

# Strengthening Community Run HIV Services - Year 1 Report, November 2023

This report shares the key achievements for Year 1 of Temwa's two-year project to strengthen community-run HIV services in Nkhata Bay, Malawi. With the first year of the project just completed, we are pleased to report that the project is making good progress to expand HIV testing capacity and counselling support to remote and at-risk communities, and increase community awareness on HIV issues.

## Project context and aims

Between 2019 and 2022, Temwa introduced a provider-initiated HIV testing and counselling (PITC) project at all five of the local health centres in Nkhata Bay North, making HIV services more easily accessible to the population of 55,000 people. This approach, recommended by the World Health Organisation, means that everyone who comes to a clinic is now automatically offered a HIV test.

Following this, a new project was developed, which started in November 2022 and aims to further reduce the high HIV prevalence rate by strengthening the health centre's HIV service capacity by supporting monthly health outreach clinics for people in the most remote villages. As well as continuing with provider-initiated testing, the project has introduced index testing, which traces the exposed contacts of individuals who have recently tested positive for HIV. We are also helping to reduce the current stigma around HIV testing by expanding community awareness activities and education, with a focus on high-risk groups such as sex-workers.

Despite the vital need of this new project, Temwa was unsuccessful in securing the full amount we had hoped for to deliver all the activities in Year 1 due to the increasing struggles charities are facing raising funds, particularly for overseas causes. However, by adapting our programme and approach we were still able to deliver most of the planned work.



## Community Health Achievements

We are proud to report that, during the reporting period, the project has expanded awareness and access to HIV testing, as well as reduced stigma, through the following achievements:

### Outcome 1: Increased adoption of HIV and AIDS control methods within the community

Improved understanding about HIV and AIDS helps community members make informed decisions about their personal health. Health centre data has shown that having access to information from trusted sources helps bring about changes in mindset and behaviour. Temwa's awareness events help reduce the stigma surrounding testing, and encourage people to find out their HIV status. This messaging is tailored to specific high-risk groups, including young people, fishermen, and sex workers.

#### Radio Programmes

Our monthly radio programmes successfully created a platform for dialogue between health experts, young people, and wider community members to discuss the stigma associated with HIV, and HIV services available. Temwa's HIV radio shows reach an estimated 20,000 people, providing clear, accurate

information to a huge portion of the community. This knowledge sharing is vital to reducing the stigma around HIV testing and knowing one's status.

So far we have conducted seven radio programmes on the last Thursday of the month, which are generally split into 30 minutes for panel discussions and 30 minutes for taking questions from listeners through phone calls and text messages. The panellists include health centre staff, local governance members (including hospital management committee members), and volunteers living with HIV.



While the radio shows were halted due to a shortage of funds between March and July, shows have since resumed and continue to disseminate accurate, stigma-free information. For example, in July, the radio show's panel discussion focused on ways to reduce the risk of contracting and transmitting HIV such as using condoms and Post Exposure Prophylaxis (PEP).

In August, the radio panel, which included a local governance representative, discussed the roles of the local governance structures in reducing HIV prevalence in their communities. The health centre worker on the panel identified that the new positive cases they are seeing are predominantly from young people. The panel discussed how the health centre can continue counselling these young people while providing them with condoms, and how governance structures might formulate new bylaws to encourage safe sexual practices, particularly among young people.

### Awareness Events

In October, Temwa conducted awareness events targeting the population in Nkhata-bay north, Nyaluwanga, Boghoyo, Siyalimba and M'bwana. The events featured music, dance and drama performances to convey information in an entertaining and engaging way. They also included talks by a health centre nurse, village headman, and Temwa's Health Programme Officer.



In partnership with Usisya, Bula, and Ruarwe health centres, the events successfully shared vital information on HIV Prevention and Control Measures and misconceptions regarding contraction and prevention of HIV with more than 1,500 individuals attending, doubling our target. Many of these communities are situated in very hard-to-reach areas, with a 24 km walk to the nearest Health Center.



These awareness events have stimulated increased demand from the communities for outreach clinics, while the widespread dissemination of information has already resulted in a substantial uptake in the adoption of HIV prevention and control measures.

We concluded the first year of the project with an awareness event on HIV prevention and control measures, which included a football competition. Football competitions attract big crowds, creating a fun, engaging space for accurate health messaging to be disseminated. The football games involved 8 teams in Usisya and the best four were awarded prizes. The event attracted an estimated 8,000 community members.

