



Malawi EMPOWER Newsletter



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The Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response

Quarterly Newsletter

Malawi EMPOWER Project rolls into second year amid Covid-19

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Adolescent girl accessing contraceptive methods and condoms in Mbenjere Village, TA Lilonde, Machinga district.

A week after Malawi EMPOWER, a five-year USAID-funded HIV prevention project was awarded to a consortium led by FHI 360 in Malawi, the World Health Organization (WHO) declared Covid-19 an epidemic of international concern on

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Empowering men through HIV Self-testing



The HIV self-test distributor demonstrating on how to use the self-test kit to a client during one of the case finding activities in the first year of the Malawi EMPOWER Project.

When Malawi EMPOWER Project organized HIV self-test distributors training from 14th to 17th July 2020 in Zomba district, the training was meant to equip the participants with knowledge and skills on how to demonstrate and distribute HIV self-testing kits in their health facility’s catchment areas while at the same time linking the clients to treatment and care.

The participants were identified from seven health facility catchment areas of Domasi Rural Hospital, Ngwelelo, Pirimiti, Matiya, Matawale, Thondwe, and Likangala.

During the training, Lloyd Kamfumu from Ngwelelo health facility was one of the participants and he received the training as an HIV self-test distributor.

Kanfumu was so motivated. He could not wait. Soon after the training, Kamfumu started the distribution of HIV self-test to men in his health facility’s catchment area.

In his continued effort to ensure that men know

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From the Desk of

The Malawi EMPOWER Project Chief of Party

It is with an immense sense of pride that I welcome you to this very first issue of Malawi EMPOWER Project Newsletter. It has been an incredible journey since the 5th of March 2020 when FHI360 was successfully awarded the EMPOWER Activity. Malawi EMPOWER Project is a 5-year PEPFAR funded activity implemented by a consortium of three partners led by FHI360 Malawi. The other partners are CHAM which is responsible for the AGYW/DREAMS and Pakachere which has been responsible for the case finding component of the project. The project covers the four districts of Chikwawa, Mangochi, Machinga and Zomba. However, this scope has scaled down in year 2 to include only Zomba and Machinga districts.

Being a start-up year, with no staff on board, FHI360 Country Office leadership stepped up and with support from the Regional Office, put together a broad-based start-up team. Even as the recruitment of staff was under way, the implementing partners used their existing staff to commence activities in close collaboration with the District Health Offices (DHOs). This was critical for the project given that there was commitment for a rapid start-up with key targets to achieve in the first year of implementation.

The project at inception started engagement meetings with key stakeholders at the district including respective DHOs and District Executive Committees (DECs) to ensure local ownership through co-creation approach to project planning and joint governance through structures that include Project Advisory Committee and the Youth Advisory Group. The project has also engaged with existing technical working groups at the district level and will continue to provide any necessary coordination support to keep the relevant Technical Working Groups (TWGs) strong and effective.

Just as the excitement of the new award was beginning to sink in, Covid-19 was declared a national emergency in Malawi and this brought a new and most severe challenge to the project thus compounding the usual and almost standard start-up challenges. Despite the challenges brought about by Covid-19 and compounded by inadequate staffing, partners continued to provide services under the limitations and in compliance with the government of Malawi Covid-19 guidelines.

At the beginning of the third quarter the project adapted an accelerated strategy that saw an increase in the number of outreaches for service delivery double in a month. The accelerated strategy enabled the project capture service data and be able to submit its first quarterly report with documented achievement. The submission of a quarterly report in a start-up year, under the severe constraints of Covid-19 guidelines notwithstanding, was a significant achievement by the project team. The entire project team has continued to demonstrate unmatched commitment to quality and excellence. These are attributes of high performing teams. *Keep it up Dream Team!*

The fourth quarter started with the full compliment of staff and some easing of Covid-19 restrictions as far as community testing activities were concerned. The project continued with the accelerated strategy that it had adopted in the third quarter with more vigor and fidelity. The project registered



Dr. Boniface Maket, Malawi EMPOWER Project Chief of Party

significant achievements by the end of the fourth quarter. The project provided HIV testing services to 2,836, with an overall yield of 4.1%, representing 130% of the quarterly target.

