

Valuing the Role of the Community in Improving DSD Implementation

Case Study from Malawi

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Case Study Highlights

1. Aim & Objective of the Advocacy Work

2. Advocacy Activities Undertaken

3. Results/Outcomes from the Advocacy

4. Overall Reflections & Key message(s)



Aim & Objective of the Advocacy Work

- The 2022 Community Engagement (CE) assessment revealed that communities were generally minimally involved or not involved at in DSD design, implementation, and monitoring.
- CE scores were especially low at the program level.
- The Malawi Network of People Living with HIV (MANET+) spearheaded efforts to improve Community Engagement, engaging consistently with representatives of the Ministry of Health at central and district levels.



Aim & Objective of the Advocacy Work

- The 2023 Community Engagement Assessment showed low number of health facilities with DSD models where Recipients of care and or community members work as service providers.
- In 2024 our aim was to influence district health facilities to increase the number of Recipients of care supporting DSD implementation at health Centre level
- We sought to understand the level of community engagement at implementation level and influence health centers to recognize the role played by community members.



Advocacy Activities Undertaken

Mapping of community cadres

Treatment supporters

Expert clients

Community Care groups

Community Adolescent treatment supporters (CATS)

Recipient of Care Support groups

Sputum Collection Point Volunteers

- Radio interviews by community members
- Community dialogue sessions
- Lobbying with decision makers at district level
- Presentation to district health management teams.
- Lobbying at national Global Fund sessions



Mapping of community cadres

- MANET+ conducted mapping of community cadres.
- Through community dialogue sessions and partnerships with health management teams, the roles of various community cadres, including adolescent treatment supporters and sputum collection volunteers, were clarified and better valued.
- The community cadres' process of mapping led to more meaningful engagement of communities at health facility level



Mapping of community cadres

- Common Tasks done by community workers
- Pre-test counselling
- Post test counselling
- Treatment Adherence counselling
- Default Tracing
- Bringing defaulters back to care
- Sputum Collection for TB and delivery of samples to health personnel
- Provision of health talks at Out-patient Department (OPD)
- Early Infant Diagnosis programs
- Nutrition education



DSD sensitization and participation

- In parallel, MANET+ worked on sensitization of RoCs to raise their awareness of DSD and the importance of CE.
- Roc participated in the following high level DSD design:
 - TWGs and thematic working groups on DSD
 - Policy validation exercises
 - DSD program design meetings
 - Planning meetings to prioritize DSD models.



Outcomes of the Advocacy Work

- This led to an increase in the overall level of CE from 35% in 2022 to 57% in 2023, especially at the level of designing of DSD policies and programs.
- The sensitization of RoCs to CE empowered them to be more actively vocal. So, when the government decided to ration cotrimoxazole preventive therapy (CPT) in hospitals, the RoC representatives on the National HIV Care and Treatment TWG strongly advocated against this, which resulted in the government reversing the decision and being encouraged to address its supply chain issues.
- In addition, MANET+ advocated for more financial support for community-led monitoring (CLM) and secured C19RM Global Fund funding to implement further CLM activities.

Overall Reflections & Key message(s)

- Meaningful engagement of community cadres is key in ensuring sustainability.
- Meaningful engagement of communities in all stages including during implementation ensures community satisfaction.
- The future is community led.
- Engage communities in all stages of DSD.







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