The event messaging centred on HIV transmission and prevention, with a special focus on Post-Exposure Prophylaxis (PEP). A healthcare provider from the Usisya Health centre strongly encouraged attendees to undergo regular HIV testing. We found that many attendees were knowledgeable on at least two methods for preventing HIV contraction, while PEP and PrEP (Pre-Exposure Prophylaxis) were less well-known and their effective usage was understood by only a few individuals.



## Outcome 2: Strengthened HIV control services at local health facilities

Because of their isolated location, the five health centres in Nkhata Bay North are under-resourced and sparsely located. As Temwa's awareness-raising events increase interest in HIV testing, it is vital that these services are widely available and sustainably run. Temwa provides tailored support to health centres and local governance to ensure these structures are able to deliver HIV services independently in the future. This project focuses on supporting monthly outreach clinics which will enable remote communities to access HIV testing and counselling.



### Community Consultation

Community consultations have been used to create action plans and secure commitment from local governance and community members towards effective project implementation. From the outset, the roles and responsibilities of local chiefs, Hospital Management Committee members, Area Development Committee members, community members, and the Temwa team were clearly established.

In July, Temwa facilitated an engagement meeting with 75 local governing structures members, Hospital Management Committee (HMC) members, Area District Committee (ADC) members and Chiefs, focusing on HIV prevalence factors and control methods. The discussions defined the roles the HMC, ADC and chiefs need to play that will contribute to reducing the HIV prevalence rates in Nkhata Bay North.

HMC committee members committed to assess how hospital services are currently implementing the PITC approach, and continue giving talks to hospital visitors on PITC and Index testing, for example during under-five clinics. Members also agreed they should act as role models by ensuring they are also tested regularly themselves.



The ADC members focused on their role in engaging young people on HIV and sexual health issues, while the Chiefs strategised how to encourage all community members to attend awareness events on HIV. The group also discussed how bylaws might be used to promote the implementation of the PITC and index testing at the health facilities.

### Health Care Staff Training

In August, Temwa facilitated training for 50 healthcare workers in all five health centres. The training focused on equipping attendees with the skills to support index testing and contact tracing, to ensure contacts of HIV-positive individuals are offered tests in order to reduce transmission.

During the training, attendees discussed the importance of identifying those people who are HIV positive but have defaulted on their antiretroviral therapy (ART) treatment, as these individuals are at risk of transmitting HIV to their sexual partners because their viral load is no longer undetectable. The attendees agreed that home visits can be conducted to these people to help return them to ART treatment, while identifying their recent sexual contacts so they can be advised to be tested.

### Outreach Clinics

During the reporting period, Temwa has also been supporting the five health centres with outreach clinics and weekend testing. The mobile outreach clinics reach people who have never been tested before or have not tested in a long time due to long distances from health facilities. The areas targeted were all around 15-30 km away from their nearest health centre.



So far, we have conducted 18 outreach clinics including seven clinics in brothels with sex workers. The general outreach clinics were conducted in nine remote areas, with clinics conducted twice in Sanga and Mtawa communities. Outreach clinics with sex workers were conducted in Usisya and Chikwina.

We have learned the usefulness of providing various health services alongside HIV testing during the outreach clinics. In doing so, it is not obvious what individuals are attending for, thus protecting their privacy. It also ensures vital services are provided to remote community members, including cervical cancer screening, TB screening, STI screening and treatment, and antenatal services.

The outreach clinics directed towards sex workers were conducted in Usisya and Chikwina in August, with a total of 27 sex workers attending. These areas were identified as priority due to having high numbers of sex workers living there, particularly during the fishing and harvest seasons. As well as HIV testing and Counselling, ART treatment was available and viral load sample collection for people who have previously tested positive. HIV control methods including condoms were also provided for the attendees.

In September, Temwa supported Usisya health centre with further outreach clinics for sex workers. In the 5 outreach clinics conducted, 34 HIV tests were conducted, and two people had a positive result. Three people were found Hepatitis B positive, 8 had STIs and 1 cancerous lesion suspect. 11 attendees were already aware of their HIV positive status and were adhering to the ART treatment.

### High-risk Group Consultations

Temwa also conducted consultations with sex workers who are at high risk from contracting and transmitting HIV. Attendees agreed to work with health centres on index testing by providing contact information for those with whom they have had unprotected sex, ensuring clients are aware of their status and are given antiretroviral therapy when needed. Since our engagements, health centres reported that sex workers have accessed STI treatments and post exposure treatment, including 32 sex workers who now access condoms monthly as a HIV transmission control method.