Overall, the project reached a cumulative achievement of 99% of HTS_TST_POS annual target of 117. By end of Q4, 10,262 individuals up from 855 in Q3, had accessed HIV self-testing (HIV-ST). Further, 20,197 AGYW representing 204% of the quarterly target were reached with HIV and SRH services under the DREAMS component. Overall, a cumulative total of 28,971 AGYW were reached, representing 73% of the annual target of 39,643. These are significant achievements for a project during a start-up year.

Starting from the Q1 in PY2, the project will double its efforts towards strengthening the district health systems and building the capacity of its local implementing partners based on the outcome of the organizational capacity assessment that was carried out in Q4 of PY1. The project has therefore set up a foundation for continuous success in subsequent quarters of the project implementation and we remain most grateful to our clients, partners and beneficiaries for their support, without which, no success and progress can be achieved.

Thank you,

Dr. Boniface Maket

.....Starting a Project under tight timelines amid Covid-19

March 12, 2020. Soon after, the Government of Malawi declared a state of national disaster, setting the stage for wide-ranging prevention and containment measures that restricted activities in the health and other sectors.

Following reporting of the country's first three confirmed Covid-19 cases on April 2, 2020, the Ministry of Health issued its first comprehensive guidelines for the national response which defined preventive measures and outlined essential health services that must continue, including critical HIV prevention, care and treatment.

The implementation of the Malawi EMPOWER Project had barely started and faced seemingly unsurmountable start-up challenges, with donor targets unchanged and the government expecting essential HIV services to continue. Despite these changes, FHI 360 and the two local partners — Christian Health Association of Malawi (CHAM) and Pakachere Institute for Health and Development Communication (PIHDC) — managed to navigate around the Covid-19 situation to start implementing activities in all the four focus districts of Mangochi, Chikwawa, Zomba, and Machinga by early May. EMPOWER stands for Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response.

The project start-up took place in an environment where there were restrictions on travel and meetings. This meant business had to be done mostly virtually. Yet the lean country office team was able to finalize pending recruitments, develop workplans and engage government counterparts in consultations to operationalize the plans.

When the first government guidelines were released on April 3, 2020, Malawi EMPOWER Project had conducted district entry meetings in Zomba only. Subsequent meetings that had been scheduled to introduce the project in other districts were delayed, with the final one being held on 5th May. The entry process took almost a month, contributing to delays in starting service provision at the community level and this affected the achievement of weekly and monthly targets.

Following the implementation of district entry meetings, including the orientation of health facility teams, the project faced yet another obstacle — the lack of Personal Protective Equipment (PPEs) for service providers. This meant service provision could not start in all areas as the local district

health offices could not support service provision without PPEs. Malawi EMPOWER Project requested USAID for approval to procure implementing partners' PPEs for HIV clinical services but this was only granted on June 1, 2020.

As the Malawi EMPOWER Project was waiting for the approval from USAID, considering the tight deadlines and unchanged targets, the project reached out to Directors of Health and Social Services in the four districts to advocate for sourcing PPEs to enable the commencement of service provision. This was critical for the project to have data to report on by the end of the quarter.

Service provision at the community level started in the two districts of Zomba and Machinga on April 29, 2020 and in Mangochi on May 18, 2020 after the district offices released PPEs for Malawi EMPOWER Project frontline staff.

The project rolled out Sexual and Reproductive Health (SRH) and HIV Self-Testing (HIV-ST) services targeting Adolescent Girls and Young Women (AGYW) in health clubs and the communities in Zomba and Machinga districts. HIV Self-Testing (HIV-ST) was also rolled out for priority men in Mangochi District. However, Chikwawa district did not have enough PPEs for its staff and could not release any for the project, delaying service provision.

Despite efforts by the project to navigate around the Covid-19 situation to start the implementation of activities in the four focus districts, the project struggled to achieve targets due to government restrictions. Restructuring the delivery of routine services like HTS in response to Covid-19 entailed that the project had to emphasize on other testing approaches like HIV Self-Testing (HIV-ST). The other challenge was that for Index testing despite its contribution to the increased HIV yield it was unlikely to reach the desired numbers.

Due to the ban on meetings and workshops, there was a clear lack of trained HIV-ST distributors in all four districts. There was also the suspension of *Go! Girls* meetings by the DREAMS community partner One C due to Covid-19. The restrictions resulted in the disruption of the delivery of information to young people and priority men.

