A Community Initiative

for an

HIV Free Generation

GOOD PRACTICES

LISAP

Help a CHILD

for Children Fund POSITIVE ACTION

INTRODUCTION

Red een Kind, internationally known as Help a Child, and Livingstonia Synod AIDS Program (LISAP) have implemented a project called "A Community Initiative for an HIV Free Generation". The project focused on Prevention of Parent to Child Transmission and Maternal Health in Luwerezi, (Traditional Authority Mwabilabo) in Mzimba district in Northern Malawi. The project was implemented between April 2015 and March 2018 with funding from the Positive Action for Children Fund.

Malawi continues to have one of the highest maternal mortality rates (439 per 100,000 live births) and HIV-prevalence (over 11%) in the world. Every year 4,600 women die due to pregnancy related complications and a third is attributed to HIV-infection. The transmission rate from mother to child remains high at 14%. The problem with HIV transmission is particularly severe in rural areas characterized by inadequate provision of services, such as lack of qualified health personnel and long distances to health facilities.

In rural areas, sexual and reproductive health decisions are often based on little knowledge on these matters. Gender inequality and lack of male involvement in the Prevention of Mother to Child Transmission (PMTCT) has negative psychological and physical consequences for women leading to negative health outcomes. For example, based on data from Luwerezi Health Centre in 2014, 15% of pregnancies were of girls below 17 years. Only 45% of pregnant women attended full Ante Natal Care (ANC) visits, the percentage of vertical HIV-transmission cases was as high as 25%, while treatment uptake by HIV positive women was at 51% only, despite the government's introduction of universal treatment for all HIV+ pregnant and lactating women.

In this context, Help a Child and LISAP collaborated in the project called: "A Community Initiative for an HIV Free Generation". The project sought to empower the community to ensure safe motherhood and children to be born free of HIV.

THE AIM OF THE PROJECT WAS TO REDUCE MOTHER TO CHILD TRANSMISSION OF HIV IN LUWEREZI, MZIMBA DISTRICTS BY 50% BY PROVIDING A COMPREHENSIVE AND INTEGRATED PPTCT APPROACH (PREVENTION PARENT TO CHILD TRANSMISSION).

To achieve this, the project had the following intended outcomes;

1. Improved use of Maternal Health Care Services in Luwerezi Health Centre;
2. Prevention of HIV-transmission among the target community in Luwerezi through improved knowledge, attitudes and practices;
3. Improved HIV testing through outreach testing and youth friendly health services;
4. Increased income to reduce poverty and promote access to health care services.

The intervention was based on a Church and Community Mobilisation Process (CCMP) approach and strongly involved community structures in addressing major problems leading to the situation in Luwerezi. The project relied on local volunteers, especially the Mother Buddies and Care Groups played a key role in PPTCT by identifying pregnant women and following up on all pregnant women and breastfeeding mothers. The approach has been designed to ensure the intervention addressed core cultures and beliefs and resulted in a locally owned, sustainable response. The project has been planned in line with World Health Organisation's (WHO) vision that includes elimination of (paediatric) HIV infections and improved maternal, new-born and child health and survival, through: 1) accelerating scale up of PMTCT services; 2) improving the quality and demonstrating the public health impact of PMTCT services; 3) strengthening linkages between different health services.

> Beneficiaries, project staff, and district level government officials have been closely involved in identifying and defining the good practices.

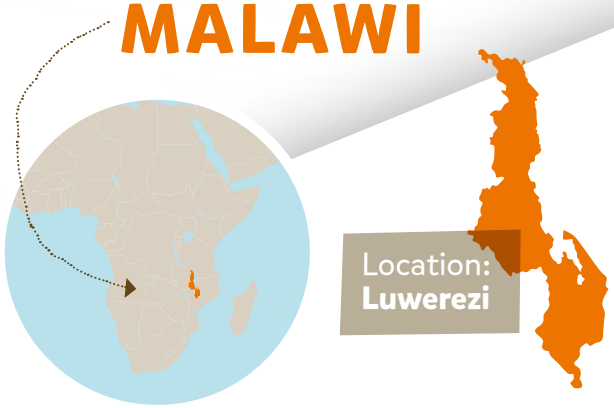
In line with the priorities of Positive Action for Children Fund, the project had three focus areas:

1. **Gender equity:** The project facilitated involvement of men in uptake of health services. This included activities such as prevention of parent to child transmission (PPTCT) trainings, which had a special focus on male involvement in maternal and child health, promotion of Father Friendly Health Services and economic empowerment of women through Village Savings and Loans (VSL) initiatives. The project suggests that when women are economically empowered, they will be able to make independent decisions related to their health, including decisions on family planning and family size.
2. **Early infant diagnosis:** The project facilitated the formation of Care Groups that identified Mother Buddies. These Mother Buddies work closely together with the health centre and educate pregnant mothers on various aspects related to their health and the health of their children. Special focus was given to preventing vertical transmission of HIV by encouraging pregnant women to get tested, to adhere to anti-retroviral treatment (ART), and to adhere to PPTCT procedures including ensuring early and consistent infant diagnosis (starting from 6 weeks after birth).
3. **Preventing unintended pregnancies:** To avoid unintended pregnancies amongst the youth, the project facilitated Sexual and Reproductive Health (SRH) education in schools through extra-curricular life skills and SRH lessons and the running of EDZI TOTO (anti AIDS) clubs. Besides, the project established a Youth Friendly Health Service within the health centre as well as youth clubs for out-of-school youth. The project, through the Mother Buddies, also provided family planning education to decrease the number of unintended pregnancies. The promotion of modern family planning methods aimed to avoid unintended pregnancies and to promote child spacing thereby promoting women's health.

This good practices publication describes the results of the project. It will highlight the good practices and lessons learned that were crucial in achieving the programme results. Beneficiaries, project staff, and district level government officials who have taken part in implementing and monitoring the project have been closely involved in identifying and defining these good practices as part of the project evaluation. This publication aims to share good practices and lessons learned with the Ministry of Health, and civil society organizations that share the mission to work towards an HIV free generation in Malawi and elsewhere.

In the early stages of the project, a baseline survey took place to measure the situation in Luwerezi before the implementation of the programme. In November 2017, an End Term Evaluation was conducted by an external evaluator to show the results of the intervention.

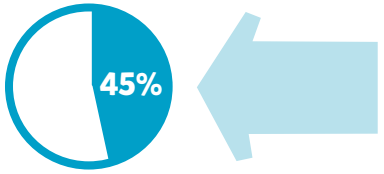
MALAWI



Pregnancy

1 on 44 babies born out of HIV positive women tested positive on HIV, 43 babies born from HIV positive mothers tested **negative at 6 weeks of being born** (2015-2017).

FROM THE 2,206 PREGNANT WOMEN: 1,912 fathers have joined in one of the ANC visits (86%). At the start this was 203 of 996 (20%).



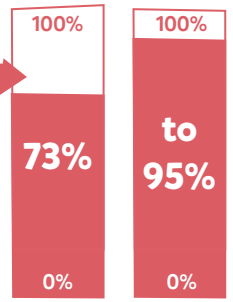
In 2015 **before the project started only 45%** of pregnant women went at least four times to ANC (Ante Natal Care), in 2017 **at the end of the project this was 92%**

HIV infection and prevention

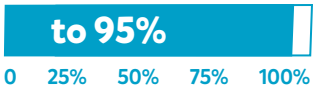
Comprehensive knowledge of women on HIV infection and prevention in Luwerezi:

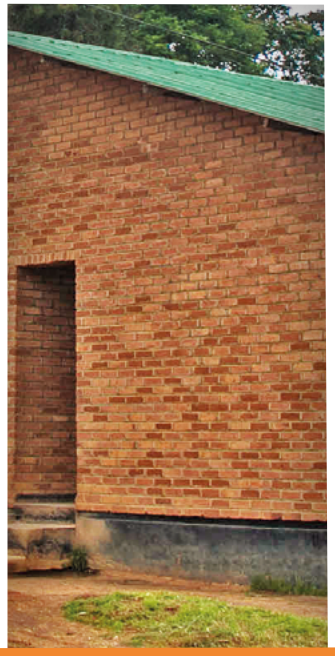
Comprehensive knowledge of men on HIV infection and prevention in Luwerezi:

Women of ages between 15 - 49 years tested for HIV in Luwerezi, Malawi went up from...



And men of ages between 15 - 49 years tested for HIV in Luwerezi, Malawi went up from...





Family Planning Methods

Families using Family Planning Methods increased from..

Data on reach/scope

	TOTAL
Number of beneficiaries (of all interventions)	32,352
Number of people trained (of all interventions)	10,784
Villages covered	522
Number of Care Groups	19*
Number of Mother Buddies	40
Number of expecting mothers trained	1,678
Number of women trained on prevention of unintended pregnancies	2,553
Number of men and women trained on gender equity	2,076
Number of mobile testing clinics used	60
Number of tests used at mobile testing clinics 3,750	
Number of Village Saving and Loans clubs set up and trained	41

**19 (one per Group Village Head)*

Antenatal clinic at Luwerezi Health Centre

GOOD PRACTICES

A good practice is a process or methodology that has been shown to work well, succeeds in achieving its objective(s), and therefore can be recommended as a model. The essence of identifying and sharing good practices is to share lessons and to encourage the application of knowledge.

As part of the end of project evaluation five key success factors have been identified that led to the results in the program. These five good practices are described in this chapter. With this publication, Help a Child and LISAP want to share the good practices in order to promote the adoption in other PPTCT and Maternal Health interventions.

