



Elizabeth Glaser  
Pediatric AIDS  
Foundation



# I AM NOT ALONE

PACF: POSITIVE ACTION FOR CHILDREN FUND IN MALAWI



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The community-based organizations at the heart of this project work tirelessly toward achieving our vision of an AIDS-free generation in Malawi and around the world. EGPAF extends its gratitude to the Badilika Foundation, the Foundation for Community and Capacity Development (FOCCAD), Grassroots Movement for Health and Development (GMHD), Life Concern (LICO), the Rights Institute for Social Empowerment (Rise Malawi), and Youth Impact.

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About ViiV Healthcare

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a proven leader in the global fight to prevent pediatric HIV infections, end pediatric AIDS, and create a generation free of HIV. To achieve this, EGPAF supports country ownership and works to strengthen national capacity—expanding the ability of ministries of health, local health authorities, and civil society organizations to assume full ownership of their HIV/AIDS response.

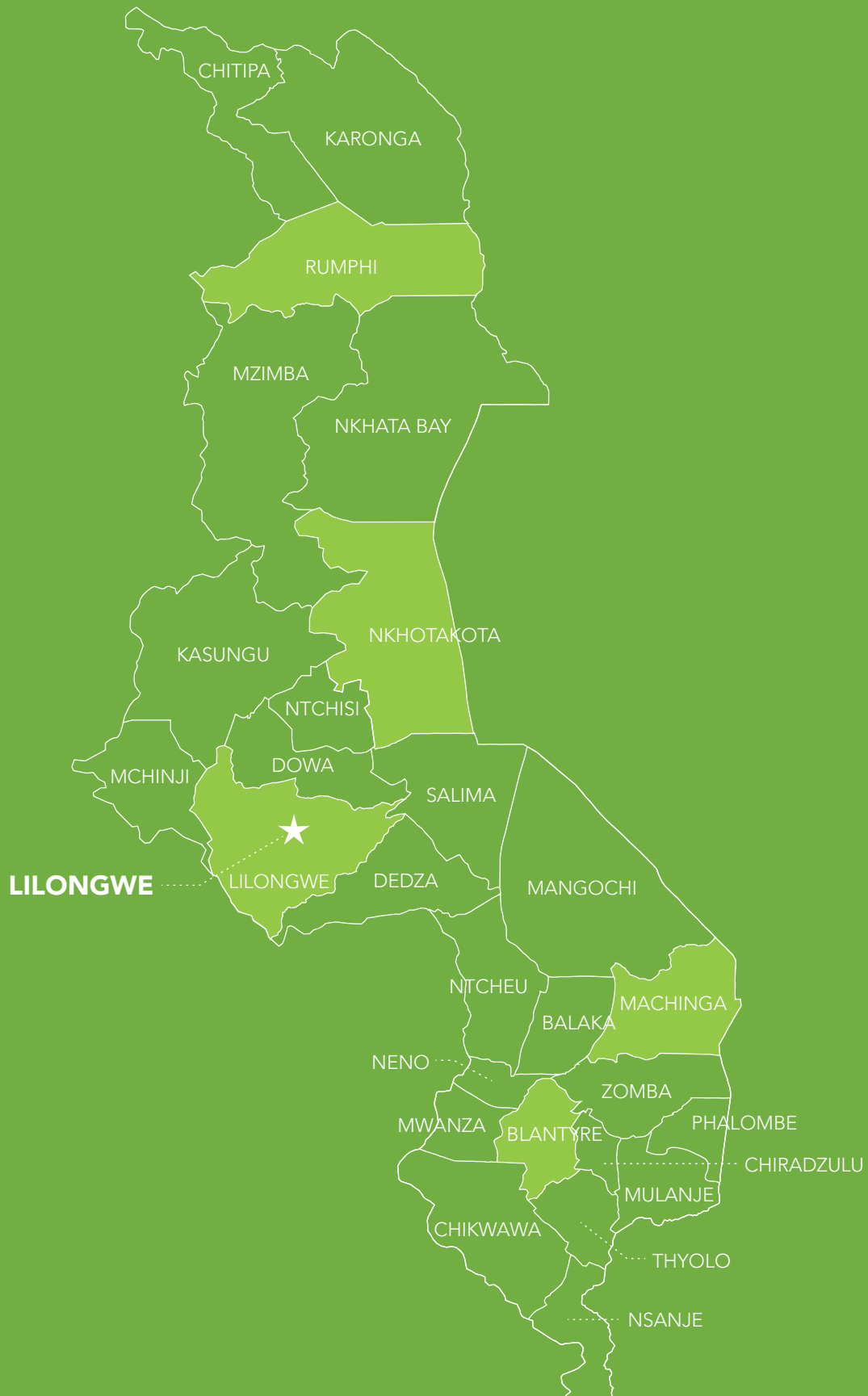
In 2001, EGPAF began collaborating with partners in Malawi to provide prevention of mother-to-child transmission of HIV (PMTCT) services. Today, EGPAF provides technical assistance for HIV services at more than 150 Malawian Ministry of Health and faith-based facilities and supports health system strengthening in seven districts.

In September 2011, EGPAF partnered with ViiV Healthcare’s Positive Action for Children’s Fund (PACF) to provide technical assistance to the following community-based organizations in Malawi:

- Badilika Foundation in Blantyre
- Foundation for Community and Capacity Development (FOCCAD) in Nkhosakota
- Grassroots Movement for Health and Development (GMHD) in Lilongwe
- Life Concern (LICO) in Rumphi
- Rights Institute for Social Empowerment (RISE Malawi) in Lilongwe
- Youth Impact in Machinga

PACF’s technical assistance project was designed to improve community involvement in the delivery of sustainable community-level HIV prevention services. It focuses on building organizational and technical capacities and improving partnerships with the health system to ensure that all mothers, babies, and families have access to HIV prevention and treatment services.

In close collaboration with these community-based organizations, EGPAF blended pragmatic and participatory approaches to provide each with the tools and skills to better plan, manage, and implement its PACF-funded project. EGPAF conducted baseline assessments to identify technical support needs and organized workshops to cover such topics as work plan development, financial management, and monitoring and evaluation. The workshops were followed by technical assistance to help each organization identify and address implementation challenges and to monitor progress.







The toll of the HIV epidemic in Malawi has been staggering. More than a million people in this modest southern African nation are living with HIV. Fifty-one thousand Malawians die of AIDS-related illnesses each year. Approximately 170,000 of the children in Malawi have been infected with the virus, generally through pregnancy or childbirth. If untreated, half of those children will die before the age of 5.

Fortunately, a cadre of organizations are working together to lower those numbers and eventually eliminate HIV transmission and AIDS-related deaths. To this end, EGPAF and ViiV Healthcare have partnered with community-based organizations who are fighting HIV in villages across Malawi.

The dedicated volunteers and staff of those organizations know that transmission of HIV from mothers to their children can be virtually eliminated if families are educated about the virus, if women know their HIV statuses, and if HIV-positive pregnant women enroll in proven antiretroviral treatment and adhere to it. A strong civil society paired with effective outreach and linkages among communities and health facilities is vital to achieving the elimination of pediatric AIDS.

