Background:
HIV prevalence in Swaziland remains the highest in the world (26%). Swazis, who no longer culturally circumcise, continue to report fear and suspicion towards the intervention, mostly caused by target-driven, solely biomedical Western approaches.

In response, Kwakha Indvodza’s flagship project, Lihawu ('Shield') Male Mentoring Camp (LMMC), assisted by CHAPS, USAID and Government of Swaziland, was implemented in 2016, offering 15-29 year old young men a comprehensive package of adolescent male mentoring and health services, sensitization and interventions, with the following objectives:

• To create a conducive third space for VMMC clients to engage with mentors and peers in a fun way, demystifying myths and misconceptions about male health issues, masculinity and MC.
• To contribute to the increased number of circuncisions in the ‘age pivot’ (15-29 years).
• To increase awareness and adherence of post-operative MC conduct and healthy lifestyle choices.

Methods:
LMMC is a three-day residential camp of activities aimed at age pivot (15-29 year old) adolescents, combining behaviour change tenants of traditional Swazi and Bantu initiation rites of passage with clinical best practice in VMMC.

Activities include youth friendly methodologies such as: outdoor challenges, edutainment games, uses of art and cultural observances (dress, food, rituals, chants and traditional songs) as well as sensitization on masculinity and gender awareness, goal setting, HIV and male health issues and services.

At the end of the camp, participants are offered a comprehensive male health services package including HTC, VMMC, STI check, etc.

Results:
Client uptake of VMMC (86%) and HTC (87%) amongst pivot-age clients (compared to national av. 19%). Clients report feeling considered and comfortable and believe that VMMC belongs to a package of interventions and life skills which form a transition from childhood to adulthood. Pre and post camp surveys show a dramatic increase in gender equitable beliefs and acceptance of gender deviance, post-circumcision care and conduct, and in condom usage and efficacy knowledge.

Conclusions: Kwakha Indvodza and partners plan to scale Lihawu Camp interventions towards national roll-out, targeting low uptake demographics and places with large male populations (e.g traditional events, soccer teams and fan bases, industrial work places, secondary and tertiary institutions).