

Malawi

PLACING COMMUNITY ENGAGEMENT AT THE CENTRE OF SERVICE DELIVERY

THE CHALLENGE:

Malawi has experienced a steady decline in HIV prevalence, which is currently estimated at 10 per cent among 15-49 year olds. Although the country's maternal mortality ratio (MMR) has declined slightly, it remains very high at 574 deaths per 100,000 live births. At 19 per cent, Malawi continues to have a high unmet need for family planning. Addressing the sexual and reproductive health (SRH) needs of adolescents remains particularly challenging

THE CATALYST:

A community-led approach to health improvement can empower individuals to identify and address their health needs and strengthen the capacity of health care providers to respond to the unique health needs of community members.

With support from the SRHR (Sexual and Reproductive Health and Rights) and HIV Linkages Project funded by the European Union, and the Governments of Sweden and Norway, Malawi has effectively supported community-level integration interventions and empowered community members to take an active role in monitoring integration efforts.

SRH-HIV integration committees—formed to support the project's 15 pilot sites—have fostered effective linkages between communities and health facilities and strengthened monitoring of integrated service provision. The integration committees are

THE CHANGE:

Some early results from the pilot sites providing integrated services in Malawi have suggested positive results. The number of antiretroviral treatment (ART) defaulters has reportedly declined as clients can now access ART five days a week, reducing stigma and discrimination; the number of people living with HIV receiving ARTs transferring from non-integrating to integrating facilities has increased; the number of women accessing family

planning services has increased; the number of men escorting their wives to antenatal care and receiving counseling on both SRH and HIV has increased; and a reduced workload has been observed among service providers as a result of task-sharing. Malawi is also in the process of developing a national strategy on SRH and HIV integration, which will guide the implementation of the project and the scale up process.

strategically placed to serve as a bridge between communities and facilities. They monitor how integration is being provided in the facilities, including client perceptions of service provision, and work hand in hand with local health facility advisory committees to ensure that identified issues and challenges have been addressed. To date, 30 integration committees have been formed with 300 members comprising young people, traditional leaders, and other community members.

The project has also worked with other community-level partners, including the Family Planning Association of Malawi (FPAM), on integrating services for key populations such as adolescents living with HIV and sex workers, and the Malawi Interfaith AIDS Association (MIAA) due to their pivotal role in coordinating and facilitating HIV programmes.

Rationale and Benefits of SRH and HIV Integration

Given that most HIV infections are sexually transmitted—or are associated with pregnancy, childbirth, and breastfeeding—and the presence of certain sexually transmitted infections (STIs) further increases the risk of HIV transmission, linking SRH and HIV services simply makes sense.

The benefits of integrated services are multifold. SRH services can provide a platform for reaching clients with crucial HIV prevention, care, and treatment interventions—helping them to understand their risks for HIV and make informed decisions about their sexual and reproductive health. At the same time, HIV services can provide an effective entry point for addressing the unmet family planning needs of female clients living with HIV and can increase access to and uptake of key SRH services, such as cervical cancer screening and antenatal care.

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- UNAIDS. 2014. 2014 Spectrum Projections. UNAIDS

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