

SUSTAINABLE DEVELOPMENT INITIATIVE

HIV/ AIDS PROGRAMMES

2018 update

About SDI

Sustainable Development Initiative (SDI), is non-profit making, local non- governmental organization registered with the Government of Malawi. It is registered with the Council for Non Governmental Organizations in Malawi (CONGOMA) and Non Government Organizations (NGO) Board of Malawi.

Mission

To improve the quality of lives and livelihoods of vulnerable and marginalized people and promote sustainable development

Vision

Healthy and empowered communities, living in a sustainable, peaceful and enabling environment to fulfil their potential, raise their living standards and care for the environment

SDI implements HIV/AIDS and health programmes with the specific aim of “empowering communities especially women and adolescents to lead self-determined, healthy and productive lives in Malawi.



Pic above: PMTCT campaign and messaging

HIV/AIDS INTERVENTIONS

- EID
- HTC
- PMTCT
- SRH&R
- Capacity Development
- Advocacy
- Youth / adolescents
- Male engagement

Clinic-CBO Collaboration (C3) Project

With support from PATA, SDI implemented the C3 Project. The collaboration was aimed at addressing lack of access quality and reliable HTS services at Chikowa Health Centre. This problem was due to shortage of trained full time HTC counsellors at the Clinic. SDI (NGO) was also equally affected by the HTS problem at the clinic. Although the NGO was conducting awareness to increase uptake of HTS in the community, very little progress was being achieved. This was so because mobilized community members could not access services at the clinic. SDI and Chikowa Clinic hence decided to form a partnership to address this common problem.

The two conducted joint planning and implementation of activities. They signed an MoU. They used face to face meetings (Monthly, Quarterly and Annual) and also telephone (weekly and need basis) to communicate. Information was shared on weekly basis. SDI and Chikowa Clinic shared resources, roles and responsibilities. The collaboration achieved the following;

- Number of qualified HTC counsellors has doubled from 2 to 4 at Chikowa clinic
- Number of hours for HTC services has been extended from Morning hours only to Morning and Afternoon at Chikowa Clinic
- Number of days for HTC services has extended from 3days per week to 5 days per week
- Community based HTS has been introduced ; e) Number of clients accessing HTC services has increased by over 100% since the introduction of HTC counsellors in February 2015
- Data collection , management and reporting on HTS has been improved at the clinic
- HTC seeking behaviour has been rejuvenated among communities
- Both Chikowa Clinic and SRGDI have increased efficiency and effectiveness in delivery of HTS
- Both Chikowa and SRGDI have gained skills and experience on how best to work with /handle NGOs and Clinics respectively
- More projects (e.g. Peers supporter programme & CTPT) have being introduced through the collaboration

- Increased confidence from potential donors and partners (the partnership makes it easy for both parties to gain credibility and trust)



Picture: HTC Counsellor interacting with a client

Project Aim : To increase access to quality and reliable HIV Testing Services at Chikowa Health Centre

Project Objectives

- To introduce 2 full time qualified HTC counsellors at Chikowa clinic by December 2015
- To extended number of hours from Morning hours only to Morning and Afternoon at Chikowa Clinic by December 2015
- To days for HTC services from 3days per week to 5 days per week at Chikowa Clinic by December 2015
- To double the number of clients accessing HTC at Chikowa Clinic by December 2015



Above: Community members discussing during the formulation of bylaws

Nditha project

SDI in partnership with Foundation for Community and Capacity Development (FOCCAD) and Life Concern (LICO).with support from Positive Action for Children Fund (PACF) is implementing a two year project (starting from Feb. 2017) titled “Nditha kuchitapo kanthu” in two Traditional Authorities of Maganga and Kuluunda in Salima district.

The project aims at increasing retention of women and men living with HIV and infants on PMTCT and EID in the lake shore fishing district of Salima in Malawi. Nditha consortium focuses on three key components to promote women’s SRHR including: making health facilities male friendly, engaging men and boys as active partners and working with influential and religious leaders to deal with gender and cultural disparities that promote GBV. SDI is Challenging cultural practices and other gender inequalities by engaging local and religious leaders through the project.

Through the project, SDI has trained local leaders in PMTCT and formed local leaders network which is being used as a platform to stimulate behavior change. SDI has influenced the enacting of by-laws covering the two T/As on male involvement in PMTCT and SRH services. It has also conducted information carnivals on stigma, culture and gender addressing the issues of increased spreading of HIV, non-adherence to the treatment, loss to follow up and low male involvement in PMTCT services.

Project Reach

With funding from One to One children Fund through Pediatric AIDS Treatment for Africa (PATA), SDI implemented Project Reach in 2014 - 2016 in Partnership with Chikowa Health Centre in Blantyre. The purpose of the project was to expand the pediatric HIV work force and improve healthcare services and outcomes. The programme targeted adolescents living with HIV.

SDI recruited, trained and supported adolescent peer supporters that were supporting other adolescents in the following areas; a) Providing HIV/AIDS and SRH&R education b) Providing lay counseling d) Providing encouragement to other Adolescent HIV patients at the health center’s e) Helping Adolescent HIV patients learn how to self-manage their treatment f) Making follows up to Adolescent HIV patients that miss an appointment g) Helping Adolescent HIV patients cope with associated issues, such as stigma h) Collecting information on Adolescent HIV patients i) Advocating for Adolescent / youth Friendly Services



Above: one of the peer supporters (in green blouse) with a client

Promoting access to ART for young people in Chikowa through P2Z

One of the challenges affecting access and retention of adolescent on ART in Chikowa in Blantyre has been the distant the young people have to cover to collect the medication as well as the fact that they are school going. To address the challenge, SDI through P2Z facilitated a panel discussions between the Chikowa youth club and the health providers where the youth suggested that it could be better if their guardians or peer supporters could be allowed to be taking the ART drugs for them. This issue was taken up by the facility and a monitoring plan developed to address possible mismanagement of the drug. The health facility also organized a meeting with the youth group to discuss and offer advise on how to address the issue of side effects of taking ARVs and poor nutritional supplements. These initiatives increased access and retention to treatment for geographically – marginalized and school going youth in Chikowa.