To treat and prevent the transmission of HIV, these community-based organizations often reach individuals who have been marginalized by poverty, profession, or other circumstances. The HIV rate among sex workers in Malawi may be as high as 70 percent according to the Joint United Nations Programme on HIV/AIDS (UNAIDS). In response, these organizations provide HIV testing, counseling, and education—but they also provide support for microfinancing and small business ventures that can help HIV-positive mothers stabilize their household finances as they raise HIV-free children.

Over the course of our partnerships with these organizations, I have seen them grow as institutions and become more professional in terms of their organizational capacity, technical expertise, data quality, and data use. Some organizations have even received international awards for their work. In 2014, Life Concern, one of the organizations that we work with, was recognized at the International AIDS Conference with the prestigious Red Ribbon Award for outstanding community leadership and action on AIDS.

International organizations like EGPAF and ViiV Healthcare play a crucial role in providing people affected by HIV with access to the testing, counseling, and medicines that save lives. But community-based organizations operate on the ground, reaching into the homes, marketplaces, and schools to mobilize their neighbors through peer mentors, study groups, community theatre, and other local outreach.

During the time that EGPAF has provided technical assistance to these organizations, they have referred thousands of women for prevention of mother-to-child transmission of HIV (PMTCT) services and they have delivered AIDS awareness messages to hundreds of thousands of men, women, and children.

The individuals who you will meet in the following pages are ordinary people doing extraordinary work in their communities. Most are volunteers. Many are living with HIV and carry a vital message to their neighbors: “Each of us has the responsibility to take positive actions for children.”









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## BADILIKA FOUNDATION

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*The future is certainly bright.*

CAROLINE WADI  
Badilika Foundation project officer

A pastor and former accountant, **FORBES MSISKA** started the Badilika Foundation in 2006 after his brother died of an AIDS-related illness. The mission of the organization is to promote the rights and improve the health of sex workers through socioeconomic empowerment, literacy training, and community education.

“I felt that it was my duty to help those who’d swayed from a righteous path,” Msiska says, “I could see that the decision [of sex workers] to enter this occupation put them at immense risk of contracting what ultimately killed my brother.”

“Our aims are threefold,” Msiska continues. “First, we want to enhance spiritual trust. Second, we want to focus on health care that’s conscious of HIV and its impact. Finally, we want to empower these women economically and provide avenues to alternative, sustainable means of employment.”





**JOYNESS DZIWANI** (in red) is a representative of the Centre for Human Rights, Education, Assistance, and Advice (CHREAA), one of the Badilika Foundation's partner organizations. CHREAA mainly focuses on providing paralegals in prisons, courts, and police stations to empower sex workers and protect them against police abuse. Dziwani also works to spread rights awareness among sex workers, such as at this forum convened by the Badilika Foundation.

"I've always had a passion for working for the most vulnerable," says Dziwani. "While there is no law against sex work in Malawi, the moral stigma that's attached to it tends to render these women mute. Our toll-free line has started to empower them, but our challenge lies in encouraging these women to reveal their identities. If they don't, we cannot press charges against those that abuse them."



**MERCY PHIRI** (in green) is a member of the Namiyango Discussion Forum, organized by the Badilika Foundation as an open space where sex workers can air their grievances without fear of judgment. Specialists are invited here to teach them about condom negotiation, family planning, and prevention of mother-to-child transmission of HIV (PMTCT).

These discussion forums additionally serve as vehicles for village savings and loan enterprises, which help to empower the women economically by enabling them to start their own small businesses and become self-sufficient.

“My partner lost trust in me when I continued to prostitute myself after we had a child,” Phiri relates. “This caused a rupture, and led to our separation. It was only when Badilika Foundation came into my life that I could see a way out of the trade.”

“This is clearly an organization that wants to protect us from infection and transform lives,” says Phiri.











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As the Badilika Foundation's project officer, **CAROLINE WADI** is responsible for the welfare of its staff and for enhancing the system of referral. When Msiska first suggested setting up the organization, she could see its value because a neighbor of hers contracted HIV and lacked information about what she could do about it. Though nervous at first, Wadi agreed to go to the local bars and clubs and let women know that the Badilika Foundation could help them.

"When I go into a nightclub and distribute condoms or invite girls to meet us at the office, people often ask me if I'm encouraging [sex work]," Wadi says. "The reality is that sex work will continue, so we need to focus on the practical need of imparting knowledge." In her opinion, the psychological counseling and vocational training are making a clear difference in her community. "The future is certainly bright," she concludes.

**BEATRICE PHIRI** was an orphan by the age of 16. She moved in with an uncle who turned out to be abusive, so she left and tried, unsuccessfully, to sustain herself with domestic work. Eventually, on the suggestion of friends, she got into sex work.

The Badilika Foundation approached Phiri when she was pregnant. Through education and support from the organization, she took an HIV test, which came back positive. Thanks to the counseling and guidance she received, Phiri enrolled in prevention of mother-to-child transmission of HIV procedures at an early stage in her pregnancy. The directions she received on nutrition and antiretroviral adherence were crucial in ensuring her child's continued good health.

"I followed the regimen religiously," says Phiri. "I never missed a single day! I wanted nothing more than for my child not to inherit this virus from me."

Happily, her daughter was born HIV-free, and remains so. Phiri now participates in discussion forums and mentors the younger sex workers.

*I was terrified of what might happen to my son.*



My name is **LOVENESS ZANGAPHE**, and I'm 26 years old. I grew up with a father who beat my mother. It was my need to get away from this as soon as possible that pushed me into sex work. My school was poorly resourced, so getting a good education was unlikely. When I graduated, I wasn't able to find a job that would give me a steady income. At the same time, I saw many of my peers finding an answer in sex work, which allowed them to start earning money.

I have one son. He is 8 years old and enjoys school. He is very good at math and English, and I hope that he will have the sorts of opportunities that I missed out on.

I knew vaguely about the risks of HIV/AIDS when I first got into sex work, but it was my cousin's death from AIDS that really started me worrying about this. I was terrified of what might happen to my son if anything were to happen to his only parent.

When a member of Badilika Foundation first approached me in a club, my initial reaction was annoyance that he was getting in the way of my business. However, his friendly approach soon swayed me. I was tired of doing sex work and was deeply fearful for the future; I wanted a new life. So I followed up, and don't regret it. Since testing positive for HIV, Badilika Foundation has been very supportive whenever I've had a problem. They have made me believe in the power of 'living positively'.

Badilika has trained me as a peer educator. In this role, I'm able to give advice to fellow young women. I try to teach them the value of HIV testing and counseling—and also the importance of using contraception in order to prevent early pregnancy.

A key part of my role requires me to encourage participation among these women: to teach them about how strength is born out of interdependence and how much the community can gain when they give back in this way. I like being a peer educator because it gives me a sense of pride when I see the tangible difference I can effect in people's lives.

Badilika Foundation has supported me by arranging for me to have vocational training. After leaving school, I had tried to get some work at a welding shop, but I was paid a pittance and wasn't treated well. Badilika recognized that I had some skills in this area, and suggested that I could improve my lot in such jobs if I could deepen these and thereby demonstrate my worth. Part of the package that the school promised included basic equipment and start-up capital for all the participants. This will be the next step, I hope, and I'm looking forward to becoming a skilled worker and using my hands productively.

