



## **Health (HIV & AIDS) Department 8 Months Report**

### **Period Reported:**

January 1<sup>st</sup> to August 31<sup>st</sup> , 2019.

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## 1. EXECUTIVE SUMMARY

The CEDEP Health department operationalises the organization's Strategic goal number 1; thus, Improve HIV and Health Related Services for LGBTI. The overall goal of this strategic intervention area is to contribute towards reaching zero new HIV infections, zero stigma and discrimination, zero HIV related deaths and reduction of other sexually transmitted infections among sexual minorities in Malawi. CEDEP realizes that without the involvement of the LGBTI and the other Key Population groups in the 95:95:95 campaign in Malawi, it will be difficult to attain these 2030 targets. The organization is aiming at increased availability and accessibility of friendly health services for LGBTI and other vulnerable groups.

This report therefore, highlights the contribution made by the department of Health to the organization's strategic goals in the period between January 1 and August 31, 2019. It records key activities and achievements made by the department in all the three strategic objectives and summarizes barriers to implementation, suggested solutions and key lessons in the period under review. In these eight months, the department's efforts towards achieving the three strategic objectives rested on three projects that CEDEP is implementing in twelve districts, namely; Linkages, Global Fund and Gateway.

The Linkages Project is being implemented with funding from USAID through FHI360 in Lilongwe, Blantyre, Mangochi and Mzuzu districts. Project activities under the project started in 2016 and come to an end in September, 2019. On the other hand, activities under the current grant of the Global Fund project started in January 2018 in the seven districts of Karonga, Nkhatabay, Kasungu, Salima, Dedza, Zomba and Mulanje. In August 2019, the project also commenced its operations in Thyolo district. The project is being implemented in partnership with SAT and is being funded by the Global Fund, through Actionaid. The Gateway project is being implemented in Chikwawa district only with financial support from CDC through JHPIEGO.

The main activities done in the eight months included successful implementation of mobile outreach HTS campaigns (including targeted Enhanced Peer Outreach Approach (EPOA) and Social Network Strategy (SNS), Viral Load tracking through campaigns and routine follow ups and rolling out of HIV Self Testing. CEDEP also trained Peer Educators, Peer Navigators, Health Care workers, police and social welfare under its Gateway and Global Fund Projects. The Gateway project as part of its establishment conducted project entry meetings, hotspot mapping and validation exercises and interface meeting in Chikwawa.

In addition, FHI360 Technical Supervision Team visited all the CEDEP DICs to provide technical assistance to CEDEP district staff and community outreach workers. M&E teams from FHI360, SAT Malawi, Actionaid and CEDEP also conducted Data Quality and Safety Assessment in line with the projects' compliance requirements.

CEDEP, under the Linkages and Global Fund Projects had annual, biannual and quarterly review meetings in January, March and April respectively.

The projects under the department also continued with routine provision of services to MSM, TG and FSWs through DICs and selected health facilities, risk assessment and referral for services, provision of preventive interventions through Peer Educators' sessions and provision of condoms and lubricants. Furthermore, the projects continued promoting health living among KPLHIV through Peer Navigator education sessions, Support Groups meetings and viral load tracking.

## **2. ACHIEVEMENTS TOWARDS ACCOMPLISHING STRATEGIC OBJECTIVES**

The report is presenting the achievements made to date against the proposed activities in the consolidate workplan for the year 2019 under Strategic goal number 1, with respect to the three strategic objectives as outlined in CEDEP's 2016-2020 strategic plan.

### **2.1 Strategic Objective 1: Increase User friendly Sexual and Reproductive Health (SRH) and HIV Services for LGBTI.**

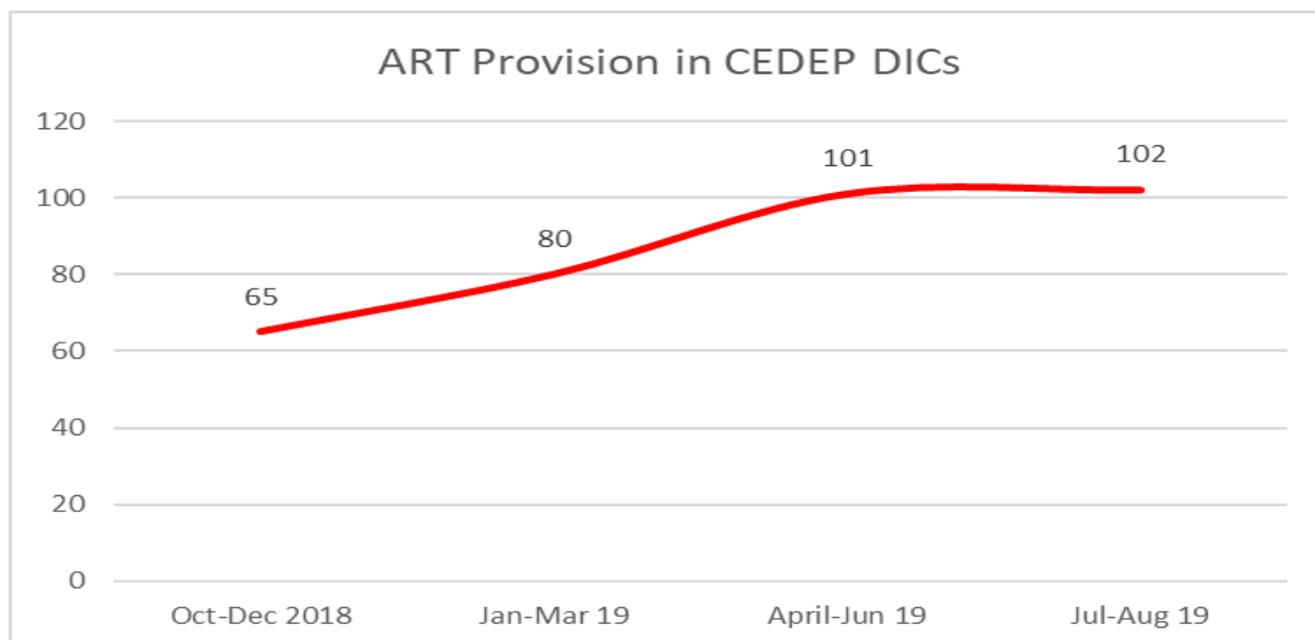
Under this strategic objective, CEDEP aims to enable more members from the LGBTI community and other vulnerable groups to have an easy access to sexual and reproductive health by breaking barriers that prevent them from doing so. CEDEP managed to conduct a number of activities under this objective as follows:

#### **2.1.1 Support Drop In Centers to create safe space for LGBTI Persons**

CEDEP DICs continued to offer various services to MSM and TGs in the period under review in Lilongwe, Blantyre, Mzuzu and Mangochi with support from the Linkages project. Clients continued to come to the DICs to access information on sexual and reproductive health, to recreate and have a safe space for PEs and PNs to meet their clients for education sessions and support groups. In addition, clients continued to come and access health services such as STI screening, HTS and get ART drug refills. The number of clients receiving ART from the DICs has increased by 56% from 65 in January 2019 to 102 by 31<sup>st</sup> August, 2019.

Currently, Mangochi has highest number of MSM & TG receiving Art services at the DIC, at 35, followed by Blantyre with 30 while Lilongwe has 20 and Mzuzu 17.

**Figure 1: service delivery in CEDEP DICs**



It has been observed that many more clients are willing to start accessing the ART services at the DIC mostly because there are high levels of confidentiality and convenience at the centres as compared to public health facilities. However, most clients are unable to do so due to high cost of transportation owing to the long distance from their clusters to DIC. Peer Navigators therefore continue to encourage such clients to continue accessing ART services from their nearest government health facility.

Nevertheless, CEDEP would serve its clients better if it had more than one DIC per district and at least one in each of the districts it is operating in.

### **2.1.2 Scale up HTS and STI services for LGBTI and Female Sex Workers.**

Under this output, CEDEP aims to enable more members of the key population easily access HIV testing and STI screening services in an effort to contribute towards the 95:95:95 targets. CEDEP uses HIV testing campaigns (mobile or static) and routine referrals to KP-friendly public and private health facilities as well as its DICs which have trained health personnel.

In the period under review, CEDEP intensified targeted mobile HTS campaigns in order to identify more HIV positive members of the LGBTI and FSW communities. Two outreach campaigns were conducted in each of the seven districts under the Global Fund project while Five were conducted in each of the Linkages districts and One in Chikwawa, under the Gateway project. In addition, a special campaign called Enhanced Peer Outreach Approach (EPOA) was held under the Linkages project from in February, 2019. A similar campaign called Social Network Strategy (SNS) was also

conducted in CHikwawa under Gateway. CEDEP also started distributing self testing kits and continued conducting index testing.

Furthermore, Peer Educators continued to refer clients for routine HTS and STI screening to various health facilities as well as to DICs where they were able to access the services.