Above; Peer Supporters facilitating a youth meeting at Chikowa clinic

Peer to Zero

SDI in partnership with Chikowa health centre implemented a Peers to Zero (P2Z) Programme in 2017. The programme was set up by PATA and African Young Positive Network (AY+) to bring together frontline healthcare providers and young people living with HIV (YPLHIV), creating a unique platform for advocacy and service delivery change.

Through the programme, SDI worked with 3 peer supporters, Chikowa health centre practitioners and Chikowa youth group living with HIV. The peer supporters and the youth group aimed at supporting their peers to live positively without stigma and discrimination and to promote adherence to ART treatment.

ACHIEVEMENTS

The program has ably created a safe space for the youths enabling them to access health services such as sexual and reproductive health services and ART treatment at the facility without reservations. During the implementation of the programme, the number of youths accessing services at the facility doubled. The facility empowered peer supporters greatly to act independently by training them to provide HIV testing and counseling to clients, dispensing ART drugs and other services at the facility.



Above: Students pose for a picture after a training in computer

Multimedia AIDS Communication Programme (MACP)

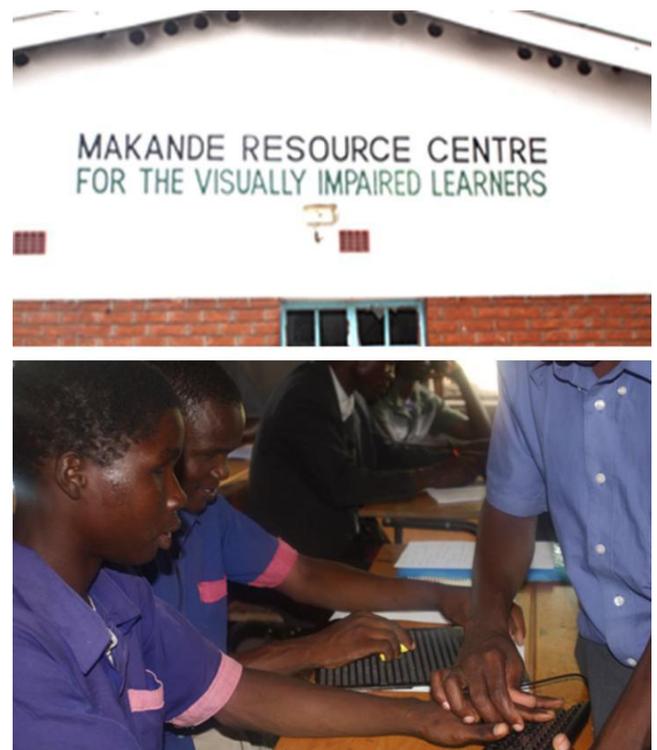
SDI implemented MACP project in the year 2012 - 2013 in Blantyre, Zomba and Chikhwawa. The project was funded by PEPFAR – US Embassy and aimed at enhancing the accessibility of HIV/AIDS prevention information to the youth and adolescents through ICT. This was in recognition that in the current modern era, a good percentage of young people have access to ICTs by using different technologies such as listening to radios, watching TV, using cell phones, computers and other communication devices.

Through the project, Over 1000 students from 30 schools in Blantyre, Chikhwawa and Zomba were linked and supported to use ICT to share HIV prevention information through media applications such as internet, Facebook and Whatsapp.

HIV Prevention Audio Books for Visual Impaired

HIV Audio-Books for the Blind (HAB4B) Project aimed at increasing access to HIV prevention and SRH information among the visually impaired students using ICT. The project was supported by PEPFAR – US Embassy and was part of the Multimedia AIDS Communication Programme (MACP). It targeted two schools Makande (Chikhwawa) and Nadzombe (Phalombe) for the Visual Impaired.

The project was implemented in partnership with Digital Multimedia Solutions.



Above; Training in progress at Makende

Combined Therapy And Physical Tracking (CTPT)

Supported by ViiV Health Care, SDI implemented a PMTCT project called CTPT in Chikowa, Bangwe and Zingwangwa Health Centre from 2012 - 2016. The project aimed at increasing stable access to PMTCT services by pregnant women, new mothers and new babies. Its components included EID, HTC, ART, Tracking and follow up of patients, women empowerment and Male involvement.

The project worked with 5 women to women groups and 3 men to men groups which had an average of 20 members each. The groups were met weekly and they were trained in PMTCT messaging, advocacy, gender and village savings and loan (VSL) methodology as a means to economic empowerment. Activities were implemented in collaboration with HSAs, the Health facilities, community volunteers and local leaders.

The project trained 57 Outreach workers in EID. It conducted early diagnosis for Over 1,400 infants and about 30 infant were registered on ART. The project also identified 89 (20 male and 69 female) defaulters for ART of which 70 (14 male and 56 female) were tracked and followed up by the volunteers. More than 8000 men were reached with PMTCT messages through awareness campaigns. Women to women groups registered 45% household income level increment through engagement in VSL

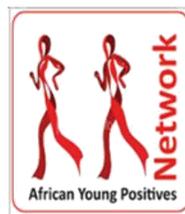
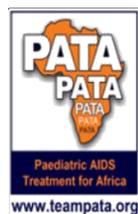


Above; Executive director for SDI during a PMTCT Campaign in Chikowa



Above; Members of a Women to women group during training in Zingwangwa

Some of our partners



Contact Us

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