After working with Badilika for a while, I started to realize that I had to take the initiative if I wanted to make improvements in my life. So when I was told that it will take some time before I receive the equipment and start-up capital I need to start my welding business, I borrowed some money from a local organization and started a small shop selling cosmetics, stationery and snacks that I make at home.

The business is doing well and I have regular customers. Being able to support myself without having to rely on sex work has assured me of the freedom and security I had craved for so long. I no longer fear abuse or the transmission of further diseases. While I might earn less money, this is a long-term solution that has brought me happiness. And that's something I value tremendously.







LUCKY'S COSM  
ZITENJE





*Being able to support myself without having to rely on sex work has assured me of the freedom and security I had craved for so long.*

LOVENESS ZANGAPHE





BILLABONG  
SPRING FLING  
MAY 10-15  
FIVE DAYS OF SURF,  
MUSIC, AND SUNSHINE  
LAGUNA BEACH  
CALIFORNIA  
RE SQUARE

*There is a support system that I can always count on.*

**“** I am **CATHERINE KANJERE**. I am a mother and a former sex worker.

I had my first child, Stephen, when I was 13 years old. My parents' refusal to support me meant I had to leave home and fend for myself. Sex work was a means to make money quickly. In 2010, a dear friend of mine contracted HIV and died, [and] I realized that I had to start taking care of myself.

Having said that, when someone from the Badilika Foundation first approached me, I was resistant. When this person asked for my number, I was very reluctant to share it. In the sex work world, I was accepted and no one stigmatized me. I had given up on normal society.

Despite my initial irritation, I decided to give this person my number anyway. I was told that I'd be able to access funds for starting a small business, and I could get assistance in the form of food and payment of school fees for my son. For the first time, I started to learn in depth about HIV testing and counseling and the importance of measures to [prevent mother-to-child transmission].

The Badilika Foundation's sex workers' discussion group became a strong network of people who knew what I was going through and could provide me with good advice. They encouraged me to get tested, and when I learned that I was HIV-positive I stopped sex work and started taking

steps to “live positively.” It is a source of great regret for me that my friend was no longer alive by the time that the Foundation came into my life. If she had been, I strongly believe that she would still be here today.

Today, my life has improved a lot. When I'm sick, there are people who come to visit me. When I have problems, there is a support system that I can always count on. The Badilika Foundation has helped me to understand the value of nutrition and how I can give my body what it needs. They also provide me with transport when I need to visit the hospital. I am stronger, I enjoy life, and for the first time I feel like a complete woman.

The Badilika Foundation's village savings and loans program is a microfinance initiative that requires members to pay a fee. This goes into the fund and makes it an access point for small business and emergency loans. The scheme was instrumental in enabling me to access healthcare for my son when he was ill. Soon, I'm hoping to use it again so as to start a business selling second-hand clothes and soft drinks.

In my spare time, I love to watch TV, especially football. I am a big fan of our local Mighty Wanderers. My son is a great player and this makes me very proud. Sometimes, I enjoy kicking a ball around with him.

There was a time when I was suicidal because of HIV; nowadays, I'm working hard to give my children opportunity. If there is any investment that is truly valuable, it is in education.









*I am stronger, I enjoy life, and for the first time  
I feel like a complete woman.*

CATHERINE KANJERE





## FOUNDATION FOR COMMUNITY AND CAPACITY DEVELOPMENT (FOCCAD)

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*Realizing the life-changing significance of what I was learning encouraged me to share my newfound knowledge with others.*

TOMAS MALIRO  
Chair of the Dziwe La Mombo Support Group

Founded in 2002, the Foundation for Community and Capacity Development (FOCCAD) aims to create social change in the lives of marginalized people through rights-based programming and development. FOCCAD promotes active and meaningful participation of those infected and affected by physical, social, economic, and health factors—including HIV/AIDS.

**DAN NTHALA** (right) founded the organization in 2002 and leads on strategy and oversight. It is a job that requires balancing multiple stakeholders.

“We are constantly looking for new donors to enable us to expand this in the future. Our biggest challenge is keeping up with the demand, given our resource deficit,” says Nthala.

“We find it really helpful to have this extended reach into the community,” adds **CHISOMO NGOMANO** (left), “allowing us to work more effectively on awareness campaigns, on providing nutritious food items to support groups, and ensuring that systems of data review and referral are working smoothly.”

**TOMAS MALIRO** (third from left) is an HIV-positive man who serves as the chair of the Dziwe La Mombo Support Group, a subgrantee of FOCCAD that promotes prevention of mother-to-child transmission of HIV (PMTCT) and peer education. His wife, Fatuma Latibu (in blue, next to him), is a member of the area's mother-to-mother support group.

"When I joined the support group, I learned that there were so many schemes that had been set up to support people like me," says Maliro. "I soon became very active, and seeing my commitment the group members elected me to the role of chairman."

The group's members learn about the greater importance of keeping fit and maintaining a healthy diet—and how they can modify their subsistence farming practices with this in mind.

"Realizing the life-changing significance of what I was learning encouraged me to share my newfound knowledge with others," Maliro says. "And [it] convinced me that if one falls prey to stigma and stays within the four walls of one's home, one will never get to learn the information that can lead to a better life. Worse, one suffers alone."











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**SELEMAN CHIOPERA** (left) works as a peer educator for FOCCAD. He primarily focuses on promoting male involvement in family health and encouraging men to be model husbands. This starts in the home, but extends to taking their wives to the clinic when pregnant and getting involved with prevention of mother-to-child transmission of HIV (PMTCT) procedures.

FOCCAD has helped him through “male championship” training and as a PMTCT motivator. In many ways, his motivation is personal. The death of his sister in 1999 was shrouded in mystery at the time, but he is convinced today that she died from AIDS-related causes.

“Until not that long ago, when women tested positive, many found themselves deserted,” Chiopera says, adding that mothers weren’t even supported in safe motherhood matters through the maternity period.

“In my own life,” Chiopera says, “I have strived to be a model husband by getting tested for HIV along with my wife.” He stresses that male involvement training has significantly changed how people in the area live as couples. “Sexuality and the need to negotiate sexual intercourse can now be spoken about openly; we also talk about collective HIV testing and counseling and encourage men to take a more active role in domestic work, particularly during the PMTCT process.”

**ERNEST NGWIRA** and **FLORIDA SEMPERE** (right) met while working on a sugar plantation. They are a discordant couple—Semphere is HIV-positive, while Ngwira is negative. Despite Semphere’s HIV-positive status, they were keen to cement their marriage and start a family. Thanks to FOCCAD’s guidance and counseling, the couple has been able to raise a son who has remained HIV-negative.

“We know that death is something we cannot control,” says Semphere, “but our hope is that we can continue to ‘live positively,’ following the guidance we’re receiving.” The couple agree that the counseling, nutritional guidance, and assistance with transport to hospital facilities have proven hugely beneficial to them.

“We don’t believe we could possibly have had the quality of life we have today without FOCCAD’s intervention,” Ngwira concludes.