However the situation started improving. The country towards the end of June 2020 saw the ban on meetings and workshops being lifted. This paved way for the resumption for the opportunity to roll out training sessions for HIV-ST distributors, of course, while abiding to Covid-19 guidelines. The project anticipated an increase in the number of trained distributors at district level. With the lifting of the ban the project continued to work with One Community that had recently resumed club activities to mobilize more AGYW to access services and will continue to work with other implementing partners that support HIV-ST. ■



AGYW observing social distance during health talks at Mayera Village TA Ngokwe Machinga district.



By Maria Mkandawire - Malawi EMPOWER Project Senior Technical Advisor DREAMS/AGYW

Saving girls from grip of Gender-Based Violence



Catherine Dickson (not her real name) accessing sexual and reproductive health services at JJ outreach clinic in Nsanama, Machinga district.

children,” she shares her ordeal.

Machinga district has a population of 735, 438 which is a 50% increase from the population of 2008. One in three inhabitants is the youth aged 10 – 24. More than half of the youths in the district (117,835) are Adolescent Girls and Young Women (AGYW) that represent a great potential to be productive in their respective communities. However, the AGYW are disproportionately negatively affected by HIV and AIDS, gender inequity, sociocultural norms, and harmful traditional practices.

“No one in my family has ever completed secondary school level. Almost every month, I used to see or hear stories like one of my friends or someone I know of my age or younger getting pregnant and getting married. I really wanted to be different, so joining Go! Girls Club and accessing SRH services at Malawi EMPOWER Project outreach clinic is a golden opportunity for me,” Catherine Dickson, 16 years old says as she interacts with EMPOWER Adolescent Girls and Young Women Coordinator for Machinga District, Virginia Kayoyo.

Currently, Malawi EMPOWER Project is working in four districts of Mangochi, Machinga, Zomba, and Chikwawa. Expanding Malawi HIV and AIDs Prevention with local Organization working for an Effective Epidemic Response (EMPOWER) is a five-year USAID and PEPFAR funded project, supporting the Government of Malawi (GoM)'s commitment to epidemic control by stopping transmission and preventing new HIV infections, particularly among priority men and Adolescent Girls and Young Women (AGYW) aged in the range of 10 to 24 years old to achieve the 95:95:95 goal.

The story of Catherine falls within the category of girls that the Malawi EMPOWER Project is working with. Through the AGYW arm, the project runs outreach clinics that provide a wide range of contraceptives to AGYW, management of STIs, GBV and post-violence clinical and non-clinical support, HIV testing as well as systematic referrals for services that cannot be provided during clinical outreach.

“I am 16 years and have just written the final Primary School Leaving Certificate Examinations at Nsanama Primary School. I stay with my sister at Libokosi village TA Mlomba here in Machinga district. My father died when I was 10 and my mother is too poor to take care of me. I am the last born in a family of 6 and my sister who is the fifth born in the family had to drop out of school in form 1 some 5 years ago to get married so she could be caring for herself and me, since then I do stay with her and she now has 2

“Today, Malawi EMPOWER Project is working with adolescent girls and young women from the age of 10 to 24 that are at risk of facing a number of challenges that affect their health, education, safety, and the general obstacles that girls face for being female,” Kayoyo says.

Through the Malawi EMPOWER Project interventions, positive strides have been made.

“I have a boyfriend who sells rice at Nsanama Trading Centre and we have an intimate relationship. But frankly speaking, I do not want to get pregnant or getting married and ending up like my sister. I am determined to reach secondary school and go to college. I inspire to be a nurse like you Virginia, and I hope I will make it,” she frowns while speaking with Virginia.

Catharine uses Sayana Press contraceptive and condoms offered at the Malawi EMPOWER outreach clinic. She says Malawi EMPOWER Project introduced her to use hormonal contraceptives for the first time. Every time she visits the Malawi EMPOWER Project facility; she says she usually collect condoms.

“With the long holiday after exams I know anything can happen, so I need to be very safe,” she says adding that she greatly appreciates the counselling and all the services Malawi EMPOWER Project offers.