1. COMMUNITY HEALTH CENTRE COLLABORATION: IMPORTANT ROLES FOR CARE GROUPS AND MOTHER BUDDIES

Luwerezi health centre was recognized to be a health centre in 1976. It is located in Traditional Authority Mwabilabo in the southern part of Mzimba district. It has a population of 28,000 and it covers a radius of 15 to 25KM. At the start of the project, the health centre had one nurse and one clinical officer only. These two people had an immense workload and no time or resources to do outreach to the community on issues such as maternal health and Prevention of Parent to Child Transmission (PPTCT) or to follow up on patients not returning to the clinic. The project established a collaboration between the community and the health centre by forming and training a lay cadre consisting of motivated community members, to be working hand in hand with the health centre with the common goal to eliminate Parent to Child Transmission.

Care groups

The project set up 19 Care Groups with a total of 214 members (91 female and 123 male). The project trained the Care Group members on issues related to maternal health and the role of Care Groups. The Care Group members actively divided households amongst each other and carried out door-to-door visits. They are in the forefront identifying pregnant women and refer them to the services of the Mother Buddies. The groups inform the Mother Buddies about this, so that they can start the counselling and follow up

visits. The formation of Care Groups at a Group Village Head (GVH) level, and using village heads in facilitating the selection of volunteers, worked out well. Involving village leaders and utilizing already existing structures, assured the support of the village leaders and communities right from the start as a basis of a sustainable response.

Care Groups are the support system for Mother Buddies. Especially at the start, the Care Groups needed to pave the way for the Mother Buddies, since people in the community were not immediately accepting the Mother Buddies role as it was a new concept to them. Some Mother Buddies are young women, culturally not the common persons to rely on for information on maternal health. Therefore, Care Groups have also been very active in discussing cultural myths and misconceptions around maternal health. They played an active role in community sensitization through home visitation, as well as, community meeting. Most groups made use of drama to teach community members on relevant issues. In addition, some Care Group members also have been trained by the project in marriage counselling, and would disseminate this knowledge when they, or the Mother Buddies, would come across situations that would require marriage counselling. Most of the Care Group members are also members of the Village Saving and Loans (VSL) groups to support groups to help pregnant women who fail to meet basic requirements for them to fully utilise health care services during pregnancy and child birth.

Mother Buddies

Mother Buddies have been selected amongst the Care Group members. The project targeted HIV positive mothers who have been able to prevent the passing of HIV to their child and who are able to be a role model in this regard. The commitment of the Mother Buddies for this role on a voluntary basis was also among the selection criteria. At first, it was challenging to select the Mother Buddies due to the stigma around HIV still being prevalent. When the project announced to recruit HIV+ women for the roles of Mother Buddies, most of them did not register due to the level of stigma and discrimination in the community. The project consortium committee and the village chiefs helped the people to understand the concept of role models. When a few HIV+ mothers came forward to take on the role, many more opened up and started to become enthusiast too.

Mother Buddies underwent a 13-days training. The training aimed at empowering the Mother Buddies with knowledge and skills in order to be able to encourage their clients to visit the hospital and start ANC during the first trimester. After the training, they were able to teach Care Groups and the community about maternal and child health. Topics include: recognizing danger signs during pregnancy; the importance of going to chilindizga (staying and waiting for the labour pains at the health facility); making emergency transport arrangements; PPTCT; male involvement; nutrition for a pregnant mother and the baby; and the importance of vaccines for both the baby and the mother.

Between 2015 and 2017, Mother Buddies have managed to support 1,725 pregnant women. The project started with 20 Mother Buddies. However, due to the vastness of the area an additional 20 Mother Muddies have been selected and trained. By the end of 2017, 37 Mother Buddies were active in their role. Mother Buddies travel long distances to reach out to every pregnant mother, at least 8 times per client. They follow up with the mother and the child until the child is about 2 years of age (and ended breastfeeding). To shorten distances and help the Mother Buddies to work more efficiently, the project supported them with bicycles.

Mother Buddies have a close cooperation with the health personnel at the health centre. After the training, Mother Buddies received monthly mentoring from the nurse and midwife for 6 months. The nurse and midwife had developed a programme where they meet with Mother Buddies, receive their reports and mentor them based on skills and knowledge gaps identified. As the project progressed this has been turned into a regular monthly meeting of the nurse and midwife with the full group of Mother Buddies. The Mother Buddies in turn mentor Care Groups, together with the project staff the ensure the right information is passed on to the community and there is good collaboration to address challenges.