Targetted mobile HTS campaigns, whether incentivized or not, continue to be more effective in identifying more new HIV positive cases in a short period than the routine referrals and static mass campaigns. It is therefore recommended that the department refines this method, develops necessary tools and applies it across its projects if CEDEP is to identify more HIV positive clients.

### ***Approaches used to enhance HTS***

CEDEP continues to bring innovative strategies such as EPOA and SNS, Self Testind and Index Testing, in a quest to reach key population members, especially the LGBTI, who are not willing to come out and access services. Chief among these strategies are EPOA and SNS. Both strategies use coupon based snowballing where MSM and TGs who are already in the projects are encouraged to bring into the projects members from their social and sexual networks who are not. Under EPOA, the return of a coupon and successful service delivery is incentivized while under the SNS, it is not.

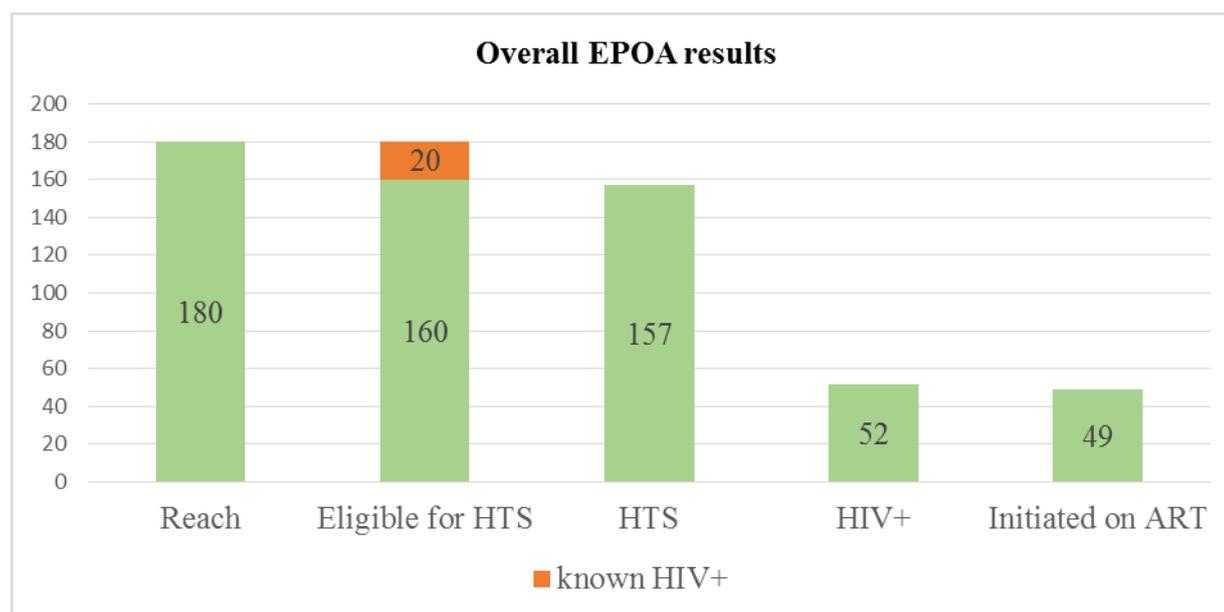
#### ***1. Social Network Strategy and EPOA***

The SNS strategy was rolled out by the Gateway project in August after successful orientation of peer educators in the strategy and its data collection tools. By the end of the month, 26 MSM had been tested with 3 identified HIV positive – representing 12% case finding rate.

In February 2019, Linkages Project conducted one round of EPOA campaign in Lilongwe, Mzuzu and Mangochi districts in an effort to reach for hard-to reach clients. The campaign was not conducted in Blantyre since a similar campaign had taken place in the district in the last quarter of 2018. Index testing was incorporated into the campaign as one of the main strategies to reach for more clients. In Lilongwe district, Viral Load sample collection was also conducted alongside the campaign with an aim of enhancing Viral Load follow up among clients who were due for the service.

The overall HIV case identification rate was 33%. A total of 157 individuals (155 MSM and 2 TGs) were tested for HIV, of which 52 MSM were diagnosed HIV positive.

**Figure 2: EPOA results-HTS**



Both the SNS and EPOA campaigns were a success because the Projects were able to enroll many new clients and offer services as required in the periods they were conducted. The high HIV positivity rate of 33% under EPOA and 12% under SNS attests to this. Also, the high rate of those tested among those eligible for testing reached (98%) was due to the efficiency in targeting, one-on-one messaging and flexibility in the service delivery arrangements, where the services were being made available to them at their convenient time and place. Additionally, Good seed selection, inclusion of index testing, good logistical arrangements and effective monitoring and evaluation were some of the factors that lead to this success.

The use of incentives remains the quickest way of mobilizing MSM and TG clients to access health services as evidenced by the results of the EPOA campaigns. However, the effectiveness of these campaigns needs a well-planned and organized approach so that mobilization is done extensively and to give enough time for the testing services. Furthermore, it is recommended that EPOA campaigns be factored into the EPiC Project annual budgets for them to be conducted as regularly as possible. In addition, The Project should make resources available for staff to be organizing campaigns specifically to help in following up the newly identified HIV positive clients.

## **2. Self Testing**

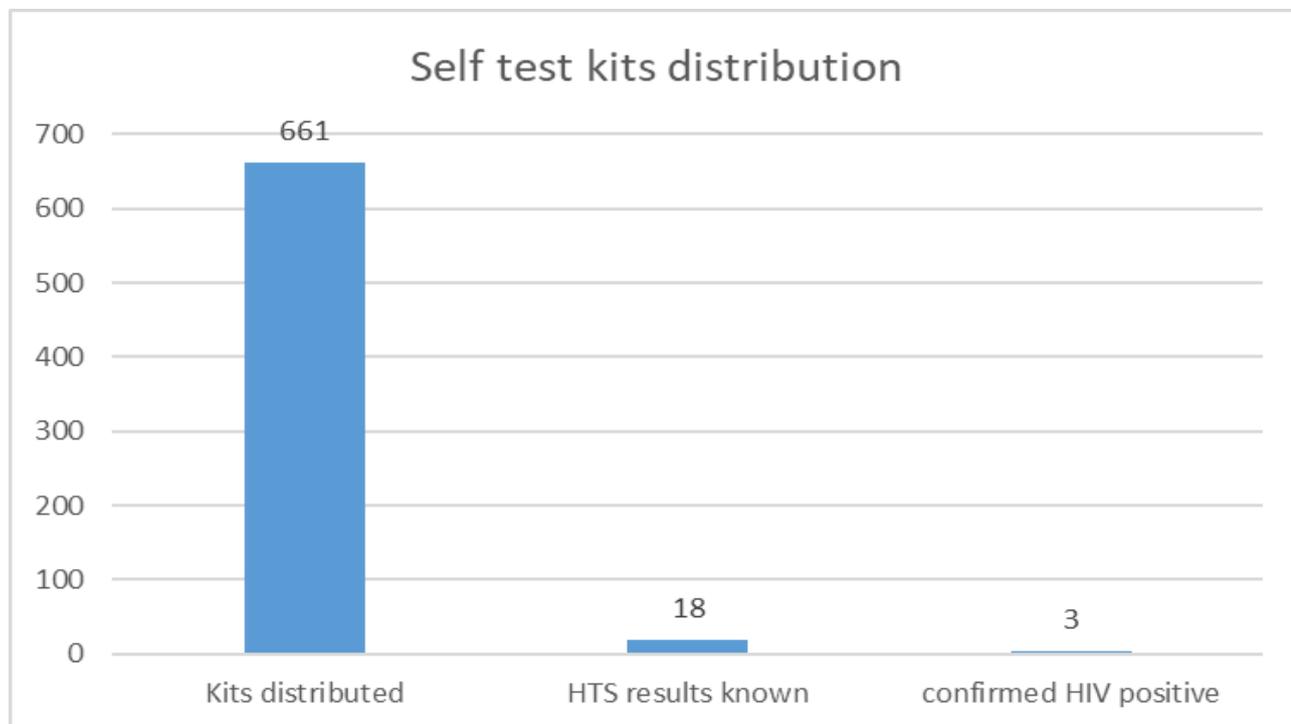
In the period under review, CEDEP rolled out self-testing under the Linkages project as a strategy aimed at increasing the number of MSM and TG clients accessing HTS. This strategy is currently being done in Mzuzu, Lilongwe and Mangochi.

Prior to the commencement of distribution of self- test kits, The Linkages project organized a training session for the distributors and service providers. This training was held from 18<sup>th</sup> to 22<sup>nd</sup> February at Linde Hotel in Dowa and was facilitated by Trainers from Ministry of Health. By the end of the training, all DIC Managers, District

Coordinators and four distributors selected from among the existing peer educators and outreach workers were trained.

Distribution of self-test kits started in March in all the three districts. Thus far, 661 self test kits have been distributed the results of which only 18 are known and 3 were confirmed HIV positive.