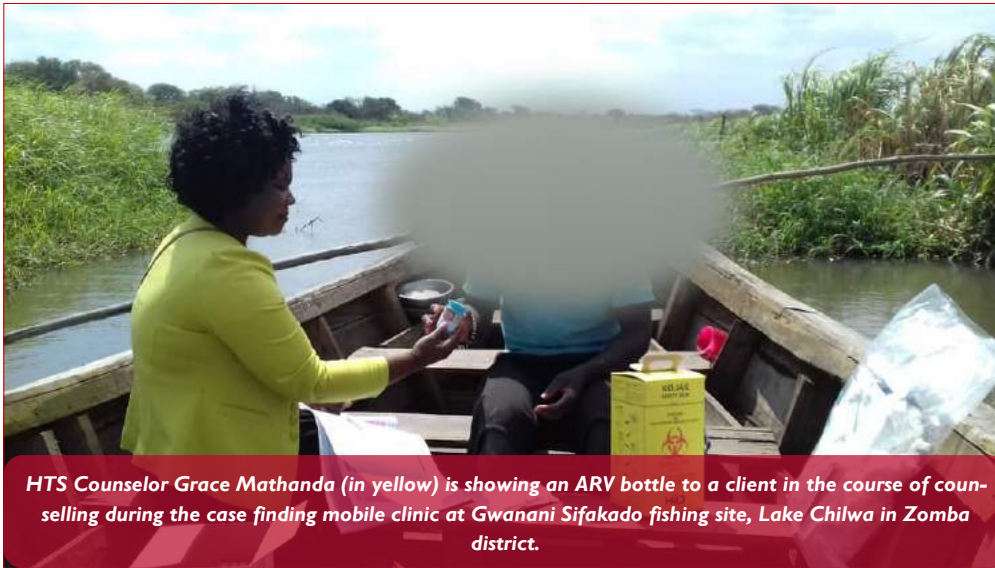
“There is no way I would go to the facility even for a condom because I am too shy to do so. But here at the outreach clinic the environment is more friendly, and we talk freely, none of my friends would even know I have injected myself Sayana,” Catherine says. ■



By Virginia Kayoyo - Malawi EMPOWER Project Adolescent Girls and Young Women (AGYW) Coordinator for Machinga District

“Let us not forget the men, they are our priority too”

“If there was a really interesting time for Malawi EMPOWER Project, I can say it was the time when we were working with priority men in Mangochi, Machinga, Zomba and Chikwawa districts,” Kumbukani Chawinga, the Senior HIV Testing Advisor for Malawi EMPOWER Project, recalls the FY20 period as he prepares his team for a series of outreach activities to another hard to reach area in Zomba district.



Malawi EMPOWER Project is supporting the Malawi government’s drive to epidemic control through stopping transmission and preventing new HIV infections among the priority men and Adolescent Girls and Young Women (AGYW) aged in the range of 10 to 24 years old to achieve the 95:95:95 goal. It is a five-year USAID and PEPFAR funded project.

Chawinga says it was challenging yet interesting as it required coming up with creative strategies to find them (men) to access the services which is different with AGYW, while at the same time government had restricted public gatherings in line with Covid-19 prevention.

As he looks back on ensuring that more men were reached with the services, he says the team focused on being creative with “demand creation prior to and during service provision as a result more men came to access the services.”

In FY20, the clinics provided an opportunity to men, from rural and remote communities to get tested for HIV, who had hitherto not tested for HIV.

“We conducted mentorship and capacity building activities targeting Ministry of Health (MoH) providers in case finding for men through training of HIV Self-Testing (HIV-ST) distributors in all the four districts, involving MoH staff during outreach clinics and sharing notes on strategies used,” says Chawinga adding that the implementation of case finding acceleration in four districts proved successful in FY20.

There were 1075 individuals that were tested

through routine outreach clinics and more were reached during the acceleration plan with 108 testing HIV positive representing a 10% yield.

For the smooth implementation of the project, maintaining a healthy work relationship with implementation partners was very critical in FY20.

“In project implementation, we collaborated with the other partners who were already on the ground with similar activities proved helpful. We had a good collaboration with stakeholders in the 4 districts. Each time we had, and we have outreach clinics, we conduct(ed) together with DHO staff while also providing commodity support,” chips in Chawinga.

Despite the journey registering some highlights, all was not smooth. There were hurdles, too.

Covid-19 the pandemic posed as the greatest threat.

“Malawi Covid-19 guidelines banned community testing amidst Case Finding rollout which led to low reach. Due to Covid-19 guidelines that were restricting public gatherings, there was a general resistance to support Malawi EMPOWER Project activities in some districts by other district implementing partners,” Chawinga says as he takes stock of the first year of Malawi EMPOWER Project, adding that in course of navigating around Covid-19 there were stock-outs of essential drugs such as sexually transmitted infection drugs and Oral Self-Testing (OST) kits in some districts with Covid-19 pandemic.