To keep Mother Buddies motivated and capacitated in their task the project organised a refresher training. Mother Buddies and consortium member have also been involved in an exchange visit to Kamwe where other Mother Buddies in a similar project had progressed well. During the field visit, the Mother Buddies could observe that male involvement is very high at Kamwe as compared to Luwerezi. They saw men actively participate during the ANC by singing and asking questions about maternal health. Mother Buddies at Kamwe take part in teaching pregnant women during ANC clinic. This was not the case at Luwerezi. However, after the exchange visit Mother Buddies in Luwerezi also started to do the same and identified clients at the ANC clinic. The exchange visit inspired Mother Buddies from Luwerezi and motivated them to move up an extra gear in their work.

Village registers

The project supplied Care Groups with village registers to record their clients. These registers are held per Group Village Head (GVH). The information in the village registers include the names of the clients, number of visitations to the ANC, type of vaccines the client received, type of emergency transport arrangement used, etc. The village register was a new concept introduced in Luwerezi. The information from the village registers helps Care Groups as well as village leaders to track progress. This resulted in more ownership among the communities over progress made. This was observed, for example, during instances where village registers were discussed and showed a high number of home deliveries, which were then followed-up by intensified awareness raising efforts on the importance of hospital delivery led by village leaders and the Care Groups.

LESSONS:

- Caregroups and Mother Buddies have played a crucial role in dealing with issues of cultural perception and myths. Care Groups were a crucial support system for the Mother Buddies to perform their roles.
- In the Malawian context, where rural health centers experience resource constraints like Luwerezi health center, the support of the lay cadres have shown to be effective in achieving results in PMTCT and maternal health.
- Care Groups and Mother Buddies create a strong link between pregnant and lactating mothers and the health centre needed to ensure children's wellbeing and the prevention of them being contracted by HIV via their mothers.
- HIV positive pregnant women found it easy to disclose their status to Mother Buddies, because Mother Buddies themselves were a living example of mothers who are HIV positive but managed to give birth to an HIV negative baby. Mother Buddies where therefore excellent motivators for HIV positive mothers to follow their instructions carefully.
- Involvement of the village leadership and Care Groups in monitoring of the results through village registers have supported community ownership over the objectives and their understanding of the milestones reached and or challenges prevalent (i.e. the volunteers being able to quantify and therefore identify the need to intensify sensitization of the dangers of home deliveries).

ELVIN (40)
MOTHER BUDDY

'In 2008, I decided to do an HIV test, because I was doubting the lifestyle of my husband. I found out that I was HIV positive. Now I am a Mother Buddy and encourage pregnant woman to adhere to antiretroviral therapy (ART) if they are HIV positive. I want them to live longer and have HIV negative babies. This way of working – with Mother Buddies – is very successful. The pregnant women I visit are actually going to antenatal clinics, as well as their husbands. The male involvement and couple testing has increased. It is very important that men are involved, because we need both men and women to end HIV. One of my clients, a woman, went to the antenatal clinics alone. She was HIV positive and she was afraid her husband would send her away if he would find out. She was hiding the drugs and took it secretly. I visited the family and met both of them. The man was reluctant to go to the hospital. I secretly informed the midwife, so she could find a way to call the man to the hospital. The midwife sent him a letter in which she asked him to come with his wife. He agreed, and the midwife pretended she was testing them both for the first time; they were both HIV positive. It makes me feel so proud that now the baby is born HIV free. I encourage others, but I also get encouraged myself by the message I share. It really renews my energy to live positively. The results of my work make my dream even bigger: a generation without HIV!'

"I dream of a generation without HIV.

2. WHAT ABOUT THE FATHERS? FROM MOTHER TO CHILD TRANSMISSION TO PARENT TO CHILD TRANSMISSION

From the start, the project deliberately talked about Prevention of Parent to Child Transmission (PPTCT) instead of Mother to Child Transmission (PMTCT). This as a way to stress that both parents have a role to play. In Luwerezi, it was very uncommon for men to be involved with issues of maternal health; even at the health centre, staff were not familiar with the concepts of male involvement. However, the role of fathers is especially important in PPTCT. One of the major barriers in PPTCT was the fact that women who tested HIV positive often did not dare to disclose the status to their partners with the fear of being accused of being unfaithful. This resulted in a lower adherence to the ART treatment and follow up on the guidelines to prevent HIV transmission during pregnancy and childbirth. The promotion of male involvement during ANC went hand in hand with the promotion of couples HIV testing. This enabled couples to be counselled together and made aware that it is possible to prevent the virus to be passed on to the child. The male involvement also led to better understanding of the male partners of the support pregnant women need, the arrangement to be made for the delivery including emergency transport, and on issues such as on the importance of healthy food for mother and child.