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FOCCAD's network of peer educators, like **EMILY NJERENGO**, targets key vulnerable demographics. As an alternative to home-based care, peer educators respond effectively to the stigma associated with HIV/AIDS by providing each individual with the counsel of someone who can legitimately empathize with his or her situation. During client visits Njerengo dispels myths, emphasizing the need for HIV testing and counseling, educating about medication options, and encouraging male involvement. FOCCAD's peer education system has been instrumental in spreading awareness in the community, and this has been buoyed by promises of free hospital transport and potential access to vocational training.





*I dedicate myself to this work,  
in the hope that each of the people I touch can be saved.*

“ My name is **EMILY NJERENGO**, and I work as a peer educator. My role requires me to go door-to-door, speaking to women of childbearing age about the importance of safe motherhood. When I cared for the child of a relative of mine, I learned just how helpful organizations like FOCCAD can be. The assistance I received from FOCCAD inspired me to offer help to others once I was able, as I knew that there were so many children and mothers who needed care and guidance in my area.

Having looked after two children who ultimately and tragically passed away, FOCCAD’s safe motherhood support group really helped me move past the grief and realize that an HIV diagnosis need not actually be a death sentence. This represents massive progress since the early days of the AIDS pandemic, when I even lost my own husband to the disease.

A significant part of my role involves teaching clients about the importance of family planning. When I provide clients with referral letters, they can then access modern methods of contraception as well as advice from our local health facility. What I can clearly see is that people are at once curious and receptive as I try to raise their awareness on family planning. I encourage them, particularly those who live with HIV, to use condoms over injectable contraceptives because they are more effective at preventing the spread of infection. Given the pace at which supplies of contraceptives from FOCCAD are getting distributed, it is clear that awareness is growing.

I have been a peer educator since 2012, when FOCCAD began training in this area. Peer education allows the community to develop its health practices both holistically and from the bottom, up.

I visit several women of childbearing age each week and speak with them about how they can ‘live positively’ with HIV—and particularly about prevention of mother-to-

child transmission of HIV (PMTCT), with the intention of sensitizing them on the long-term implications of the virus while emphasizing the availability of treatment.

FOCCAD helps us peer educators in our efforts by providing our clients with transportation to health centers and ensuring that the process is consistent rather than a one-off.

Agatha is one of my clients. She is an HIV-positive woman who has been through two home deliveries. It took me five visits before she finally accepted the value of testing and counseling, so my friendly perseverance was crucial. As a peer educator interested in ensuring the prevention of mother-to-child transmission of HIV, I assist women like Agatha through the duration of the maternity process, from referring them to a doctor and ensuring their strict compliance with antiretroviral therapy, to assisting them through the process of breastfeeding and postnatal care.

Maintaining comprehensive records helps me in scheduling my days, particularly in the light of the long distances I have to travel on foot. I can see up to two women every day; a receptive client can be referred within the first week itself. I have to tailor my process based on the likelihood of them being willing to accept help.

Apart from my job as a peer educator, I also engage in farming and operating a small business that sells fritters. This is necessary because that my job as a peer educator is completely voluntary, and I earn no income from it. This is worth it because it means I can share essential lifesaving information with my community. It allows me to play my part in curbing the spread of HIV/AIDS, ensuring the community’s survival through future generations.

I think of my late husband every day, and regularly say a prayer for him; it is in his memory that I dedicate myself to this work, in the hope that each of the people I touch can be saved from a similar demise.

*I'm not alone in fighting this battle with HIV.*

“ My name is **GEORGINA KAPETA**. I am a farmer, and I grow just enough crops like cassava, rice, maize, and groundnuts to provide for my family. I have five children, the oldest of whom is 14.

It was when I was pregnant with my youngest child in 2011 that I first learned about my HIV status. Prior to being tested during an antenatal screening, I had minimal knowledge of what HIV really was. I had heard on the radio about initiatives encouraging women to get tested, but even when I was diagnosed I had no real sense of how the virus could affect my life. Based on what little I understood, I was very afraid of dying early and leaving my children to fend for themselves.

I needed counseling, and FOCCAD offered me this as part of holistic treatment. However, it was a considerable distance for me to travel to access this. I didn't feel I could reach out to anyone in my community for help with getting there for fear that they'd treat me badly. There was still a lot of stigma surrounding HIV at that time.

Thankfully, FOCCAD was able to identify a bicycle taxi rider who could take me to Nkhotakota District Hospital on a regular basis at their expense. Because I'm only a subsistence farmer, there was no way I could have afforded to pay him myself. Without this service, I would surely have missed appointments and found it really hard, if not impossible, to access the medicines I needed to prevent transmitting HIV to my unborn child. This could have put me at fatal risk, especially as my immune system was beginning to deteriorate rapidly. Now that FOCCAD has ensured that I can get treatment, the instances of fever and infection that I used to suffer from have dramatically reduced.

Since learning of my HIV-positive status, I have had all my children tested. I'm delighted to say that they are all [HIV-free].

I soon learned about FOCCAD's mother-to-mother support group, and through this I have been participating in a range of activities. The group has taught me the particular importance of regular exercise for people living with HIV. Sometimes, we play netball together, while even at home I find it fun to exercise together with my children. The support of the group has really made me feel like I'm not alone in fighting this battle with HIV.

The mother-to-mother members all contribute financially to a village savings and loans program. This fund is then available to help people in the group, based on their particular needs. I've personally been able to benefit from this scheme, as it has helped me to invest in my farming and pay my children's school fees. Without its assistance, I certainly wouldn't have been able to educate them all. I've also started to use it to pay for my transport to Nkhotakota District Hospital, to where I must constantly return for check-ups and to collect my medication.

Now that my youngest child has tested negative twice, my anxieties have been considerably quelled. I don't plan on having more children, as I don't want to ever expose another to the risk of inheriting HIV from me. The mother-to-mother group has been instrumental in making living with the virus more manageable. More than this, it has allowed me to once more look forward to living a bright and positive future alongside the family I love.











*Since learning of my HIV-positive status, I have had all my children tested.  
I'm delighted to say that they are all healthy.*

GEORGINA KAPETA







## GRASSROOTS MOVEMENT FOR HEALTH AND DEVELOPMENT (GMHD)

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*Thanks to the guidance and counseling I got from GMHD,  
I was able to cope with the challenge.*

JOYCE MWASE  
Peer Counselor

The Grassroots Movement for Health and Development (GMHD) was founded in 2007 and works to promote a better understanding of sexual and reproductive health among vulnerable individuals. The organization holds a vision of a healthy society in which women's rights are respected.

**ESNART MKANDAWIRE** (right) is a community volunteer. She assists GMHD by going door-to-door in her neighborhood, counseling women about prevention of mother-to-child transmission of HIV (PMTCT). In 2005, she was diagnosed with HIV. Rather than locking herself away from society, she decided to get involved in enhancing awareness of the virus among women.

"I lost many of my friends to HIV because they just did not know how to respond to and manage it once they caught it," she explains. "Many of them even passed the condition on to their children."

GMHD has been instrumental in changing this. By setting up a referral system, the rate of institutional delivery has increased dramatically in the areas in which it works. Mkandawire has been part of this success story, training traditional birth attendants to understand the importance of referral to health centers.