However, the project was able to devise ways in dealing with the challenges that were experienced.

“As a way of dealing with some of the challenges, the project came up with strategies which were adhering to the Malawi government Covid-19 guidelines though the reach was still lower than the targets. For example, we were able to do index testing through antenatal care clinics,” says Chawinga.

He says that the project intensified advocacy on the need to also conduct index testing during outreach clinics and be done at the district level. Further, Malawi EMPOWER Project supported the districts with transport to collect OST kits from other districts with reasonable stocks and engaged Diagnostic Health Assistants on the need and OST kits were provided to clients. ■



By Pacharo Munthali - Malawi EMPOWER Project Communications Officer

.....Empowering men through HIV self-testing

“It was disturbing, but the counseling helped ease my fears,” he says as he recounts the events of the day he tested positive for HIV.



The HIV self-test distributor escorting the client to Ngwelero health facility for confirmatory test after testing positive through self-test

their status, on 27th July 2020, Kamfumu provided HIV self-test counseling to men who were gathered at Ngwelero Extension Planning Area (E.P.A).

That afternoon, after Kamfumu had provided group and individual self-test counseling sessions, a 61-year-old Joel Phiri (*not real name*) from Thakolisimbwa village was inspired to get tested. Phiri decided to get tested.

Before the counselling session, Joel Phiri had lived for 15 years without knowing his HIV status. Phiri had managed to live such a long time, despite his ex-wife being on anti-retroviral therapy for over 10 years, for a reason.

“I should say from the moment my ex-wife tested positive she kept on giving me intense pressure for me to go for HIV testing. But I kept on resisting her effort,” he says adding that the last half of those 15 years he started getting ill more often.

The 2015-16 Malawi Population-Based HIV Impact Assessment estimates that 35% of men in Malawi have never been tested for HIV.

“I was afraid of the psychosocial effects if found with the virus. You know people living with HIV/AIDS encounter several challenges like discrimination, losing social status and role,” he says as he remembers the past adding that apart from that fear, he was frequently experiencing persistent diarrhea but he could only dismiss such occurrences still hearing the inner voice of his ex-wife – urging him to go HIV testing.

He says it took him this long not to undergo HIV testing at a health facility what he called “the fear of the pain of lancet used during HIV conventional testing.”

Phiri with the assistance of the distributor got tested using Oral Quick Self-Test and the results came out positive. The distributor counselled him accordingly and he accepted to go for a confirmatory test at Ngwelero health facility.

“It was disturbing, but the counseling helped ease my fears,” he says as he recalled the events of the day he tested positive for HIV.

Since the HIV self-test distributor had a bicycle, he escorted Joel Phiri to the health facility where he was provided further counseling by the HTS counselor before a confirmatory test which also came out positive.

After the tests, with the support of the HTS counselor, Phiri was referred to the ART Department where he received additional counselling on care and treatment. The ART nurse registered and initiated Phiri on ART treatment on the same day. As he went back home, Phiri got an ART supply enough to use for

three months. At the time he said he was looking forward to his next appointment that was scheduled for 21st October 2020.

Since he started taking ARVs on 27th July 2020, Phiri has not experienced any ART side effects and he continues to adhere to treatment. His health has improved – the problem of wasting is gone, and he has gained weight which he had lost before he knew about his HIV status.

“Knowing my status and subsequent enrolment on ART has changed my life. After being tested and testing HIV positive I was told that my immune system became progressively weaker from the HIV infection and that my CD4+ count had dropped. However,

I am no longer getting ill. I am now healthy,” he smiles.

“Through counseling and continued visits that I receive from Malawi EMPOWER Project staff, I should say that it has helped me to look at HIV and AIDS, like any other medical condition. I am now able to plan my life and contribute positively to the family and community activities at large. I am now reaching out to other men that have not gone for HIV testing to do so,” he adds.

Since he is a farmer, he can work without challenges in his garden than before.

“I expect to have more yield this coming farming season,” he says with a wide smile.

Phiri says, the self-testing distributor visits him periodically but more consistently as a way of following up on him and supporting him on adherence to the drugs.

The story of Joel Phiri amplifies so many stories that the Malawi EMPOWER Project is focusing on. The Malawi EMPOWER Project is a five-year PEPFAR/USAID funded project implemented by FHI 360 as the prime recipient and Pakachere IHDC as a sub-recipient to support the Government of Malawi’s commitment to epidemic control by reducing transmission and preventing new HIV infections among men among other areas.