The project organized a training in Father Friendly Services for staff from the hospital, Mother Buddies, Care Group Members and the Church Consortium (explained in the 3rd good practices). The training aimed at empowering the participants how to create a friendly environment for male partners of pregnant women to participate in maternal and child health services. After the training, the participants sensitized the community and reached out to individual couples. Specific couples were targeted based on the knowledge of the Mother Buddies that these people followed traditional and cultural practices that prevented them from participating in maternal and child health. Care Groups also used drama during community meetings to promote male involvement and raise awareness on other important issues to do with PPTCT and safe motherhood.

In addition, traditional leaders were highly involved in the promotion of male involvement. With the sensitization of these chiefs on the importance of male involvement in the maternal and child health, the leaders decided to create a bylaw, which was implemented by Luwerezi health centre. The bylaw states that pregnant woman who come to the ANC clinic without spouse or deliver at home could get a fine of MK2000 (approx. $4.30). Since the volunteers discovered that sometimes pregnant women were accompanied by men who were not their spouses or mere relatives, they responded by sensitizing the community about the importance of spouses accompanying their pregnant partners other than leaving this to their relatives.

The project has registered a high success with regard to male involvement. At the start of the project, only in 20% of the cases fathers joined at least one ANC visit. By the end of the project, 86% joined their spouses on at least one ANC visit. Apart from the training and the bylaws, among the main reasons for success are also the individual encouragements of Care Groups and Mother Buddies and the fact that the message was promoted from different sides, such as in churches, at the health centre and community meetings. Together these factors led to a real shift in culture and now one can say that male involvement has become a norm in Luwerezi.

! **LESSONS:**

- The shift of focus from Prevention Mother to Child Transmission (PMTCT) to Parent to Child Transmissions (PPTCT) ensured that now both parents feel responsible for preventing transmission of HIV to the child.
- Couple testing and counselling was critical to the achievement of having no child being born HIV positive in 2017.
- The support of the chiefs in the establishment of bylaws did support the male involvement, but it needed to go together with the understanding of the importance rather than just a fear for a penalty. It is important that fathers appreciate the role they have to play and that they know how they can support their pregnant spouses wholeheartedly. When it comes to changing cultural practices, recognition and involvement of community members is critical in changing some attitudes and practices and once their capacity has been built, forefront runners in this change become agents of change in their own communities.
- It is relevant to train hospital staff in creating a father friendly environment. Staff learn not to send the fathers away but to involve them in a positive way. The welcome they give to the fathers makes the fathers feel of importance rather than out of place.

MAYIKO (35)
JOINED HIS WIFE TO ANTENATAL CLINICS

'It was the happiest moment of my life: the first time I held my child in my hands. I am so proud of my baby; she is perfect. I love my wife and I am so happy that we, together, received this blessing from God.When we discovered my wife was pregnant we went for the first antenatal visit together, because the Mother Buddy advised us to do this. I also wanted firsthand information and I thought that, if my wife would go alone, she might miss some information. There are also husbands that don't come along, but it is getting more common for men to go to the hospital. I am a wise man; I go. In the end, I am the one responsible for this pregnancy. My wife told me that she was very happy and proud that I came with her to the antenatal clinics. It makes her feel loved. Sometimes we observed a problem during the pregnancy, like stomach aches. We went to the Mother Buddy and asked what it could be. She really supported us and told us how my wife could stay healthy. She also said: "if something is wrong with your wife, then rush to the hospital". Now the child is born and is perfectly healthy. We named her "Vinjeru" meaning "wisdom". I never expected to have a family like this, and I will do everything to make sure my child can finish higher education.'

"In the end I am the one who is responsible for this pregnancy.

Community members singing a song about prevention of HIV

The whole community participates in building the staff houses for the health centre

OREEN (31)
MEMBER OF A CARE GROUP

'As member of the Kamondo Care Group, I search for pregnant women in the community and report all pregnancies to the Mother Buddies. I used to observe to identify them - by looking at the tummy -, but now women know I'm a Care Group member and come to me to tell about their pregnancy. I love this community and that is the reason that I do this work voluntarily. Previously there were a lot of deaths, simply because there was a lack of knowledge. So, I am committed to make my community understand the importance of going to the hospital and to get tested on HIV. People should know their status, because only then they can take proper care during the pregnancy and give birth to a healthy child. For example, there was a certain lady who used to give birth to her children at home. I visited her and told her about the importance of a hospital delivery. This lady told me she could not go there, because she was poor and unable to buy the required materials for a hospital delivery, like towels. I informed the Village Savings and Loans group about this. They discussed the issue and decided to give money to the lady, so that she could purchase what she needed. She delivered her youngest child in the hospital. The Care Group is so important for the community. There is an increased knowledge about the importance of health care services. I am also very happy with the bicycle-ambulances. Because of these ambulances, women in labour are able to get to the health centre in time, despite the long distances. It prevents deaths and miscarriages. The project changed a lot in this community. My dream is that it sustains, so that each and every person benefits from it.'

"I am committed to make my community understand the importance of going to the hospital and to get tested on HIV.