**Figure 3: Self test kits distribution**



Self testing has encountered three key challenges as highlighted below;

- There is high demand for the use of Self-Test kits. However, there is low turn up of MSM and TG for Confirmation testing in public and DIC facilities. Only 3% returned for confirmatory test.
- Distributors need a lot of support to carter for their communication and transport which the projects or the public health facilities are unable to support. This is because the project trained few distributors at each district that are mean to distribute the kits in the whole district. In addition, there is inadequate number of trained HIV Self-testing distributors. This is limiting accessibility of kits by the clients within their communities. In some hard to reach areas such as Makanjira in Mangochi, the outreaches are used by CEDEP to distribute the kits.
- There data tools used to collect data under the MOH are inadequate. MOH should consider collecting Bio data so that clients who have collected the Kits

should be properly followed up for the confirmatory test. This will increase turn-up of clients in facilities being tested and receiving their results.

### 3. Index Testing

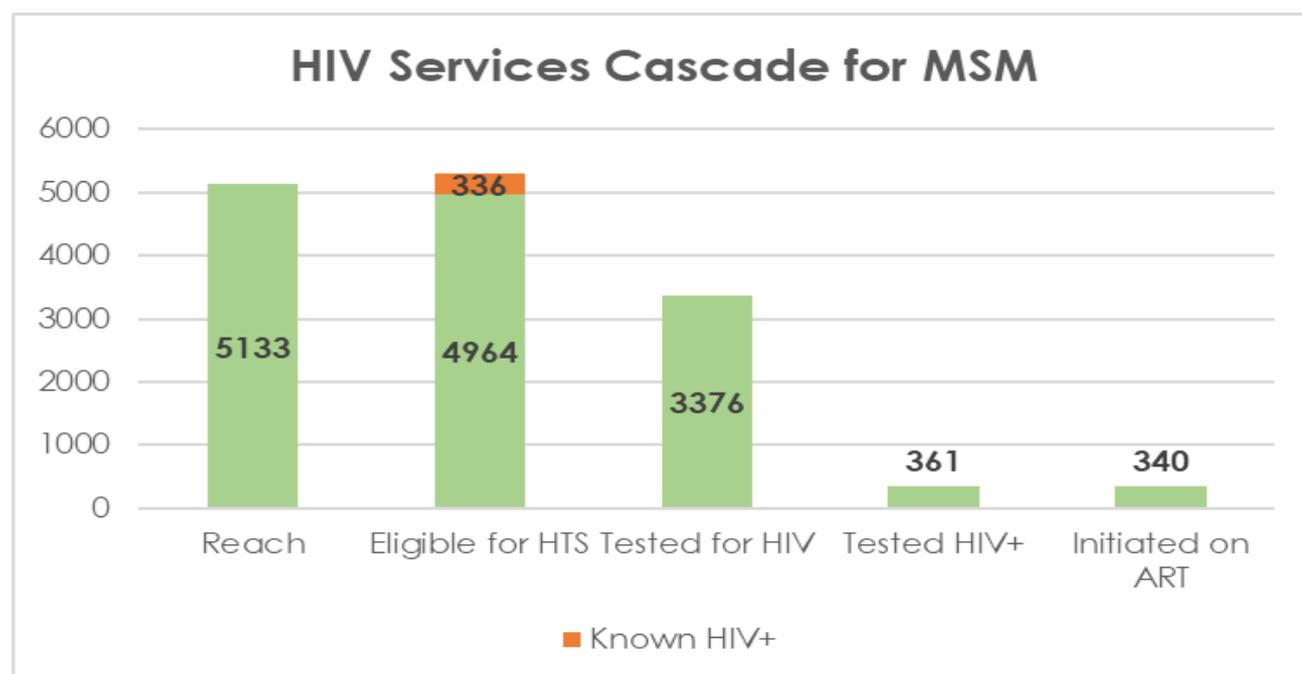
In the period under review, the Project continued to conduct Index Testing with an aim of reaching for more MSM and TG and other members in their social and sexual circles. A total of 180 MSM were documented to have been tested and 59 tested HIV positive representing 33% case finding rate. A total of 49 TG got tested through index testing and 20 TG tested HIV positive representing 41.% case finding rate. This is very high compared to all the strategies that the project has employed so far as its more likely to reach out to the high risk client through network that is directly linked to the index client.

CEDEP, through the Projects continues to explore ways of reaching to female partners of the bisexual clients considering the sensitivity of the same sex relations and the need to maintain confidentiality for the clients.

#### 2.1.3 Reach and HIV Test among MSM

Out of the total 5133 MSM clients who were reached with comprehensive HIV messages, 336 were already living with HIV, hence 4964 were eligible for testing from which 3376 (68%) were tested for HIV.

**Figure 4: Overall cascade for MSM**



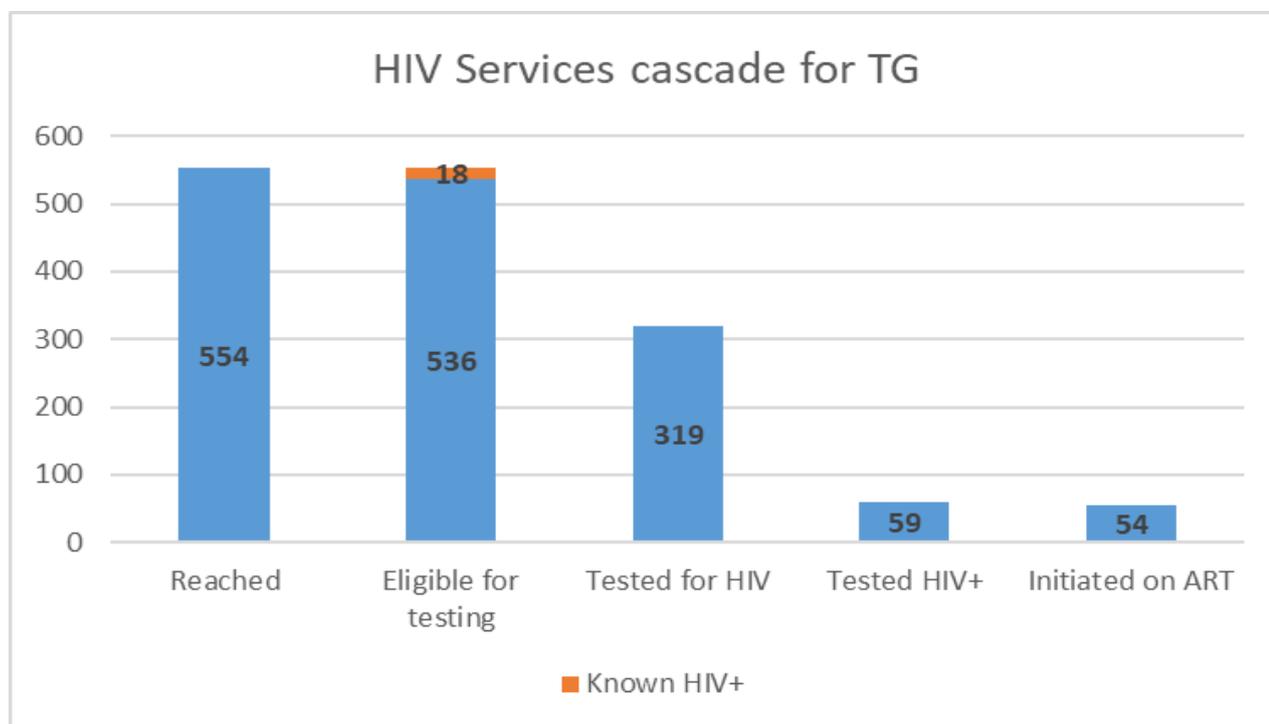
A total of 361 clients were diagnosed with HIV and 340 were initiated on ART. This gives an overall case identification rate of 10.7% and 94% ART initiation rate.

The case identification rate has significantly increased from an overall 4% registered during the same period last year, 2018. The target is to register 17.5% case detection in line with the 2014 study findings which estimated that HIV prevalence among MSM is at 17.5%. The higher HIV case finding rate is due to incorporation of innovative ways of identifying and testing to MSM clients such as targeted testing, Enhanced Peer Outreach Approach (EPOA), Social Network Strategy (SNS), Index testing and Self testing. Initiation on ART, at 94 %, is 1% lower than the targeted 95% of the second 95 of the 95:95:95. The department, in collaboration with Ministry of Health will strengthen the test and treat strategy. The challenge with ART initiation however has been inadequate follow up by CEDEP staff due to their lack of physical presence in the districts, especially those under the Global Fund. This is demonstrated in the graph below, that shows 12 MSM were not initiated on ART under the Global Fund Project while only 6 and 3 were not initiated under the Linkages and Gateway respectively.

### 2.1.4 HIV Services cascade among TG

A total of 554 TG clients were reached in the period under review out of whom 18 were known HIV positive and the rest, 536 were eligible for testing. However, 85 of these (60%) got tested.