The project is ensuring that the delivery of proven interventions, promising practices, and innovative approaches targeting men. Malawi EMPOWER Project is supporting scaling up of targeted mobile outreach HIV Testing Services while integrating HTS information and services including STI services.

The project has been delivering HIV testing services among men through HIV Self-Test (HIVST), Index Case Testing (ICT), and Provider Initiated Testing and Counseling (PITC). These modalities are being delivered through mobile outreach clinics and referral to public facilities. ■



By Tadala Simika - Malawi EMPOWER Project Zomba HIV Testing Services (HTS) nurse

&

Andrew Chumachienda - Malawi EMPOWER Project Zomba HIV Testing Services (HTS) counselor



Empowering communities to prevent Gender-Based Violence among AGYW

“Every evening I could hear shouts and beatings my mother used to receive at the hands of my stepfather. I thought it was temporary - sooner or later things would improve, I remember telling myself. But things never improved. Each morning I would see my mother waking up with a swollen face, eyes, and even scratches and bruises on her body. I thought all this was normal”, narrates Chifundo (not real name) a 16-year-old, who hails from Ngokwe village, Traditional Authority Ntaja in Machinga district.

For Chifundo, growing up in a community setting where many girls and women experience different forms of abuse including intimate partner violence, Gender-Based Violence (GBV) was order of the day. The coming of Covid-19 pandemic worsened a problem that was already in existence as cases of violence, particularly against young girls and women, shot up. Due to idleness and lack of social recreational services because of Covid-19, young people are prone to experience sexual gender-based violence as they starve for social amenities.

Chifundo dreams of being a nurse, but for her dream to be realized, it will not be easy, as she continues to deal with sexual violence triggered psychological trauma, she experienced during the Covid-19 lockdown period. For Chifundo seeing older men, even her male teachers, reminds her of the fateful day.

Chifundo was raped by her uncle who was staying with them at her parents' place. Although she reported the case to her mother, it died a natural death as she neither took it further nor reported it due to lack of awareness of the available reporting structures.

Chifundo says she did not know who else to talk to and chose to suffer silently for a long time.

“I experienced sleeping difficulties, sometimes poor appetite, painful flashbacks, anger, shame, and denial,” she sobs as she shares her aftermath experience.

Although Chifundo's case was never reported and believed to have died a natural death she has refused to stay silent. Chifundo was enrolled into adolescent girls and young women (AGYW) DREAMS club managed by the DREAMS Community Partner Ana Patsogolo (APA). After attending a series of sessions through the club, Chifundo was referred to Malawi EMPOWER Project to access Sexual and Reproductive Health/HIV and GBV services. It is during this encounter with Malawi EMPOWER Project that she was identified as a survivor of violence after a screening and counselling process which resulted in her opening up on her experience with violence.

Chifundo is now an EMPOWER AGYW DREAMS ambassador championing change and reporting on GBV. She is a role model amongst AGYW in her community and of late she has been able to refer 3 girls to Malawi EMPOWER Project for further screening for GBV. Two of the girls experienced emotional violence and were referred for psychosocial support.

The project continues to follow up with the survivors through Chifundo and the Health Surveillance Assistant responsible for the area.

While awaiting service delivery in sites, Malawi EMPOWER Project conducts group sessions with AGYW to discuss the types of violence, reporting and violence prevention tips before they are screened for GBV by the clinician or nurse.

Knowing that there was knowledge gap on where to



Chifundo a 16-year-old girl that was raped, captured at her school before Covid-19 caused havoc.

report and access comprehensive post-violence clinical and non-clinical services, Malawi EMPOWER Project engaged and trained some representatives of existing crisis response teams established by EpiC under Community-led Monitoring (CLM). Crisis Response Teams (CRTs) are rapid response committees that are the first point of contact for survivors at the community level. These committees provide first-line support before referring survivors for other services. Malawi EMPOWER Project identified AGYW who have been incorporated in CRTs to support reporting amongst AGYW.

Considering the negative impact that Covid-19 has had on AGYW, Malawi EMPOWER Project trained 120 Health Care Workers and 120 Community Cadres from Zomba and Machinga after the lifting of the Covid-19 ban on responding and preventing GBV/Violence, particularly among AGYW. Within the community cadres there are representatives of Crisis Response Teams, Youth Community Based Distributors (YCBD), Youth Champions, and DREAMS Ambassadors.