3. COMMUNITY IN THE LEAD OF PROJECT IMPLEMENTATION: THE ROLE OF THE CHURCH CONSORTIUM

The intervention has been based on a Church and Community Mobilisation Process (CCMP) approach. The approach involves bringing together church leaders from all the churches found in the catchment area to form the project's main coordinating committee. Thus at the onset of the project, the project called upon the top church leaders (ministers) and the government local structures to explain the selection criteria for influential church leaders to become members of the consortium committee. Upon submission of names from all the churches, those selected met and choose the executive committee amongst them. The project then trained the committee in project management and actively coached the consortium in its functioning.

During the project, the committee has been responsible for:

- Selection of volunteers to be trained.
- Monitoring the work of volunteers (identifying gaps and providing recommendations).
- Receiving reports from community volunteers.
- Engaging with other stakeholders at district level concerning project-related issues.

The consortium functioned as the overall coordinating committee in the project and worked closely together with the project staff. The consortium mobilized the communities, selected volunteers, monitored the trained groups including the Care Groups, Village Saving and Loans groups, Youth groups, and collected data and success stories. Once a month the consortium met with all trained groups to receive their reports, make a planning for the new month and to discuss the challenges faced and how to go deal with them. The consortium was fully conversant with the project and its indicators for progress, and they were able to orient visitors that go to learn from the project. Also, the consortium has been very active in advocacy to increase access and quality of health services in the area. The 4th good practice elaborates further on these advocacy efforts.

Advantages of working through the consortium cannot be overemphasized. The church is a permanent community structure and has a membership of on average 90% of villagers in the northern region of Malawi. Working through the consortium enabled easy access to and wider coverage of the population in the target area and enhanced project effectiveness and sustainability.

Also, since the chosen consortium members are trusted members of different church denominations, they had an essential role when it comes to activating churches to talk freely about HIV and AIDS and SRH; topics that are usually avoided in churches. The fact that churches reinforced the messages communicated by the Care Groups, health centre and Mother Buddies on PPTCT, safe motherhood, family planning and the importance of youth accessing SHR services appeared to be powerful.

The successes of the project can be largely attributed to the work of the consortium committee. They were responsible for monitoring, (re-)planning, mobilizing and giving feedback on the progress made by the project. In this way, with minimal coaching by project staff, the community itself was in charge of managing their own progress.

The approach has shown that it is possible and of significant value entrusting the community's gatekeepers with projects for their sustainability and ownership.

In the final year of the project, the consortium has initiated registering as Community Based Organisation (CBO). The committee is very determined to continue with the work beyond the end of external support. The project supported the consortium with further training in proposal development and resource mobilization. The consortium started rearing chickens to generate income. It used the resources from the chicken sales to monitor the project activities and the different groups of volunteers in the projects and to finance the monthly meetings with these groups where reports are shared.

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LESSONS:

- There is power and potential among communities to take active roles in dealing with problems they face on their own, as effective responses mainly requires mobilization and empowerment. The approach of using a consortium has proven to be an efficient and effective catalyst and stimulus for this untapped potential. The core lesson is that putting project beneficiaries at the forefront of implementation promotes community ownership and will translate into a sustainable response. What is needed most is the right capacity building for the community to help them realize that they can change things for the better in their own communities.
- It is important to give key project management responsibilities to the Church Consortium/ Community Coordinating Committee right from the start of the project. Many times the project results are not sustained when project responsibilities are only handed over from project staff to the committees in the community at the end of the project.

EDMOND (54)
SECRETARY OF THE CHURCH CONSORTIUM

'The consortium consist of members of all the different churches in this community. Our goal is to coordinate the project. We received training in how to do that. We learned about monitoring and evaluation, how we can dissolve conflicts when they arise and how to develop proposals for funds to improve this community. We achieved a lot in the past few years. The most important achievement is the change of mindset. Before, we did not know that an HIV positive family could deliver an HIV negative child. Now we know that it can be done easily. The fruits of the project intervention motivates the consortium to work tireless and to not get dispirited. We meet twice a month. The first time as consortium and the second time with members of different interventions. We are sitting in a circle, so everyone is equal and everyone can contribute. Normally, when people meet in this community, the ladies are sitting in a different place. However, during the meeting of the consortium, we are sitting mixed. The meeting starts with a prayer and then we discuss the absenteeism. If people are not able to come we have to know the reason why. After that, we read the previous minutes and discuss the matters that arise. We seek for solutions for challenges and share successes, for example, the news that a client of a Mother Buddy gave birth to an HIV negative child. The consortium is very important. We make sure that the information we get is spread out in the whole community. Also, the consortium will be able to follow up after the phase-out of the programme. We appreciate the project and we will do our very best to make it sustainable.'

> "The consortium will be able to follow up after the phase-out of the programme.