A village savings and loans program, which she is explaining to a young mother, runs parallel to this project. This enables beneficiaries to access small amounts of capital to start microenterprises, such as selling charcoal and groundnuts. The resulting financial stability has helped to empower women and reduce their vulnerability.







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**AMOS NGWALAMBA** and **PATUMA CHITIMBE** (top left) are both HIV-positive. As a result of GMHD's assistance, their child was born HIV-free and has remained so. The couple first met at a support group organized by GMHD back in 2006. Groups like this seek to enhance understanding of HIV/AIDS in a society where stigma all too often blocks the sharing of information.

"After joining the group, I learned how to cast aside my fears and 'live positively,'" says Ngwalamba. "The open-air outreach meetings serve as a forum where we can talk about what otherwise tends to be suppressed; doing this really gives us confidence. Nowadays, I go openly, without shame. I hope that in doing this, I can serve as an example."

**LYNA CHIKUPILA** (bottom right) is a nurse midwife technician and PMTCT coordinator. A former employee of the Red Cross, Chikupila went through extensive training to become a nurse, a dream she had always nurtured. Increasing institutional delivery is one of GMHD's key aims, and it spreads the word of the importance of this through individuals like Chikupila.

By underlining the high rates of maternal death, the risk of disease transmission, and the possibility of traditional birth attendants contracting infections themselves, they are seeking to put an end to home-based deliveries. They have been significantly assisted in this thanks to GMHD's network of peer educators, who have proven highly effective at ensuring that an understanding of PMTCT has filtered into the community.

"Because we've trained youth as peer educators," Chikupila explains, "we've been able to take advantage of the fact that young people tend to be more open with members of their own age group, who face similar challenges."





**JOYCE MWASE** (right) is an HIV-positive widow, living in a rural setting just outside Lilongwe. Witnessing the AIDS-related death of not only her husband but also many other community members, she felt impelled to become part of the network of individuals who spread knowledge and support others who are HIV-positive. Mwase is convinced that antiretroviral treatment has truly shifted the landscape of her own life, allowing her to live long enough to know her own grandchildren. She resolved to be an example to others—such as her neighbor, above—of how one can “live positively,” and she is open about her HIV status and how she manages it.





No one individual is a mountain, however, and Mwase has been very grateful to GMHD for its support throughout. For example, a shift to a new regime of antiretroviral medication caused her to become weak for some time.

“Thanks to the guidance and counseling I got from GMHD, I was able to cope with the challenge,” Mwase says, “and my body and mind have acclimatized. GMHD has shown me how I can eat particular foods for improved nutrition, and this has helped me to increase my immunity and ultimately live longer.”





*I was keen to acquire the skills, knowledge, and awareness to be a role model.*

“ My name is **SECRET JOHN**, and at 17 years old I’m already a mother. I started working with GMHD as a peer educator three months into my pregnancy. I was drawn to this role because, as a mother-to-be, I was keen to acquire the skills, knowledge and awareness to be a role model to other young people in the future and give back to my community.

Before I conceived, my knowledge of contraceptives was muddled by the fact that there were a lot of myths floating around about how family planning methods could permanently affect my ability to bear children. When I learned I was pregnant, I initially wanted to abort my child, but I was afraid of what this would mean for my life. While my parents were supportive, they were adamant that they should get me married as soon as possible. They weren’t convinced of the value of a pregnant girl continuing with her education.

I managed to hide my pregnancy when I first started as a peer educator, [but] I soon began to show. I faced considerable stigma from my friends. Though I had wanted to abort at first, I quickly understood that this could only be done illegally and that there were a lot of risks involved. I was anxious to share this knowledge with other youngsters before they found themselves in a similar position, and make sure that as many as possible understood the dangers of unprotected sex and what they could do to prevent early pregnancy. I myself had not had the good fortune of exposure to the sort of knowledge that peer educators impart. I remember clearly what I went through, and would not want other young people to face such experiences alone.

The training and information sharing that I undertake with my peers happens in various ways. We have one-to-one sessions, where I approach young people and counsel them personally, and I lead group discussions, where people can speak freely about the stigma they are facing and how they are coping.

In both types of interaction, I also talk about prevention of mother-to-child transmission of HIV (PMTCT), the importance of preventing sexually transmitted infections, and how one can undertake family planning. My peers often have a lot of questions, which I do my best to answer, often with reference to materials that GMHD has given me and taught me how to use.

Often, the abuse I got at school would be constant, and I would have to leave for the day. However, I always strived to find the strength within me to come back with my head held high. This has helped me to encourage other girls to recognize the value and necessity of staying in education long-term, even if they experience similar circumstances to mine. I also speak to them about contraception and how they can take preventive measures if they do have sex at this young age.

GMHD has also encouraged me to distribute condoms as part of this role. My peers often approach me with a lot of hesitation, so I try to encourage them to relax and do my best to provide them with the clearest information possible to ensure they can stay safe and not get pregnant.

When girls get pregnant, my main aim is to encourage them to immediately go to the local health center. I also inform them about how they were vulnerable to sexually transmitted infections when they had sex—pointing out that if they don’t get tested early, they run the risk of infecting the child. I always emphasize the importance of institutional delivery and discourage them from using traditional birth attendants, as this often proves fatal. I remember counseling one girl who had eloped with her boyfriend and fallen pregnant. She was going to get the fetus aborted illegally, so I told her about the dangers of going down that road and how she could manage her pregnancy and still keep coming to school. I am proud to say that she continues at school to this day.







*My peers often have a lot of questions, which I do my best to answer, often with reference to materials that GMHD has given me and taught me how to use.*

SECRET JOHN

*I'm devoting myself to this.*

“ My name is **EMMA DZONZI NYIRENDA**. I work on a voluntary basis as a PMTCT promoter for GMHD. I was diagnosed as HIV-positive in 2008. My husband was terribly ill, and in the process of getting medical attention he found out that he was HIV-positive. Because he was told that HIV is sexually transmitted, he encouraged me to get tested as well. I was pregnant at the time, so his intervention and insistence was instrumental in my child being born HIV-negative.

After he was found to be HIV-positive, my husband was immediately put on a course of antiretrovirals. During this period, he was also diagnosed with tuberculosis, which the weakening of his immune system had made him more susceptible to. He eventually died in 2010. I was left with a child and without a breadwinner. With time, I have learned to cope with my predicament and be strong in the face of hardship. I have no plans to find companionship beyond my children right now; we all agree that this is all a part of God's plan. I'm sure He now wants me to serve others who have or are at risk of contracting or passing on HIV, and I'm devoting myself to this.

As a PMTCT promoter, I mainly work on encouraging newly pregnant women to go to their nearest health center for antenatal care [ANC]—in addition to talking about the importance of family planning, use of contraceptives, and the need for institutional delivery. As part of my process, I explain to husbands how valuable it is for them to escort their wives for ANC, so that they can learn what they need to do together. As HIV testing has now been incorporated into the ANC procedure, this provides a crucial opportunity for both partners to learn how they can manage the virus if the test shows they are positive.