**Figure 5: Overall Cascade among TG**



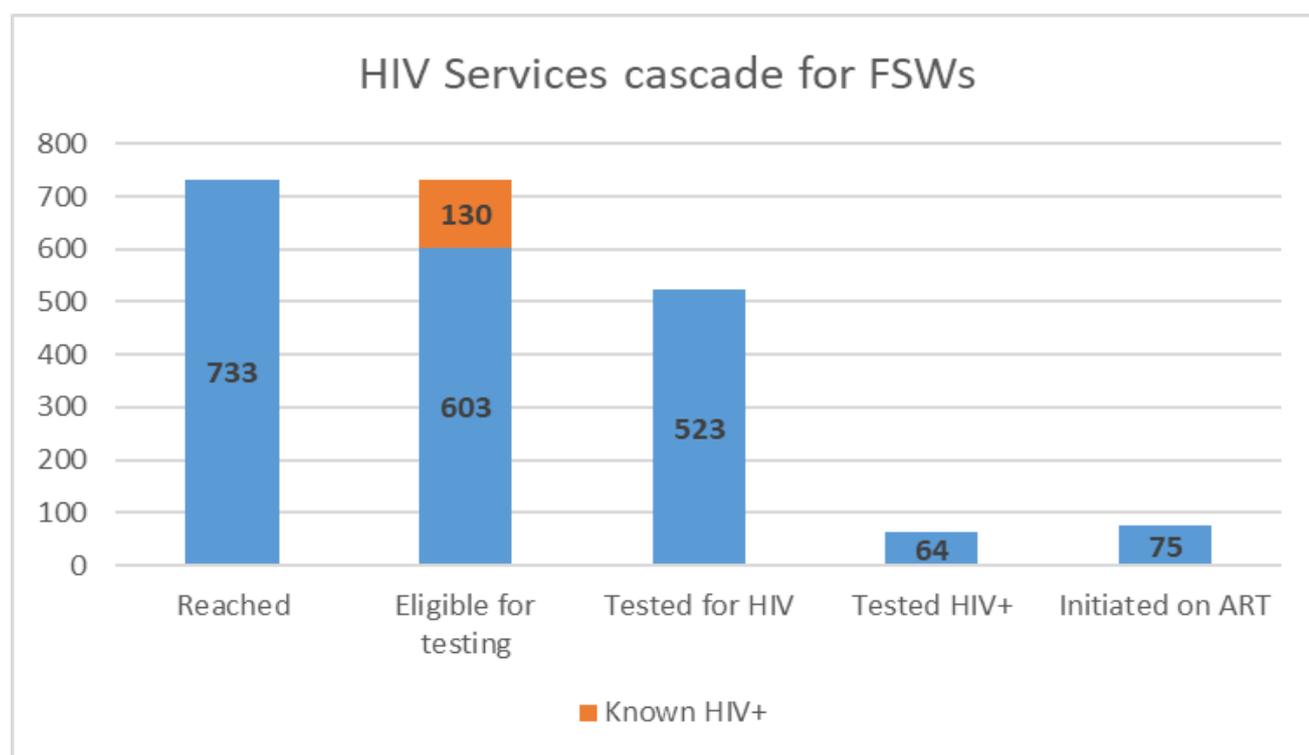
The case identification rate was at 18.5%. Thus far, the case finding rate among the TG is higher than 7.3% rate identified in the first 8 months of 2018. This high case rate means that among those tested, many TGs are being identified and initiated on ART. This can

be attributed to the highly efficient EPOA and targeted testing campaigns that were conducted in the period under review. The rate of initiation on ART was at 92%. Among the 5 clients who were not initiated on ART, some were lost to follow up while others are being tracked and counselled. All the 18 TGs who were enrolled in the project with known HIV status were already on ART but were linked to peer navigators for adherence follow up.

### 2.1.5 Reach and test among FSWs

The case identification rate among FSWs was at 13% in the period under review. All the FSWs who were diagnosed HIV positive were initiated on ART, indicating 100% initiation rate. A total of 11 FSWs among the 130 who were enrolled into the project with a known HIV status were not on ART. Through the collective effort of peer navigators and HSPs, all the 11 FSWs were initiated on ART hence a total of 75 were confirmed to be on ART.

**Figure 6: HIV services cascade among FSWs**

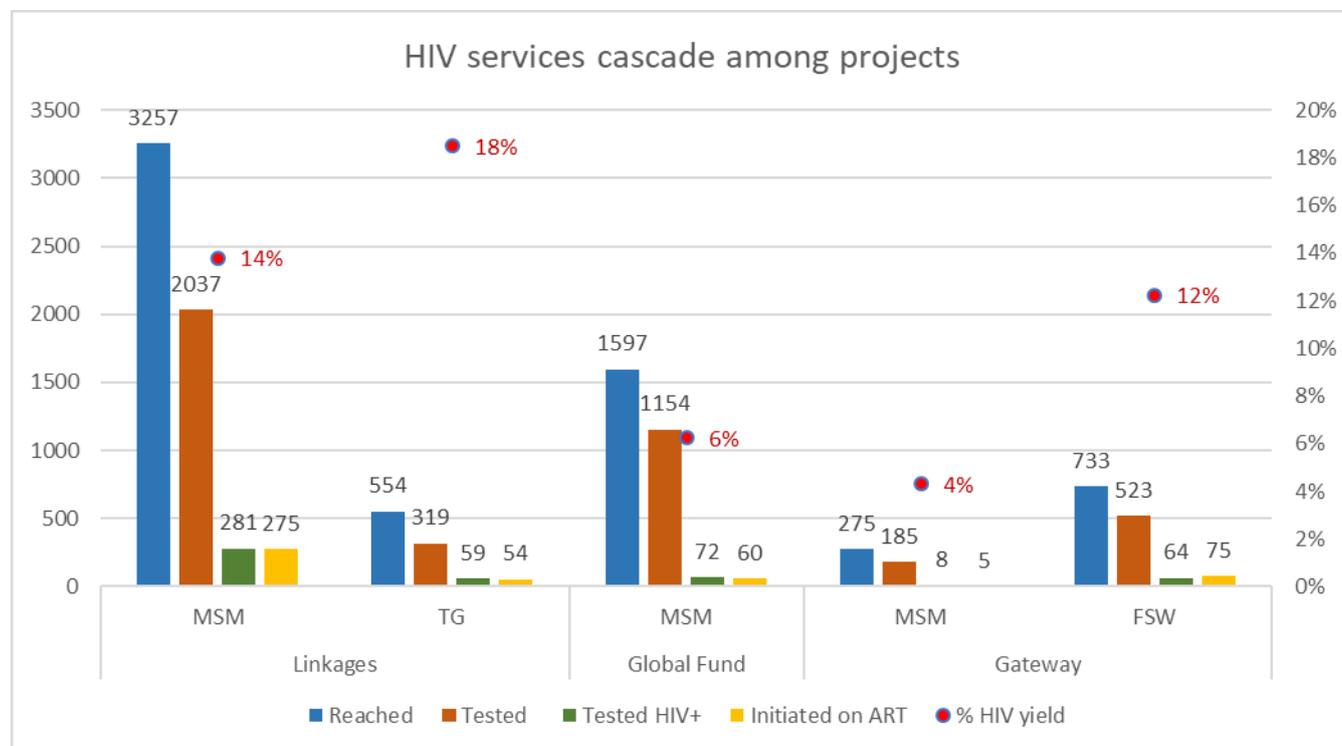


### 2.1.6 HIV services cascades among projects

The highest number of individuals tested and identified with HIV was under the Linkages project. The highest HIV case finding rate was also under the same project, where a total of 2037 MSM and 319 TGS got tested as in the figure below. Among the population groups, The case finding rate was highest among the TGs, at 18% as can be observed in the figure below. Some of the contributing factors may be that apart from operating in areas

with high prevalence, the Linkages project has adequate human resources which make monitoring of strategies for improved HIV yield easier. Thus index testing, self testing, targeted testing and PE performance is easily tracked.

**Figure 7: HIV case detection rates among projects**



One of the goals of CEDEP is to have as many members of key population as possible know their HIV status. With this in mind, the department targets that all individuals who are reached through its various projects and are eligible for testing (do not know their HIV status) get tested. Among the FSWs, 87% of those eligible got tested while among the TGs, only 64% did as can be shown in the table below. The department will ensure that as many more clients get tested.