4. LOCALLY DRIVEN LOBBY AND ADVOCACY INITIATIVES. COMMUNITIES IN DEMAND OF IMPROVED HEALTH SERVICES

The project's mobilization, awareness creation and capacity building with regard to issues of maternal and child health led to a significant increase in the demand for health services among the targeted communities. However, Luwerezi heath centre had its own challenges of limited staff and facilities. Soon after the project commenced the communities realized that they needed to be organized and demand for better (availability of) services.

The project in its Church and Community mobilization (CCMP) approach included training for the church leaders and Village Development Committees (VDCs) on issues of community development and mobilization in order to improve health of the community members. With the demand for health services increasing, the VDCs raised a concern on the pressure that the increased demand has put on the limited capacity at the health centre. Sometimes clients had to queue for a long time before they received the required services. The VDCs and the consortium made plans to address the situation and to seek support from the district government departments.

To facilitate the process the project enabled regular stakeholder meetings in order to bring relevant players together to discuss this issue and in general the progress that the community had made in terms of PPTCT, maternal health and access to SRH among youth. The meetings included the District Health Officer (DHO) and District Commissioner (DC). The DC, DHO and other district stakeholders were brought to the community during stakeholders' interface meetings, so that they could observe and appreciate the situation on the ground.

As a result of these stakeholder meetings, the project has achieved tremendous developments that are a big testimony of the communities' empowerment, the created demand for services and collaboration between the community, the health centre, and the district:

- Community members took the opportunity to ask the District Executive Committee members to approve the building built by the European Union and Ministry of Health (more than 10 years ago!) in GVH Kapindula to be a recognized health facility. People from GVH Kapindura were actually walking a distance of 15KM to Luwerezi health centre, and the opening of this health post would improve access to (antenatal) healthcare significantly for them. The District Commissioner and DHO said they are going

to approve the opening of the post if the community would build two staff houses. This motivated the community, and during the project period, they managed to build the two houses with their own resources. Every village surrounding the clinic contributed MK15,000. Upon completion of the staff houses, the DHO inspected and approved them. Furthermore, Local Development Fund has been committed by the Member of Parliament (MP) to finalize the building of an incinerator and a placenta pit for a functional maternity wing. The centre is likely to comment services early 2018.

- Because of the interface meetings and the training of community leaders in CCMP, the community has been motivated to construct a new guardian shelter at Luwerezi health centre, as the available shelter had become too small and was not conducive to function as a place to wait for delivery. The new guardian shelter is spacious and has proper beddings. The project was fully accomplished by the community itself, which managed to acquire some support from JICA (Japanese government) for roofing sheets.

- Luwerezi community had tried to install electricity infrastructure in some parts of the hospital and they were lobbying with the District Executive Committee if they could help to extend to remaining parts. The committee responded during the stakeholder meeting that they would look into it. At this moment the District Hospital has started supplying electricity units to the health centre.

- As said, the community experienced shortage of staff at Luwerezi health centre. It had one nurse and one clinical officer. It was difficult for a single nurse to serve day and night. Discussing the issues at the stakeholder meeting has led to the District Executive Committee sending six student nurses to the hospital to ease the workload in 2016. In 2017, two additional nurses have been permanently posted at Luwerezi health centre.

The community managed to build two staff houses for the health centre

LESSONS:

- The development of the capacities and skills of leaders (e.g. the church leaders in the consortium and the village leaders in the VDCs) in connecting with the DHO and in lobbying and networking has been of the utmost importance. It increased the sense of ownership among the community regarding the availability and quality of health services and their efforts resulted in actual support from duty bearers. For the sustainability of the project there need to be fruitful relationships established between the district, the health centre and the community.

- It is important that communities know the strategies they can apply, as well as, be aware of their entitlements to continue on the journey towards ever improving (maternal) health services. During the project, the community was able to experience that advocacy activities were successful and that their own efforts paid off. This is the best trigger for them to take the process forward, also beyond the project period.

TINA (29)
PROJECT MANAGER

'As manager of this programme I spend a lot of time in the community. It's wonderful to see how committed community members are. I am an eye witness of the impact of HIV on people's live. It really hurts me to see that there are a lot of orphans, because many parents died of HIV. It's time to end this epidemic; enough is enough. I am optimistic that we will be able to realize an HIV free generation. The project is a good way to achieve that and this knowledge gives me a lot of energy. We work hand in hand with various

"I am impressed by how people are advocating for improved health services!