Coming to terms with my own HIV status has given me hope for the future. After accepting it, the next step was to take positive steps to manage the illness. The counseling and advice on nutrition that I have received from GMHD has helped me to build the necessary strength and confidence to go out and sensitize the community in turn. I work hand-in-hand with community leaders in this, and it's a sign of the progress we've seen that these figures are so intent in helping.

I was one of the founders of the Chikhulupililo Support Group in 2008. When I first started going to the hospital to collect my [antiretroviral medication], I would come across several people I knew from the area. We started convening locally and would discuss how we could work to support each other and create an environment conducive to our wellbeing. I even met a lady who had lost her husband, like me, and worked up the courage to find out how she managed to cope with this tragedy in the hope that it would help me as well.

GMHD's assistance, which came in the form of skill enhancement sessions and training in raising awareness, converted our loose, informal group into a strong medium for community outreach. Initially, we would try to disseminate information, but didn't know how to encourage people to come out of the woodwork and speak freely about their status. GMHD has helped us to turn this situation around, and our group has now grown to 28 people.











*GMHD's assistance, which came in the form of skill enhancement sessions and training in raising awareness, converted our loose, informal group into a strong medium for community outreach.*

EMMA DZONZI NYIRENDA (RIGHT)







## LIFE CONCERN (LICO)

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*People have started to change their mindsets.*

SYDNEY LUSARE  
Bolero Rural Hospital Antiretroviral Therapy Counselor,

Life Concern (LICO) is a nongovernmental organization in northern Malawi that works with vulnerable and marginalized populations, with a focus on HIV/AIDS education, empowerment, and support. LICO focuses much of its efforts on the particular dangers faced by vulnerable demographics, particularly sex workers.

LICO Executive Director **PETER GONDWE** (right) reviews referral figures with **SYDNEY LUSARE**, an antiretroviral therapy counselor at Bolero Rural Hospital, Rumphu.

Lusare explains that the medical community is clear that the prevention of HIV transmission and its management are heavily predicated on identifying the virus at an early stage. He plays an important role in LICO's sensitization campaigns, such as a program that rewards couples with a baby-washing basin when they come together for an antenatal care visit. Until this started, women would almost always come alone.

"People have started to change their mindsets," Lusare says. "There was a time when an HIV diagnosis was perceived as the end of one's life. Now, there is greater awareness of medical interventions' ability to manage the virus."



**MICHAEL MUGHOGHO** (right), Bolero Rural Hospital's HIV counselor, is another key figure who contributes to LICO's work.

"At first we had issues, as we didn't have the capacity to extend our reach beyond this physical location," he recalls. The hospital may have had people with solid expertise, but it was poorly resourced, making mobilizing the community very difficult.

"Now, things are different," Mughogho asserts. "People go to the field, and thanks to LICO, they are capable of raising awareness and widening our scope for impact."

LICO provides extension workers, who travel to the heart of communities and tackle the roots of the problems of misinformation and cultural stigmas. Mughogho and his colleagues have then been building on this as community members have started coming to the hospital for group and individual counseling sessions.



LICO has developed a study circle model for both men and women. The Bolero Women's Study Circle performs a theatrical piece with a song, imploring women to get themselves tested and encourage their husbands to accompany them on the road to healthier, longer, more fulfilling lives.

The specter of HIV has been close to **MASOZI GONDWE** (not pictured), as her mother and paternal aunt both live with the virus. Because she is someone who is willing to speak frankly about sexual health in a public setting, LICO nominated her as chair of the Bolero Women's Study Circle. She testifies on the success of speaking openly in the community in strengthening filial bonds.

"There was a time when people would stop talking to those who were diagnosed with HIV because there were myths about its transmission," Masozi Gondwe says. "Our study circle has done much to counter these myths and to raise the positions of those who are HIV-positive."











**GIBSON GONDWE** (left), the son of a village chief, turned many heads when he decided—thanks to LICO’s intervention—to be present as his wife, Esther Zimba, gave birth to their baby boy. Traditional patriarchal beliefs saw doing this as a taboo, one that emasculated a man. Witnessing the birth of his son brought Gibson unprecedented joy; it also opened his eyes.

“It taught me a lesson,” Gibson Gondwe says. “It made me understand how women experience great pain in labor, and taught me that for this reason, we shouldn’t have children as often as we do.”

This feeds into LICO’s work on family planning, which is an important component in its PMTCT efforts. In addition to this, it also helps to ensure that women are treated with greater respect in the community.







As Gibson Gondwe's example attests, a big challenge that routinely comes up during mobilization efforts relates to the involvement of men. Tradition has encumbered them with the belief that they should not actively engage in the maternity process. **CHIMWEMEWE MDEDE** (above, right) is the promoter of Bolero Male Study Circle, which teaches men methods of family planning and better, more sensitive ways of managing their relationships. Circles like this one also engage in other community-oriented exercises that explore and tackle issues in line with LICO's comprehensive strategies to increase male involvement in PMTCT initiatives.

"We ensure that each participant has an action plan in accordance with the discussion topics that LICO trains us to share," Mdede explains. "This way, they know that it doesn't end in the circle—that they must endeavor to implement what they learn in their daily lives."

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**QUEEN MKANDAWIRE** (right) got married in 1995 to a man who later also married her sister (left) in a polygamous union. A recent attack of malaria landed Mkandawire in the hospital, where she was encouraged to undergo testing for HIV. At the time she was diagnosed with HIV, she was three months pregnant. Key to prevention of mother-to-child transmission of HIV (PMTCT) is ensuring that the mother, while pregnant and then while breastfeeding, maintains a high level of nutrition. This builds up the child's immunity and chances of battling transmission, while simultaneously allowing the mother to live a healthier life herself. LICO helped Mkandawire in this by providing her with a goat for milk, along with seeds to ensure she had a stock of nutritious foods during pregnancy and beyond.

"I am living a happy and a healthy life," Mkandawire asserts, adding with pride that her son has remained HIV-negative.

Using a variety of bottom-up, community-oriented programs, LICO has made progress into addressing the problem of awareness about transmission and prevention of HIV/AIDS. A paucity of information in the public sphere tends to amplify the problem. Cultural stigmas become further entrenched, such that people choose not to seek treatment and resign themselves to the widespread but incorrect view that an HIV-positive diagnosis is a virtual death sentence.

LICO's interventions with Rumphu's sex workers have worked by training ten members of the community to become peer educators. These women have then spread information and built awareness on risk mitigation measures, as well as means of PMTCT for sex workers who have the virus. Working in this way within a community that is incomparably affected by HIV has helped to decrease the stigma surrounding HIV/AIDS and has encouraged more sex workers to put safety and prevention first. It has even helped HIV-positive women to give birth to and raise children who have remained HIV-free.











## AN AWARD-WINNING COMMUNITY-BASED ORGANIZATION

In July 2014, Life Concern (LICO) was recognized for its effective grassroots strategies with the prestigious Red Ribbon award, presented at the International AIDS conference (AIDS 2014). This award is given to a select group of organizations every two years by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in partnership with other United Nations organizations. The award honors and celebrates community based organizations for their “outstanding initiatives that show leadership in reducing the spread and impact of AIDS.”

“In villages and townships across the globe, communities have taken matters into their own hands and come up with innovative solutions to what often appear as insurmountable problems in the AIDS response,” said UNAIDS Executive Director Michel Sidb  at the award ceremony in Melbourne, Australia.

