

Background

Access and uptake of HIV testing services and antiretroviral therapy (ART) in Malawi has improved over the past 10 years. However, HIV incidence among key populations, such as men having sex with men, female sex workers, and transgender people (MSM, FSW and TGs, respectively) remains high. Community-led monitoring (CLM) is an important evidence-informed approach to reaching key populations; it ensures that their voices are heard by duty-bearers to ensure improved HIV service delivery shifts that will increase access and utilization.



Description

Liu Lathu, meaning 'Our Voices' in English is the Malawi CLM Program established in 2020. This CLM is funded by PEPFAR through Centers for Disease Control and Prevention (CDC) and is currently being implemented in 30 health facilities across 6 districts in Malawi.

It is led by a coalition of civil society organizations representing key populations (KPs), people living with HIV (PLHIV) and adolescent girls and young women AGYW.

During the first year of implementation, six District Coordinators and 18 Community Monitors were trained in qualitative and quantitative data collection methods and have so far completed three cycles of data collection. In total, 867 PLHIV interviews were completed



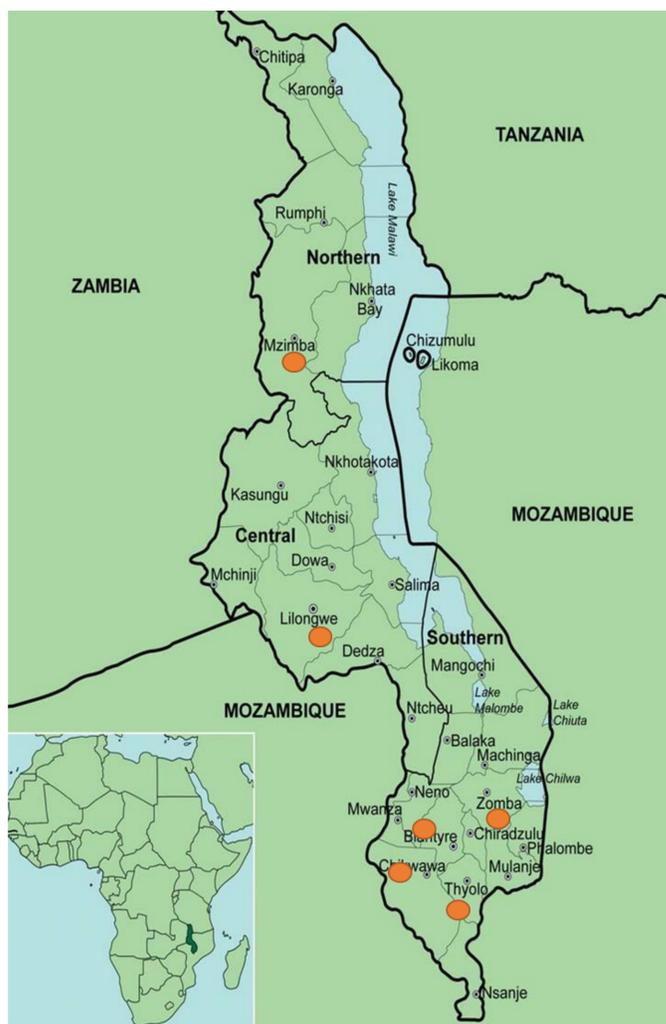
Lessons learned

The interviews with PLHIV helped uncover issues that cannot be captured by routine health facility monitoring.



Additionally, from the 240 focus group discussions, MSMs reported negative health care provider attitudes towards them once their sexual identities were revealed. FSWs reported being discriminated by medical personnel (e.g. Being called prostitutes).

KPs interviewed recommended among others health care provider training on Sexual Orientation, Gender Identity and Expression (SOGIE) as well as clinics to assign KP-specific health facility personnel as a solution to address this issue.



Conclusions and next steps

Based on the feedback gathered over a year of data collection, the recommendations suggest that Health Facility Managers who are committed to monitoring and confronting stigma, discrimination and denied access are critical to the provision of commodities and services for KPs. In Year 2 of CLM implementation, Liu Lathu will follow up with facility managers and track which commitments were implemented.



Key Takeaways

- 867 PLHIV interviews completed
- 240 focus groups with KP conducted
- Interviews with PLHIV helped uncover issues that cannot be captured by routine health facility monitoring
- KPs interviewed recommended health care provider training on SOGIE

Acknowledgements

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