stakeholders: church leaders, chiefs, District Commissioners, the Member of Parliament, the Counsellor for this area and the health facility workers. I am impressed by how people are advocating for improved health services. It was because of the programme that people realized the importance of maternal health care and the demand for services increased. One of the villages is very remote and the community within this village decided that they needed a health facility of their own. A health centre constructed earlier has not been put to use for over 10 years. Through the Church and Community Mobilization Process training, the programme stimulated the community to advocate for this health centre to be operational. The training enabled people to identify their problems and apply solutions. The community expressed their problems to the chief and the chiefs took it up with the counsellor. The counsellor shared the report with the District Council. When the community observed that feedback was not forthcoming, they approached the project team to help them meet the District Commissioner (DC) and other influential council members. The project then facilitated an interface meeting between the two parties. Through the meeting, the community managed to convince the DC on their need. The DC instructed them to build houses for the health staff first. On a supervisory meeting, the District Health Officer asked the community to also build a placenta pit and a an incinerator. So, the chiefs mobilized the community and now it's all there. The community made bricks and started building. Incredible! When you give the community members the right tools, they are so eager to solve their problems. That is really inspiring.'

5. TRADITIONAL AND RELIGIOUS LEADERS AS PROMOTERS OF SEXUAL REPRODUCTIVE HEALTH AND HIV PREVENTION

Historically churches have shied away from discussing topics such as sexuality and SRH. Nevertheless, the project invested significant effort to have church leaders in the forefront of the program. In Luwerezi community, the churches are very powerful and almost all community members are member in one of the churches. Church leaders receive a lot of respect and their opinions are given a lot of weight by community members. Besides facilitating the establishment of the Church Consortium, the project trained a large group of church leaders on topics of HIV, SRH and safe motherhood. There was a lot of attention for discussion on the positive and negative practices in churches to either promote or hinder progress. The training of religious leaders has given them tools on how to be able to discuss such topics in the church and it has also enlightened them to marry the physical and spiritual well-being of the person as both of great value in the eyes of God. Church leaders now openly talk about issues such as HIV, PPTCT, family planning and unintended pregnancies.

In the initial stages of the project, there has been an outcry from Care Groups and Mother Buddies on the lack of understanding and support among some chiefs on safe motherhood. This in a way contributed to the existence of home deliveries. Some chiefs, instead of urging their people to deliver in hospitals, openly said that it does not matter where a women delivers her baby. This was a clear indication of their ignorance on the issue. Only if chiefs understand the importance of following safe motherhood procedures, villagers will be able to prevent home deliveries. The project experienced that it was not enough to work with the VDCs, but learned that the project should involve the Chiefs (Group Village Heads) as well. The project responded by training village headmen for three days in the subject of safe motherhood, which helped these leaders to understand the benefits of giving birth at the hospital to both the child and the mother. After the training, the project team observed that now chiefs are getting actively involved. They went out to sensitize their communities, and formulated and enforced bylaws against home deliveries and on participation of male partners in ANC. Traditional Authority Mwabilabo and several GVHs, attended key project activities in person and they have been exemplary in mobilizing the community to participate in project activities.

LESSONS:

- The traditional leadership at community level (chiefs and religious leaders) was critical in the reception and successful implementation of the project's interventions. The areas that had robust community leadership that demonstrated much enthusiasm and commitment, registered the most changes and success.
- When we talk about community leadership, it is not enough to only target VDC's. Next to VDC's, projects should focus significantly to involve traditional and religious leaders. Besides the role they play and the respect and authority they are given by the community, it is also important to realize that chiefs and religious leaders have a more permanent role in the village and there is less change in leadership than for example in VDC leadership with fixed terms of office.

LAZARO (68)
GROUP VILLAGE HEADMAN

'As a Group Village Headman I am the head of 14 villages. Together with other chiefs I work hand in hand with LISAP. When the project started they visited us, and now we work together as a team to have a generation free of HIV. It's important that we as chiefs are involved, because children are our responsibility. They are the future leaders and that is why we should make sure that they can grow up in good health. The chiefs are the bridge between the consortium and the community members. In our culture, any information or activity is communicated through village headmen's. The chiefs have a lot of influence and their views are respected. Without the involvement of the traditional leaders it would be impossible to implement a project. We try to combat the HIV virus jointly, because we all have one main concern: a community without HIV. From the start, the collaboration is very good. That is why a lot of things changed. Before, we didn't had male involvement, now we have. More people are tested, also through mobile clinics. The number of children born with HIV dropped. The youth feels free to go to the health centre and has learned more about sexual reproductive health. My wish for this community is that the project gets an extension, so we can achieve even more. The project comes and goes, but the consortium and the chiefs will stay and take over. I'm very confident that we are able to do that.'

> "Without the involvement of the traditional leaders it would be impossible to implement a project.

Teaching in the Health Center

Mother Buddies at work

A Community Initiative for an **HIV Free Generation**

Bicycle ambulance

The project donated 18 bicycle ambulances to enable emergency transport to the health centre. Village Development Committees are monitoring the use and mobilize funds to assure needed repairs are catered for.

WANT TO KNOW MORE?

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Help a CHILD

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