**Table 1: Percentage of clients tested among those eligible by Project.**

PROJECT	Linkages		Global Fund	Gateway	
KP GROUP	MSM	TG	MSM	MSM	FSW
% tested	69%	64%	72%	72%	87%

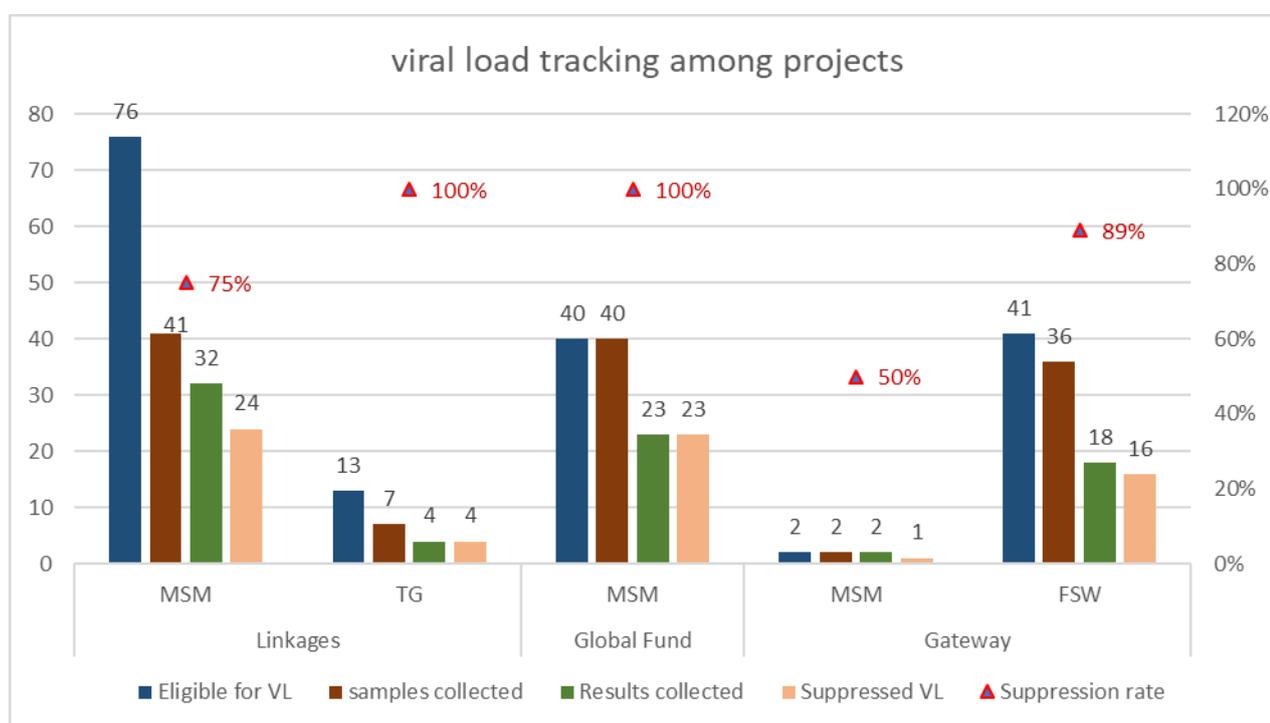
CEDEP has also embarked on an ambitious drive of reporting TGs separately from the rest of the MSM under the Global Fund and Gateway projects as is the case under Linkages. This will make it easier for CEDEP to provide differentiated services to this

vulnerable group among the key populations as well as have a meaningful contribution to the National and Global Aids reporting structures.

### 2.1.7 HIV Care and Treatment

CEDEP continued to make strides in promoting health living to HIV positive clients through strengthening adherence to care and treatment and tracking viral load. Among the MSM and TG, a total of 131 MSM and TG clients were eligible for viral load checking out of whom 91 had their samples collected (69%). A total of 61 results were collected and 56 had suppressed viral load. This gives a suppression rate was of 92%. Among the FSWs, 41 clients were eligible for testing and 36 had samples drawn. The suppression rate was at 89%.

**Figure 8: HIV care and treatment among MSM, TG and FSW**

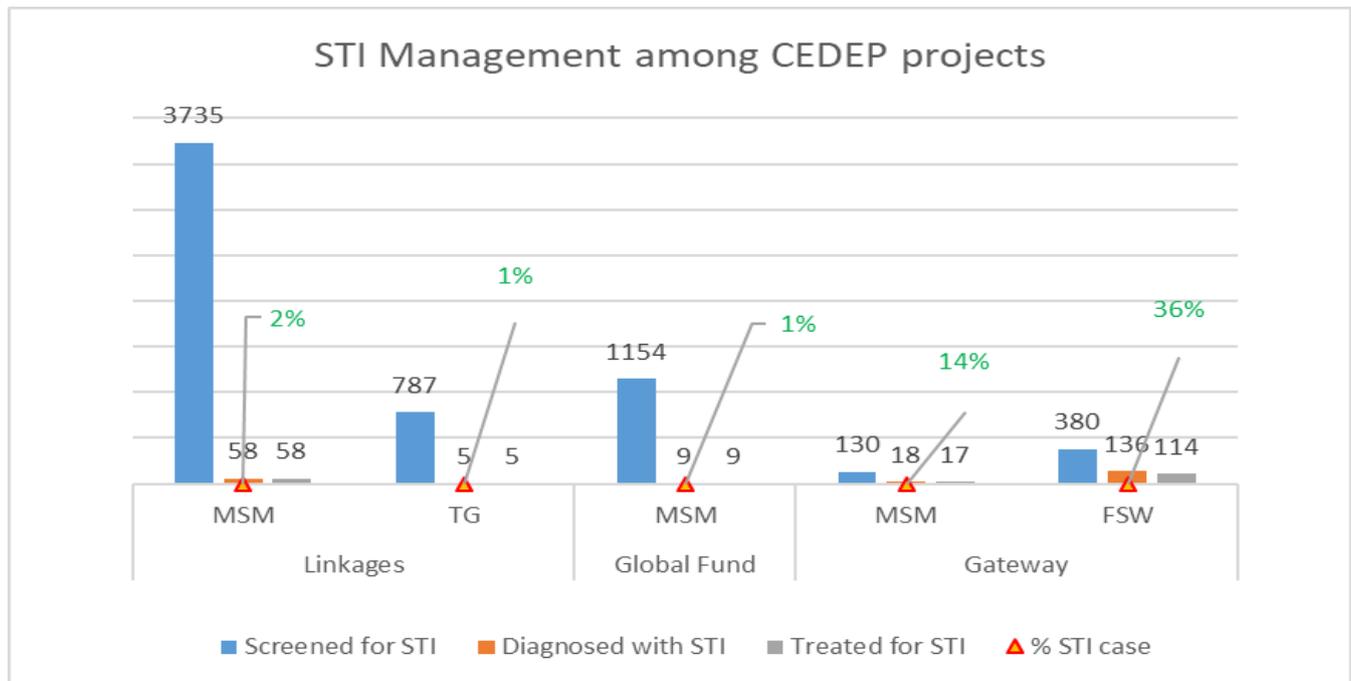


Great strides have been made under the Global Fund project where for the first time, samples from all the 40 clients who eligible for VL were drawn from across the project districts. The Gateway project also started tracking viral load in this period. However, there is only one VL testing machine in the whole of Lower Shire, at Nsanje District Hospital. As a result, collecting VL results is a challenge. The project is working to partner with relevant stakeholders to make sure these results are processed in time. The turn around time for viral load collection remains a big challenge in all the projects. Clients whose viral load levels remain high will continue to be assisted in ART adherence by Peer Navigators and DIC Managers as the case of Linkages and Global Fund and Peer Educators in the case of Gateway.

### 2.1.8 Sexually Transmitted Infections (STIs)

A total of 5,019 screening tests were to MSM clients, 787 to TG and 380 to FSWs (including repeat tests) FSW out of which 85 cases from MSM, 5 cases from TG and 136 cases for FSWs were diagnosed. This gives overall case detection rates of 2% among MSM, 1% among TG and 36% However, only TG had 100% treatment rate. MSM treated 84 out of the 85 (99%) while FSWs treated 114 out the 136 cases.

**Figure 9: STI case management among projects**



In the period between April and July, there was shortage of STI drugs in most public facilities Chikwawa District. As such, clients who were diagnosed with STIs were being referred to private pharmacies to buy the drugs. Some of the clients were unable to buy while the project did not manage to track all clients to confirm if they started treatment due to their mobility. In Chikwawa, CEDEP will intensify condom distribution and information sharing to reduce the prevalence of the STIs among the FSWs.

### 2.1.9 Gender Based Violence (GBV)

A total of 24 Gender Based Violence cases were reported in the period, 19 from MSM, 3 from TG and 2 from FSW. Among the FSWs, one case was of physical abuse (beating) while the other was sexual violence (rape). Among the MSM and TG, most of the cases were on emotional and physical abuse (assault). However, 17 of these cases were reported under the Linkages project, 5 under the Global fund project and 2 under the Gateway project. The figure is higher under the Linkages project because the GBV reporting and referral systems are well strengthened than in the other projects.

CEDEP, through Peer Educators and Peer Navigators continues to create awareness and provide guidance to members of the LGBTI community on issues of safety and

security. Nevertheless, some members continue to express dissatisfaction with the level of support the projects provide when a peer falls victim, saying that in addition to its emphasis on psycho-socio counselling and safe space in the DICs, the projects should be setting aside resources to support such victims with lodging, food and legal assistance when need arises. This feeling has prevented some MSM and TG from reporting GBV cases in past and the quarter under review. There is also an increased need for CEDEP officers to be given additional Psycho-socio counselling skills to make them more competent in handling GBV cases and for the projects to be proactively involved in breaking community based structural barriers for LGBTI to freely access services.

