the responsibility of their mothers Health facilities are male unfriendly	- Some male parents are already taking the major responsibility for looking after their under five children - Men provide food and other needs of children and other family members.	- Promote Family-centered HIV Services as services for the family and not only for women - Promoter couple counseling and keep records of people who tested together - Make clinics male friendly and end encourage men to accompany their partners to clinics (ANC PNC, FP, Under 5)
Focus behavior: Community leaders and members do not support HIV and AIDS/PMTCT/IYCF activities maximally		
- There are not fully informed about the programs and issues and the need to for participation - There are no strong structures to promote mobilization and participation - Health is not seen as a priority area by many leaders and community members	- Communities are participating and giving support to community programs: - Chefs convene meetings and disseminate some health messages - Some chiefs distribute contraceptives from their homes - Community leaders and business men contribute to health causes - Community members welcome CHWs in their homes	- Train chiefs and other leaders to understand the issues and make health a priority - Establish committees and other mechanisms for community mobilization in the community - Encourage leaders and communities to establish support structures - Intensify education activities in community meetings and through home visits

Annex Two: PARTICIPANTS OF THE STRATEGY DEVELOPMENT WORKSHOP, MARCH 20-24, 2006

Name	Designation	Station
1. Makatleho Makatjane	Registered Nurse	Queen II
2. Julia Makhabane	Public Health Nurse	Mohale's Hoek
3. Agnes Lephoto	Registered Nurse/HIV/AIDS Coordinator	Christian Health Association of Lesotho
4. Motlalepula Jonase	Nurse Assistant	Mohale's Hoek
5. Mahlalefa Khotso	Nurse Clinician	Mohale's Hoek
6. Mary Motumi	Registered Nurse	Mohale's Hoek
7. Mampho Shongoe	Nurse Assistant	Queen II
8. Matebello Tsiki	Public Health Nurse	Queen II
9. Seabene Nthabi	Nurse Clinician	Mabote Clinic
10. Nthatisi Mothisi Lerotholi	Public Health Nurse	Queen II
11. Nthati Mathela Manyanye	Registered Nurse	Qoaling Clinic
12. Rachel Grellier	Associate Prof Nurse	Khanya aicdd
13. Mary Letsie	Public Health Nurse	Botha Bothe
14. Mpho Putsoane	Registered Nurse	Botha Bothe
15. Susan Ramakhunoane	Registered Nurse	Botha Bothe
16. Makhotso Mashabesha	Social Worker	Q E 11 Hospital
17. Malisebo Mphale	Public Health Nurse	Queen II
18. Mankemele Nkemele	Registered Nurse	STI/HIV/AIDS Directorate
19. Mpho Macheli	Public Health Nurse	Botha Bothe
20. Khaebana Mamorao	BCC Expert	STI/HIV/AIDS Directorate
21. Mahomo Paballo	Nurse Assistant (HTC Counselor)	Botha Bothe
21. Blandinah Motaung	AED Country Coordinator	Maseru, Lesotho
22. Nicholas Dondi	AED BCC Advisor	AED/LINKAGES, Lusaka