For AGYW in clubs, the first point of contact are Community Resource Persons/ Club facilitators.

In Ngokwe village, Ackim Banda, a community resource person together with representatives of the CRT and other community stakeholders approached Chifundo's mother and counselled her on the importance of timely reporting of GBV to the relevant authorities and protecting their children from GBV through dissemination of violence prevention tips.

In the process, Chifundo's mother has gradually started understanding her role in protecting her daughter and now supports her in amplifying voices for other girls in the community that are experiencing similar ordeals

One of the CRPs, Andrew Soko, highlights the immediate impact being made through the skills and knowledge gained.

“In the past, reporting on GBV was challenging especially violence perpetuated by intimate partners which is considered normal in most parts of Malawi. Awareness on reporting structures and how to effectively screen for GBV and provide first line support (psychosocial counselling) is one of the key skills we have acquired

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Preventing Gender-Based Violence among AGYW



Malawi EMPOWER Project in partnership with the district council officials organized training for the community cadres in identifying and being responsive to violence in SRH/HIV programs in both Zomba and Machinga districts from 13th to 14th November 2020. In the picture, Zomba district participants sending a message denouncing gender-based violence. The message says that people from TA Mwambo area are saying no to violence against girls and women.

says.

Implementation of Malawi EMPOWER activities including reaching out to AGYW meant we had to change our approaches to abide by Malawi government guidelines.

“Despite these challenges, Malawi EMPOWER Project managed to navigate around the Covid-19 situation to start implementing activities in all the four focus districts of Mangochi, Chikwawa, Zomba, and Machinga by early May,” recalls Mkwandawire.

The project start-up occurred in an environment where restrictions on travel and meetings, meant the business had to be done mostly virtually.

According to Malawi 2018 Census Preliminary results, Machinga district has a population of 735,438

from the sensitization sessions organized by the Malawi EMPOWER Project. We can now confidently screen and refer AGYW who have been sexually violated or sexually abused for post-violence clinical and non-clinical support. The sensitization meetings also equipped us with the skills to effectively document information collected.”

Through the Community-Led Monitoring initiative, Malawi EMPOWER Project trained CRPs, YCBDAs, youth champions and AGYW Ambassadors on how to screen GBV and report for adverse events through LINK. Similarly, at facility level health care workers were trained to upload client feedback data through LINK.

“So far since the roll-out of the project, what has posed as an even bigger challenge has been the Covid-19 pandemic. After EMPOWER, a five-year USAID-funded HIV prevention project was awarded to a consortium led by FHI 360 in Malawi, the World Health Organization declared Covid-19 an epidemic of international concern on March 12, 2020. If that was not enough, the Government of Malawi declared a state of national disaster, setting the stage for wide-ranging prevention and containment measures that restricted activities in the health and other sectors,” Maria Mkwandawire, Senior Technical Advisor for AGYW/DREAMS

which is a 50% increase from the population of 2008. One in three inhabitants is the youth aged 10 – 24. More than half of the youths in the district (117,835) are adolescent girls and young women (AGYW), representing a great potential to be productive in their respective communities. Unfortunately, AGYW are disproportionately negatively affected by HIV/AIDS, gender inequity, socio-cultural norms, and harmful traditional practices.

EMPOWER (Expanding Malawi HIV and AIDs Prevention with local Organization working for an Effective Epidemic Response) is a five-year USAID and PEPFAR funded project, supporting the Government of Malawi (GoM)’s commitment to epidemic control by stopping transmission and preventing new HIV infections, particularly among men and AGYW (10–24 years old) to achieve the 95:95:95 goal. ■



By Patrick Gwaza - Malawi EMPOWER Project Senior Technical Officer, HTS & Social and Behavior Change Communication (SBCC)

The Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER) - DREAMS AGYW Services and Case Finding Component project is a five-year (March 5, 2020 to March 4, 2025) Cooperative Agreement between the United States Agency for International Development (USAID) and Family Health International (FHI 360). The EMPOWER Activity is implemented by FHI 360 in collaboration with Pakachere Institute for Health and Development Communication (PIHDC) and Christian Health Association of Malawi (CHAM) in supporting Malawi government. *This publication does not necessarily reflect the views of USAID or the US Government.*

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