The Red Ribbon award committee cited LICO’s success at increasing male involvement, reaching out to women in hard-to-reach locations, establishing study circles, and training health workers. The committee presented LICO with \$10,000 to use toward expanding its capacities and continuing to serve the community.

“One key area of LICO’s work is community-based prevention of mother-to-child transmission activities, including male support groups bringing men together to learn more about the pregnancy and encourage them to be more involved,” said UNAIDS-Malawi Country Director Amakobe Sande. “The evidence shows rates of male involvement in antenatal care in the areas where LICO works are now much higher than in surrounding areas.”

“LICO has even aided some of the men to witness the birth of their children—an exceptionally rare practice in Rumphi District and Malawi,” said Sande.

“We are so proud of this award—and it’s a testament to all our donor partners but also importantly the communities we work with every day in Rumphi,” added Mia Seppo, the United Nations resident coordinator in Malawi.

LICO Executive Director Peter Gondwe feels bolstered by the support of the world community.

“We have worked hard at LICO to strengthen our organizational capacities and we are growing from strength to strength as a community-based organization,” he said.

*The study circle was instrumental in changing my perceptions about women.*

“ My name is **DINOVA LUHANGA**, and I am 21 years old. I got married a few months ago and I’m expecting my first child in five months. I joined a male study circle a couple of months ago. I was at a football game with my friends and they were all planning to attend a session that was happening nearby. I was apprehensive at first, but they convinced me to join them anyway.

I met my wife, Elidah, in high school. She was friends with a nephew of mine, and I saw her as a caring and loving person. The study circle was instrumental in changing my perceptions about women. I come from a patriarchal culture, yet through my attendance I started understanding the value of equality and learning how to speak with one’s wife on equal terms. Now, I even help her to cook.

The way I was brought up taught me—and my father before me—that men are superior to women, but now I am realizing that this is not right.

I have also learned the value of accompanying my wife each time she attends the health center during pregnancy. The leader of the circle told us that there are incentives for men to do this, and while I probably only went for this reason at first, I soon learned how life changing the process could be. My wife was glad when I started accompanying her, and it went a long way in strengthening our bond. We began to speak more openly about personal issues. The depth in our relationship grew, and we were able to consider family planning much more as a team. The study circle was right that this would greatly improve the foundations of my family.

I grew up in a farming family and my brother currently manages the overall operations. We primarily farm maize and tobacco. My wife and I often work on the farm together, and I also help her in the family’s vegetable garden. Currently, I’m waiting to get placed in a primary school in the area as a teacher. This job will significantly increase our family’s earnings and hopefully lead to a better life.

I value the experience I’ve had with the study circle, and feel it’s important for me to take the initiative now and share what I’ve learned with my friends. The sex education we have at school is really minimal and is brushed over in the rush to comply with examination requirements. Through this study circle, LICO has greatly enhanced my knowledge of the intricacies of the processes of sex and pregnancy. I have understood that pregnancy is a long process that requires periodic adjustments.

I’m now also planning to encourage members of the community to get their HIV statuses checked. Having an HIV test is something I feel has enhanced my freedom; it has helped my wife and me in planning our family’s future. I was anxious at first; it was Elidah’s grit and determination that encouraged me through it.













*I value the experience I've had with the study circle,  
and feel it's important for me to take the initiative now  
and share what I've learned with my friends.*

DINOVA LUHANGA









*I finally felt like  
I counted as a human being.*

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## WEZI GONDWE

When **WEZI GONDWE** left her husband, she took her four children and sought refuge with her mother. However, with so many mouths to feed she was compelled to look for employment to make ends meet. Working at a restaurant, she came into constant contact with a community of sex workers, and began to realize that they were earning considerably more than she. Soon, she decided to join them. Thankfully, Gondwe was acutely aware of how HIV could be transmitted and would procure condoms from her local hospital. Her struggle was that, more often than not, men would not want to use the contraceptive. On bad days, she would be forced against her will to have sex with men who refused her requests to wear a condom.


Gondwe found out about her HIV-positive status while she was still married. She feared her polygamous husband's reaction, and it was this fear and also a great sense of shame that eventually led to a breakdown in their relations and their eventual divorce. It was during a particularly dark period in her life that she first came into contact with LICO and received counselling from them.

"I was welcomed in spite of my line of work," Gondwe recalls, "and from that day I made a decision to stop living in constant worry. Even though I was a sex worker, I finally felt like I counted as a human being."

LICO began its program in Rumphu by training 10 sex workers and charging them with disseminating information within the community. Gondwe was soon elected the group's chairwoman, and her work has done wonders in restoring her sense of self-worth.

Thanks to LICO's interventions, Gondwe's mental and physical health have improved. In an attempt to move away from the sex trade, she has begun to brew and sell homemade beer. This alternate means of earning still keeps her in the vicinity of other sex workers and past clientele, but she is known for her fortitude. In fact, LICO staff refer to her as one of their boldest peer educators, and speak very highly of how she engages in productive dialogue with other sex workers, encouraging them to demand safe sex as a rule.

When asked where she finds this drive, Gondwe answers with sharp insight. "HIV works in a vicious circle. If I'm not passionate about this, it will continue to pass around the community and it will end up harming more people; maybe one day, that might even mean my own kids."



**ELIZA MUNTHALI** had a positive start in life. She married into a family that owned a profitable transport business, and although her husband had three other wives, they all felt well cared for and saw themselves as relatively wealthy. However, when he tragically died in 2005, his father thwarted all the wives' efforts to gain shares in his various properties. His passing also left Munthali's four children without a father, and she feared for their futures. Soon, sex work presented itself as a seemingly lucrative opportunity. Sadly, Munthali entered the trade with very little understanding of the risks and implications of catching HIV. When she did learn about the virus, her knowledge came packaged with myths about suffering and life expectancy. It was only after a test showed she was positive and the consistent intervention of LICO's programme that she realized that HIV need not be a death sentence.

Munthali is one of LICO's biggest success stories. Owing to her demand in the local sex trade, it initially seemed that it would be very hard to work with her. When she realized that she was pregnant, she refused to be tested for HIV while attending antenatal screening, as she feared the stigma of a positive diagnosis. By regularly returning to her and encouraging her to attend their meetings, however, LICO's staff slowly made inroads, eventually succeeding in getting Munthali to be tested and then accept antiretroviral treatment. Munthali then followed the advice she received on PMTCT to the letter, and was ultimately the first sex worker on the LICO programme to give birth to and raise a child who is HIV-negative.











## RIGHTS INSTITUTE FOR SOCIAL EMPOWERMENT (RISE MALAWI)

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*To be able to help mothers, and enhance the chances that their babies will be born and remain HIV-free is something that gives me immense pride.*

MACLINA ROBERT  
RISE Malawi Peer Counselor

The Rights Institute for Social Empowerment (RISE Malawi) seeks to secure fundamental human rights for the most vulnerable populations. RISE creates empowerment through sexual and reproductive health rights advocacy and community mobilization, generation of demand and increasing access to sexual and reproductive health, prevention of mother-to-child transmission of HIV (PMTCT), and education services.