### Index Testing

During the initial months of the project, stakeholders' roles were fully established, and healthcare staff were trained on best practices, meaning index testing and PITC testing continued throughout the project year, even when funding became limited.

In August, Temwa supported the five health centre facilities with contact tracing for HIV positive individuals who have given names of those with whom they have had unprotected sex. 23 people were contacted and counselled on HIV. Only one was found HIV positive after testing and has been initiated on ART treatment. However, it was recommended to the other 22 people that they should visit the health facility after two months for further tests so that they can be assured of their HIV status. Four of the 22 were given PEP because they were within the 72 hours' period since having sex, as a precautionary measure. Likewise, in September, 11 people were visited and counselled on HIV through the index testing process. Only one was found HIV positive and has been initiated on ART treatment, and one was given PEP.

### Volunteer Training

In August, 24 sex workers were trained as community volunteers for HIV management at the community hall in Usisya. An external trainer and Usisya Health Centre nurse, supported by Temwa, trained them on index testing and correct adherence to ART. The training also aimed to develop strategies for conducting monthly outreach clinics with sex workers.

As well as providing a comprehensive explanation of index testing, the training focused on ensuring that participants understood that individuals, both sex workers and client's, privacy would be protected. This addressed some sex worker's concerns about the negative impact this might have on their business so ensuring confidentiality was paramount.



The latter half of the training focused on the organisation of regular outreach clinics for sex workers. These clinics offer services such as HIV testing, STI testing, cancer screening and the provision of contraceptives.

In September, Temwa conducted further training with 39 community volunteers and worked to develop a strategy to support the health centres with contact tracing and index testing initiatives. The volunteers welcomed the idea of having outreach clinics at the brothels where they can easily access services such as HIV testing, family planning and cervical cancer screening.

In recent months, we have seen a clear increase in sex workers accessing HIV prevention and control methods. For example, in September, 9 sex workers accessed PEP from the health centre, 5 adolescent girls accessed PEP after having unprotected sex, 17 sex workers accessed services for STI treatment from the health facility. 40 sex workers are accessing condoms from the health facility on a monthly basis as a HIV transmission control method.

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## Community story:

### *Lisa is taking control of her sexual health*

*Lisa, aged 16, was born and raised in Usisya by her family who earn a living from fishing. She first benefited from Temwa's support when she was 14, after visiting the Usisya Health Centre regarding STIs. Speaking from her experience Lisa said, "Most girls my age do not have real information about sexuality, therefore it's hard for us to make informed decisions when it comes to sexual issues".*

*Insufficient access to sexual health information for young people has resulted in high levels of STIs, including HIV, among the demographic. This is particularly the case among young girls practising sex work. Lisa says that she and her friends would often have unprotected sex, and that three of her friends already have babies as a result.*

*Lisa says that, "Temwa has helped to open our eyes, as now we know many HIV and STI control and preventative methods, such as use of condoms and getting PEP [Post Exposure Prophylaxis - a treatment for HIV]. Now we always protect ourselves when having sex. I am also able to engage my sexual partners and tell them to use condoms whenever we are having sex. I have learnt to speak out for myself and am able to make informed decisions about my sexual life." Lisa hopes that, in the future, she will be able to continue using this information and her newly found empowerment to prevent contracting HIV. "I want to finish my education and have a family in the future. I also want to thank Temwa for supporting adolescent engagement on HIV and our wellbeing. It is really helping us so much."*



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## Community story:

*Deborah Chirwa, aged 24, lives in Sanga with her husband and two children, aged 6 and 1. She says that, "As a woman with kids, I had difficulties when it came to accessing health services," and most women she knows walk 24km to the nearest health centre. As a result, pregnant women and women with young children often do not access services at all.*

*This year, Deborah's community chief reached out to Temwa for support in providing outreach clinics facilitated under Temwa's HIV project. Now, she is able to access outreach clinic services on a monthly basis.*

*"My first born child, who is now 6 years, has managed to access all under 5 services which I know will be the same for my second child".*



*She says that mothers are attending these clinics in large numbers, and they are able to track their children's health through frequent advice and guidance from health providers*

*Due to long distances from the health centres, the community lacks access to STI preventive measures including condoms. By improving this access, Temwa is helping reduce cases of STIs including HIV.*

*"I would like to thank Temwa for this outreach clinic initiative, because it does not only benefit our children but as women we are able to access other health services".*

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