CEDEP continues to conduct GBV community awareness on the need to report GBV cases so that victims are assisted on time. The messaging also emphasizes on the importance of safety and security within their community. CEDEP has always encouraged Peer educators to assure their peers of the care of the victimized peers in DICs and at CEDEP so that more cases are reported and documented to inform policy direction.

#### **2.1.10 Tuberculosis**

Peer Educators and Peer Navigators continue with the delivery of messages relating to TB. They also continue to screen and make referrals for presumptive cases to public health facilities for TB diagnosis and treatment. In the period under review, a total of 3376 MSM and 319 TGs were screened for TB at various health service delivery points. A total of 4 cases were identified as presumptive TB cases and were referred for further TB diagnosis and treatment, out of which 2 were diagnosed and initiated on TB treatment. TB household screening was conducted for all the presumptive cases and none of the contacts were presumed to be with TB. The department continues to encourage health service providers to screen all clients for TB with emphasis on KPLHIV during any contact with them.

#### **2.1.11 Cervical Cancer Screening and Treatment**

Female sex workers were targeted for cervical cancer screening in this reporting period. The service was provided both at health facility level and through outreach clinics, where HSP were asked to bring the cancer screening services to the hotspots where most of the FSWs are based. FSWs were very excited with the service such that it was easy for them to encourage each other to be screened, especially after the pre-screening sessions which were done by the HSPs as one way of defusing myths surrounding cervical cancer screening.

CEDEP managed to screen 352 FSWs out of whom 22 tested positive and 19 were immediately treated with thermo coagulation while 1 client asked for more time before starting treatment. The project is yet to follow up on this client to make sure that she starts treatment. A total of 227 clients (64%) accessed the service from within their

hotspots during mobile campaigns while the rest, 85(36%), accessed it through public health facilities. The following table summarizes the number of FSW who accessed Cervical Cancer screening.

**Table 2. Number of KPs Screened for Cervical Cancer**

Group	# screened for Cervical Cancer	# VIA Tested positive	# received treatment
FSW	352	22	19

### 2.1.12 Family Planning

One of the services in the package offered to FSWs under the Gateway project is Family Planning. Although FSWs face a lot of challenges in accessing this service, including stigma and discrimination, FSWs through the Gateway project, FSWs are slowly gathering courage to seek the service. So far, 10 FSWs have received various family planning services from health facilities through PEs' routine referrals. However, there was chronic shortage of family planning drugs at some facilities in the district, leading to some FSW not accessing the service in time.

CEDEP plans to intensify mobile outreach campaigns to be conducted alongside cervical cancer screening in order to increase uptake of the service.

### 2.2 Training of Peer Educators, Navigators, Outreach Workers & Project Staff

Following the successful conduction of the identification of the peer educators and peer navigators in Chikwawa, the Gateway Program lined up 4 training sessions which were held March 2019. Prior to the trainings the facilitators had a training planning meeting from which they were able to allocate each other classes and topics.

CEDEP staff from Blantyre and Chikwawa DHO personnel helped with the facilitation of the trainings. The objective of the training was to equip participants with knowledge and skills in HIV prevention related peer education focusing on identification of clients, establishment of rapport and active referral of their colleagues in hot spots for health and other social services for example HIV testing and gender based violence. The topics that were covered were drawn from the peer education manuals for MSM and FSWs. In total 15 MSM PEs, 4 MSM PNs, 15 FSW PEs and 10 FSW PNs attended the training in Chikwawa.

### 2.3 Support Outreach Workers, Peer Educators and Peer Navigators (stipends,)

CEDEP continued to support 325 volunteer workers which include 258 PEs, 45 PNs and 22 ORWs with resources and technical support for smooth implementation of project activities. Among these are 19 MSM Peer Educators and 25 FSWs Peer Educators that were identified and trained under the Gateway Program in Chikwawa in March 2019.

## **2.4 Mobilize, establish and support KP PLHIV groups.**

In the quarter under review, 691 MSM and 165 TGs received community care, mostly from the Peer Navigators. They continued to support KPLHIV in adherence to treatment and health living discussions through one-on-one sessions, group sessions and Support group meetings. All the 12 MSM support groups (11 under linkages and 1 under Global Fund) met at least eight times in the period. The Gateway project established support groups for FSWs and conducted orientation meetings with their leaders on 9<sup>th</sup> August.

During the support group meetings, Peer Navigators discuss with the KPLHIV various issues, including the presence of ART services at CEDEP DICs, the need for screening for early signs for cancer and TB and the change of ART regimen from 5A to 13A. In Blantyre, all 94 clients have been transferred to 13A, while Mzuzu 17 that are receiving Art at DIC have been also transferred on 13A while in Lilongwe, 20 clients are receiving DTG at DIC. Mangochi has also transferred 48 clients on 13A. Over 98 % of the clients receiving ART in the DICs have been started on new Drug.

However, the challenge of low turn-up of KPLHIV in the support group continue. Most of the men participating in them are usually busy with personal income generating activities to support their livelihood and that of their families. In a quest to make the support groups attractive, the project staff are continuing giving information to KPLHIV peers on benefits of participating in PLHIV support groups. The information includes ability to access own up to date information on positive living, promotion of treatment adherence, psychosocial support, access to prevention support (condoms and lubricants) and index testing. The existing support groups also came up with collective income generating activities to make the groups attractive. In the period under review, group members continued to make financial and material contributions among themselves in order to sustain the activities.

## **3. Strategic Objective 2: Increase Safe Sex Knowledge among the LGBTI**

This strategic objective aims at empowering members of the key populations to make informed decisions regarding their sexual health. In contributing to this strategic objective the department conducted the following activities:

### **3.2.1 Scale up Peer Education Programs for LGBTI and vulnerable groups**

CEDEP through Peer Educators reached clients through snowballing technique and conducted ongoing outreach activities. In the period under review, Peer Educators conducted one on one and small group sessions to a total of 5,133 MSM and 319 TG clients. The Peer Educators delivered HIV related messages to their clients which ranged

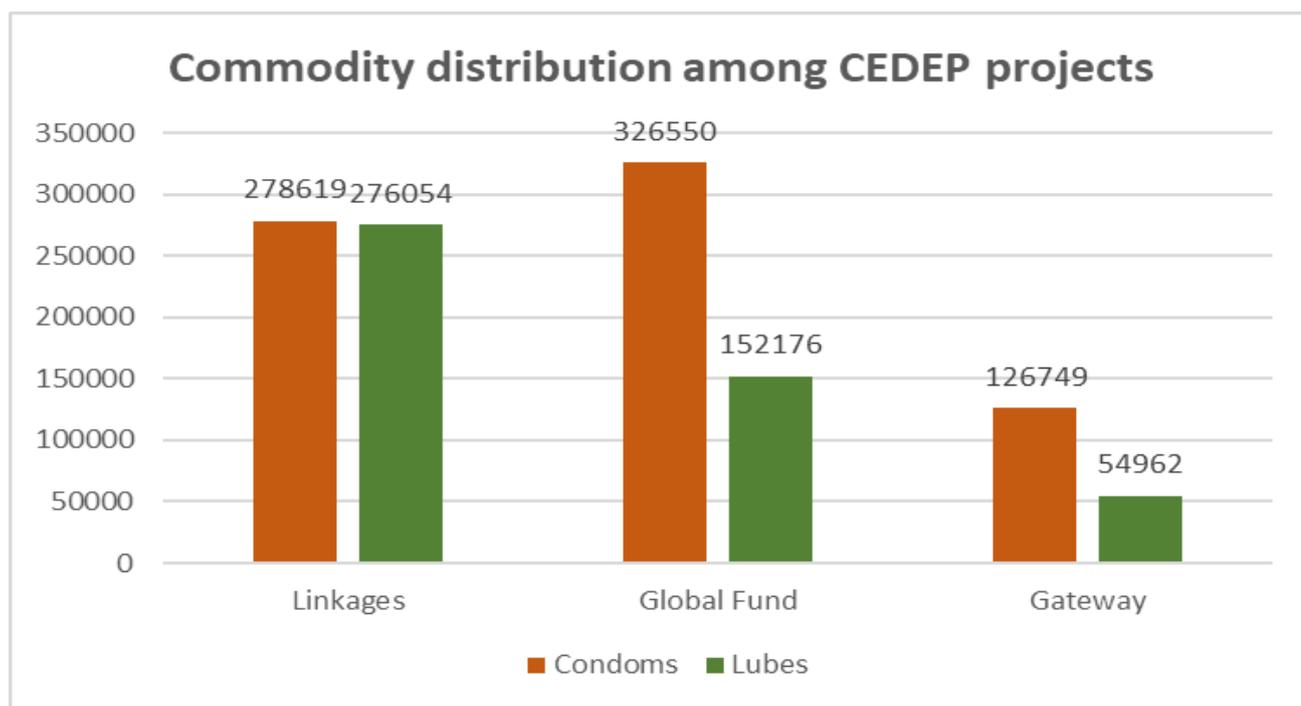
from consistent and correct condom and lubricant use, multiple concurrent partnerships, HTC, STIs, Alcohol and drug abuse and adherence to ART and many more during the sessions that are aimed at behavioural change.

CEDEP staff continued to supervise and mentor peer community workers during education sessions and monthly review meetings. All these efforts are aimed at scaling up efforts in peer education program.

### 3.2.2 Provide safe sex packages and information to target groups

A total of 731,918 Condoms and 483,192 Lubricants were distributed by the three projects in an effort to strengthen HIV prevention efforts. Through demonstration and other information sharing methods, the clients were counseled on proper use of these commodities by Peer Educators. The commodities were routinely supplied to all the CEDEP districts by PSI Malawi through HP+.

The global fund project, being present in more districts than any other project distributed the highest number of condoms as can be observed in the figure below.



**Figure 10: commodity distribution among CEDEP projects**

Some MSM and TG clients continue to use their preferred brands of commodities bought locally as they complain of poor quality of the commodities they receive. In some cases, clients, especially TGs also complained about the packaging of the lubricants, citing bottling as the most convenient package for them as opposed to the sachets.

### **3.2.3 Build Capacity of health service providers on health needs of the LGBTI and other vulnerable groups**

In the reporting period, CEDEP conducted two health service providers training workshops on provision of friendly health services to key populations. These were aimed at equipping the health service providers with skills on how to provide high quality, friendly and a stigma free environment for key populations. The trainings targeted Nurses, Clinicians and HTC providers from STI, ART, HTC and OPD sections from selected health facilities.

A total of 170 HSPs were trained under the Global Fund project across the districts and 30 under the Gateway project in Chikwawa district. All The trainings were supported by the respective DHOs with, among others, facilitators. The topics covered during the orientation came from the CEDEP training manual and included gender, sex and sexuality; barriers in accessing services by MSM; Stigma & discrimination; counselling strategies to key population; clinical management of MSM; and human rights and health. Through the trainings, CEDEP also shared with the participants findings of research studies on MSM and the HIV & AIDS 2015-2020 National Strategic Plan, progress made by CEDEP in providing services to MSM as well as getting feedback from them on how best the MSM and FSWs can be served. Health Service Providers indicated that the trainings were an eye opener to them especially regarding MSM health needs.

The challenge however has been that of frequent transfers of the trained HSP from health facilities that are frequently used by MSM or from HTC and STI departments to other departments. This is forcing CEDEP to train more HSP to fill in the gap with the aim of continuing the MSM friendly service provision.

### **3.2.4 Conduct regular focus group discussions with clients**

Under the Gateway project, a series of Know your provider sessions were held in the month of July. The sessions were aimed at strengthening the relationship between service providers (HSP), the Police, Peer Educators and their clients. The meetings which were organised according to the KP groups across the gateway project impact areas. In total 200 people participated in the FSW sessions and 140 in the MSM sessions.

The discussions were very fruitful as both sides had an opportunity to express their issues affecting access to services. Areas that were discussed included ART adherence, Viral Load testing and GBV.

## **4. Strategic Objective 3: Improve the health and psycho social service referral system**

Under this strategic objective, CEDEP aims at developing a referral system that better supports access to good health and psycho-social services among LGBTI and FSWs. The following are the activities that were conducted in contributing to this objective:

#### **4.3.1 Conduct Supervision( Monthly, and quarterly) to monitor the feasibility of referral system**

In the period under review, CEDEP staff continued conducting routine supervisory visits to Peer Educators in their clusters and health care workers in health facilities with the aim of providing technical support in the delivery of services and documentation of data. The staff provided support on the documentation of clients' information by Peer Educators and Health Service Providers in their registers. The Staff also continued to discuss proposed solutions to challenges faced by Health Service Providers in managing clients, especially those seeking index testing on female partners of bisexual clients, storage of referral slips, and availability of trained staff on duty to deliver friendly key population services.

The follow-up in health facilities continue to strengthen the good relationship that exists between the project and the Health Service Providers. It also provides an opportunity to discuss with the providers challenges they face in their day-to-day work as they serve the MSM and TG community.

In the period under review, CEDEP staff also embarked on a series of supervisory field visits where they observed peer education sessions and testing campaigns. Through such visits, CEDEP staff were able to interact with clients, build confidence in Peer Educators and provide technical support to the PEs in how best they can carry out their duty for maximum impact.

#### **4.3.2 Promote referral system for counselling and psycho-social Support services for LGBTI**

In addition to training the HSP in Mulanje and Chikwawa on the referral system, CEDEP continued distributing self-carbonated copies of referral books to PEs to be used for referring clients for services and copies of monthly reporting forms for compilation and reporting of data. In addition, CEDEP continued close supervision and mentorship of the PE and continuous engagement of HSP on the referral system. These efforts have helped in ensuring a strong and robust monitoring and evaluation system for CEDEP because the books and forms have helped in easy keeping and verification of data and have greatly improved the general referral system.

Furthermore, CEDEP continued to oversee the works of Gender Based Violence Committees which were established in the four CEDEP DICS to help in aiding GBV referral system. The committees consist of a member of the Malawi Police service, a Health Service Provider, CEDEP district coordinator, DIC manager and a Peer Educator. This is in an effort to increase awareness on the psycho-social needs of LGBTI community as well as how they can offer support and play a role when a client has been referred for psycho-social support.

Through general referral, a total of 3 Gender Based Violence cases were reported all of which were addressed either directly by CEDEP or through referral to other agencies, such as the police, social welfare or the health service.

#### **4.3.3 Establish and strengthen GBV committees for psycho-social support**

CEDEP, through Peer Educators and Peer Navigators continues to create awareness and provide guidance to members of the LGBTI community on issues of safety and security. Nevertheless, some members continue to express dissatisfaction with the level of support the projects provide when a peer falls victim, saying that in addition to its emphasis on psycho-socio counselling and safe space in the DICs, the projects should be setting aside resources to support such victims with lodging, food and legal assistance when need arises. This feeling has prevented some MSM and TG from reporting GBV cases in past and the quarter under review. There is also an increased need for CEDEP officers to be given additional Psycho-socio counselling skills to make them more competent in handling GBV cases and for the projects to be proactively involved in breaking community based structural barriers for LGBTI to freely access services.

CEDEP continues to conduct GBV community awareness on the need to report GBV cases so that victims are assisted on time. The messaging also emphasizes on the importance of safety and security within their community. CEDEP has always encouraged Peer educators to assure their peers of the care of the victimized peers in DICs and at CEDEP so that more cases are reported and documented to inform policy direction.

### **5. Strategic Goal 3: Improve Information Management and Evidence Based Decision Making**

CEDEP believes that information is very crucial for programming and designing interventions that have an impact on the target groups. Well managed information helps the organization and project implementing teams to make evidence based decision on interventions in order to make them work. In the eight months under review, the department carried out activities to enhance credible information management system.

#### **5.3 Strategic Objective 3: Enhance Monitoring and Evaluation for all interventions**

Under this strategic objective, the department managed to conduct the following activities:

##### **5.3.1 Develop and elaborate M&E system for CEDEP**

The Monitoring and evaluation team also undertook to review reporting tools and develop new ones to ensure relevance of the data being collected. The team also continued mentoring the Linkages project staff in electronic data reporting using the

DHIS2 database. This is an ongoing task aimed at invigorating the M&E system under the department. and effectiveness of tools use. Under the gateway project, the M&E participated in the review of data tools and translating them into Chichewa for easy understanding by the peer educators. The peer educators were subsequently oriented on the revised tools in August, 2019.

### **5.3.2 Train CEDEP staff in M&E**

In March and April 2019, CEDEP M&E Officer visited five of the seven districts under the Global Fund project of Mulanje, Zomba, Dedza, Salima and Kasungu to provide technical and data management support to district sites. The M&E Team also visited all the Linkages districts and provided support in the implementation of strategies.

### **5.3.3 Undertake monitoring and evaluation for all interventions implemented by CEDEP**

#### **5.3.3.1 Monthly Review Meetings with Peer Educators and Peer Navigators**

In the period under review, CEDEP continued to conduct monthly review meetings in all the twelve districts with Peer educators, peer navigators and outreach workers. The aim of the meetings were to discuss project progress, data issues and challenges faced during implementation and propose solutions as well as plan activities for the upcoming months. These meetings are conducted on the 25<sup>th</sup> of every month.

In the meetings, Project Staff continued discussing key data quality issues which were commonly noted in the period with peer community workers and how best these could be addressed. The main issue discussed in the period under review was failure by PEs and PNs to use data and microplanning tool to reach for new clients.

Peer Educators were oriented on self-testing, index testing, target testing and social network strategy (SNS). All these strategies are aimed at helping to reach and provide services new clients. In addition, Peer Educators were continually reminded on the need to report on GBV and create awareness on TB symptoms and signs for early referral for TB diagnosis and treatment in public health facilities.

#### **5.3.3.2 Data Verification and Data Quality, Safety and Security Assessment**

In the period under review, M&E Teams from Action Aid under Global Fund conducted data verification exercises focusing on 2018. The teams visited Kasungu, Salima and Zomba on the dates between 15<sup>th</sup> and 21<sup>st</sup> February 2019. The teams commended the quality of the data in CEDEP records but observed some deficiencies in data collection tools, especially the monthly PE register in which there was no space to capture some data elements such as STI screening.

The FHI360 M&E Team also had two rounds of visits to conduct data verification and data quality assessment in line with sub award agreement guidelines in all the Linkages districts. The visits were aimed at verifying FY19Q1 and FY19Q3 data reported by CEDEP

for possible cases of over or under reporting as well as assessing the quality of the reported data. Other specific objectives of the visit were:

On overall, CEDEP was hailed for the good data management systems in place and the good level of accuracy on data reporting. For example, the verification in Lilongwe proved that the reported data were 96.4% accurate.

However, the exercise also highlighted areas that need attention in data management, as follows:

- There were minor discrepancies between reported data and data in the source documents. Most of the discrepancies emanated from inconsistencies in the e-cascade. The FHI360 visiting team explained that this occurs mainly after periodical system maintenance. It was therefore agreed that both teams be vigilant in reporting such inconsistencies when noted.
- There were a few areas that were recommended for revision in CEDEP's data management policy, including recording of data check ins and check outs. The areas in the policy have since been reviewed.
- It was recommended that when entering data into the e-cascade, officers should make sure that the electronic data forms are complete so that no data gets missed out.

### **5.3.3.3 Monitoring Calls to District Officers to Monitor Project**

In the period under review, the CEDEP M&E Officer and Project Coordinators continued with weekly calls to district officers to monitor progress of service delivery strategies, data entry and quality checks. This has proved to be a very effective monitoring mechanism in absence of funds to support the much needed on-site monitoring visits under some projects, such as Linkages.

### **5.3.4.1 Annual planning and review meetings with project Staff and other stakeholders.**

CEDEP conducted and participated in three major planning and review meetings with key stakeholders with the aim of reviewing performance of the immediate past year.

The first meeting, held under Linkages project was held on 24<sup>th</sup> January at Hippo view Lodge in Lionde. The meeting was organised by FHI360 and was attended by Linkages Deputy Global Director, The representative of the Director of HIV services in the Ministry of Health, representatives from The National Aids Commission (NAC), District Health Officers from Linkages implementing districts and all Linkages Implementing partners. The meeting commended the performance of CEDEP in the year and recommended areas of improvement especially a clear cascade of services for persons living with HIV.

The second review meeting was held under the Global Fund Project from 30<sup>th</sup> to 31<sup>st</sup> January 2019. The meeting was organised by SAT and was attended by all officers from CEDEP and SAT. The meeting also commended CEDEP for achieving above 100% of its targets in the key indicators of Reach and test. The meeting also recommended that efforts should be made in improving HIV case finding rate, improve follow up on KPLHIV and improve documentation.

The third meeting was held in March mainly for planning in preparation for rolling out The Gateway project in Chikwawa. CEDEP met with relevant gatekeepers from the DHO, Peer Educators and Peer Navigators and planned for the year 2019.

#### **5.3.4.2 Quarterly and Biannual Planning Meetings**

In the period under review, CEDEP conducted two quarterly review meeting under the global fund project and one biannual review meeting under the Linkages project. These meetings were aimed at reviewing performance of the respective projects for the year up to the quarter ending June 2019 and propose the best ways forward based on these performances.

The Global Fund quarterly meetings wer held at Yamikani Lodge in Salima and was attended by all district coordinators of the project. During the meetings, the team was upbeat on meeting targets for the year but stressed of the need to strengthen efforts in reaching to Key populations living HIV (KPLHIV) and retaining them in care.

The Linkages biannual meeting was held at CEDEP headquarters in Lilongwe and was In attended by all District Coordinators and DIC Managers. The meeting observed that the project was doing well in meeting targets under the indicators of Test and Linking KPLHIV to care but needed to use different approaches if targets under the Indicator of Reach were to be met. The overall performance of the indicator after the two quarters under review stood at 39%. Among other recommendations, it was agreed that mobile outreach testing campaigns should be well planned and targeted. Members also planned to use a well-designed but simplified EPOA campaign at district level to reach for more clients. However, lack of financial resources was singled out as the main challenge choking smooth implementation of project activities. It was therefore recommended that CEDEP Management, together with FHI360 should work together to do budgetary re-allocations so that the most crucial activities are supported accordingly.

#### **5.3.4.3 Meetings with District Health Management Teams(DHMTs) and District Aids Coordinating Committees(DACCs)**

The Global Fund project held a series of meetings with District Health Management Team (DHMT) in Karonga, Zomba, Dedza, Nkhatabay and Mulanje districts. The meetings provided a forum where CEDEP gave progress updates to these important stakeholders as well as reviewing key challenges facing implementation. Prior to the commencement of the project in Thyolo, meeting with DHMT was aslo held in March

but meetings with District Executive Committee(DEC) and DACC were held in July 2019 before activities were rolled out in August.

The Gateway Project supported the District Aids Coordinating Committee (DACC) meeting in August at NICE conference room in Chikwawa. The meeting drew 35 participants from all actors implementing HIV and AIDS policies in the district. The aim of the meeting was to prepare for the district candle light memorial event by sharing updates from the various committees that were formulated during the first preparatory meeting. CEDEP, who financially supported the meeting was allowed to make a 10 minutes presentation to inform the partners on the progress it has made in the fight against HIV in the district. It was noted that only few members of the committee knew about the project and as such, the meeting helped in bridge the gap that existed between CEDEP and other partners. After the presentation CEDEP was able to identify other organization to partner with in relation to the Gateway project.

## **6. Challenges and Recommendations**

The key challenges that affected the implementation of the activities during the reporting period included the following;

- Late disbursement of funds by grant managers especially under the Global fund and Linkages projects negatively affected reporting timeliness and quality of the project activities. Among others, peer community workers stayed for two months without receiving their monthly stipends, a thing which demotivates them.
- Absence of CEDEP offices and resident project officers in the districts in which Global Fund project is implemented has resulted in reduced contact between officers and Peer community workers. This has negatively affected health facility follow up, supervision of the peer outreach workers, flow of commodities and gender based violence referral among others. The department of health should consider recruiting resident officers in Karonga, Nkhatabay, Kasungu, Salima and Mulanje. Furthermore, absence of M&E assistants in districts where large volumes of data are generated such as those implementing Gateway and Linkages is negatively affecting data entry. Currently, data entry is done by DIC Managers, District Coordinator and Outreach workers who also have large volumes of work, in line with their terms of reference. As a result, data entry into the DHIS2 electronic database and dashboard, for example, is slow and not in real time. Additionally, quality of data entered is not thoroughly checked.
- Low budget ceiling continued to negatively affect implementation of project activities at various levels. Among others, CEDEP M&E and Coordination Team could not provide on-site technical support to district teams, especially under the Linkages project.
- Low literacy levels of some Peer Educators has negatively affected the quality of data reported and information Shared to peers. It is important that the process of

selecting Peer Educators should take into account literacy levels of candidates, in addition to their commitment. Furthermore, projects should make Peer Education attractive to highly literate MSM clients by improving incentives attached to peer education

- Unavailability of STI drugs especially at Ngabu rural hospital in Chikwawa under the Gateway Project resulted in some clients being turned back unassisted or referred further to private hospitals for treatment and therefore making it difficult to follow up.
- Long turn-around time for Viral Load results, especially in districts implementing Gateway and Global Fund projects has affected reporting on the third 90 of the 90:90:90 of the National strategic plan. While some districts (such as Chikwawa) do not have a viral load testing machine, others have only one. This makes processing of viral load samples take a long time.

## **7. KEY LESSONS LEARNT**

- Creation of strong partnerships with the Health Service Providers through the District Health Management Offices and other district stakeholders is very key to provision of friendly services to the key population in Malawi.
- Regular planning and review meetings among staff, community volunteer workers and key stakeholders helps to strengthen the project monitoring and evaluation at the grassroots level and needs to be supported. Review meetings with Peer Educators, Navigators and Out Reach Workers in the districts is crucial to ensure high quality services and data output. The presence of more health care workers during these meetings provided an opportunity for health service providers to appreciate challenges met by Peer Educators and Navigators regarding referrals to health facilities and possible solutions are being made in unison as a team.
- Targeted and Incentivized outreach campaigns are a sure way of reaching to clients who are still failing to come out to access services through the public or private health facilities.
- The involvement of the Principal Nutrition and HIV AIDS Officer, previously known as the District Aids Coordinator, or any other member of the DACC at different levels is crucial for the success of the projects. It is quite important that district councils are aware of the progress of the projects and one way of doing this is by sharing spaces with the DACC members.