**MACLINA ROBERT** (left) works for one of RISE Malawi's mothers' groups. Her role revolves around providing the right advice to pregnant and lactating mothers to ensure that they adhere to PMTCT measures.

"We go door-to-door, giving people information about nutrition," she explains. "We also try and tell them that both mother and child should ensure they sustain a balanced diet, because it is essential for increasing immunity and minimizing chances of transmission." Robert enjoys this work a lot. "To be able to help mothers, and enhance the chances that their babies will be born and remain HIV-free is something that gives me immense pride."



For the past 15 years, **GEOFFREY CHIKADEWA** (right) has served as a health surveillance assistant. In this role, he works as a link between the government and rural communities. More specifically, the work involves immunizing young children, inspecting water, collecting data, promoting family planning, and mobilizing mothers to attend antenatal care. Working with RISE Malawi, health surveillance assistants also serve as another form of bridge, connecting the community with healthcare facilities.

“I work at the community level to implement a referral system,” explains Chikadewa. “I travel through the villages and I talk with pregnant women as I go, inquiring about how their pregnancies are going and noting the details in their ‘health passports’. Based on the information I collect, I refer them to the hospital as necessary, and advise them of the date and time when they can be seen.”









To empower the youth in the community and to reward enterprise, RISE Malawi has set up a bursary scheme. They provide young adults with both materials and financial resources that go towards paying fees at both secondary and tertiary levels.

**STEVE KAMPHINDA** is a beneficiary of the program. He began receiving support during his secondary schooling and, thanks to the intervention of RISE Malawi, has received university education in business management. His relationship with the organization continues to flourish, and he now works as an assistant in the office and with RISE Malawi's youth group. As the first beneficiary to study to tertiary level, Steve says he can see that the organization is very proud of what he's accomplished.

"I was interested in giving back to the organization that has changed my life," Kamphinda says. "Learning to facilitate meetings between various stakeholders, discussing project-specific issues and seeking solutions have all been tremendously valuable for me. If RISE hadn't existed, my life would have never been what it is today. Education has been crucial for me."



**ANNIE KACHIGAMBA** (right) is a trained HIV testing and counseling and antiretroviral therapy provider and serves as the focal person for RISE Malawi's prevention of mother-to-child transmission of HIV (PMTCT) program. She is responsible for motivating young mothers to enroll for antenatal care, as well as facilitating education on hygiene, HIV infection, and adherence to antiretroviral therapy after infection. In certain cases, she is responsible for referring mothers and newborns to other facilities.

"We have to make sure we can optimize our services for the largest group of people possible," Kachigamba stresses. "Sometimes we cannot pay a case sufficient attention, so we will refer it to somewhere that has adequate resources."





Through its network of youth clubs, RISE Malawi is using innovative methods for targeting youngsters, particularly orphans and other vulnerable children, in order to impart sexual and reproductive health education. The Auntie Stella Training Toolkit, for example, allows young people to work in mixed gender groups. Each card raises an issue for them to discuss through guided talking points. They then turn to Auntie Stella's reply. This might be followed by activities that include role play, drama, quizzes, and research projects.

"The pack shows us interesting ways in which we can prevent HIV/AIDS," says youth club member **GOHA CHIFUNERO** (above right). "They are explained simply and allow me to spread the message among my friends."

**ROSE CHIWAMBO** and **YOHANE CHINENGO** (facing page) met at a support group for people living with HIV. RISE Malawi helped them to understand the principles of PMTCT, and their son, Chadreck, remains healthy and free of the virus today.

"RISE Malawi's program supported me through antenatal care," says Chiwambo. "I was taught about contraception and family planning, but key to the program was their guidance on nutrition. I was told that I should begin with breastfeeding for six months, and then follow that with supplemental feeding, drawing on all of the six food groups until our child reached two years of age."

Adhering to this procedure gave Chiwambo confidence that she and her husband could ensure that their son would remain HIV-free, and indeed he has.







RISE Malawi actively engages local village chiefs in its prevention of mother-to-child transmission of HIV (PMTCT) program because they are highly effective at encouraging community members to participate in all they lend their names to. Chiefs are not only authority figures; they also pride themselves in being connected with their community members. As such, RISE Malawi has found them to be essential in strengthening the community-based structures that ensure the efficiency of their programs. One of their most effective interventions has been to put in place bylaws that have increased male involvement in PMTCT interventions, prevented the entrenchment of HIV/AIDS stigma, and prioritized adherence to HIV testing and counseling and other healthcare norms.

As a group village head, **KAPHUKILA THOLOKOSI** (green blazer) has seen how his community has changed with the intervention of RISE Malawi. Initially, the seemingly inexorable increase in deaths from AIDS was met with fear and ignorance, resulting in fractured bonds within the community. The chiefs intervened, and with RISE Malawi's help they enacted bylaws that make it a crime to stigmatize community members who are living with HIV. Offenders are required to pay a chicken to the village headman and a goat to the group village head.











Group Village Head **CHRISTINA MAPONDELA** has attended various training sessions under RISE Malawi's auspices, giving her an excellent overview of HIV/AIDS-related matters that she is now charged with passing on to community members, particularly women of childbearing age. Mapondela tells these women to ensure that men are involved with their pregnancies from the start and that they ought to be committed partners in the HIV treatment and care process. She reminds them to steer clear of conflict, finding a middle ground wherever possible. Mapondela says that this is a challenging job, because although she is a chief, she's often not taken sufficiently seriously as a woman. Even the women in the community may be reluctant to see her as an authority figure. But this is changing, in part because of her role in training sessions.

RISE Malawi staff often come to the community and work with the chiefs on focusing on the role of men in the process. The stigma attached to HIV/AIDS, coupled with an increasing trend towards absentee fathering, has emphasized the need to engender awareness of what the virus entails and how male involvement can dramatically improve a family's chances of living healthy and fulfilling lives.





Village Head Master Naliyele speaks of how the RISE helped them to target community ceremonies, such as funerals, to speak to people about things they had never heard of—prevention of mother-to-child transmission of HIV (PMTCT), contraceptives, family planning and institutional delivery. In this way, men were encouraged to get involved in HIV testing and counseling and to take an active role in the maternity process.

**CHITEDZELA MANYETELOA** (next page, second from left) remembers a time when HIV infection and subsequent death from AIDS was just accepted as one's fate. With RISE Malawi's intervention at a community level, there is increased access to information about the nature of HIV/AIDS. It is no longer shrouded in mystery, and as a result there has been a marked reduction in transmission, stigma, and unplanned pregnancies. The chiefs have taken a vital role in organizing the community through this process and in underlining its value.















Sharing information is an important element of RISE Malawi's mission. Awareness is key in a society rattled by the specter of HIV. The youth are targeted particularly, because effecting changes in people's habits is generally easier during their formative years. Drama is a key element of the various community outreach activities that RISE Malawi conducts, as it is a great way to get the whole community's attention.

These dramas tackle a range of subjects, but primarily focus on issues that remain deeply entrenched in Malawian culture. One of these is the use of traditional birth attendants, which is problematic for various reasons, not least because it increases the risk of HIV transmission. Through humor to keep the audience engaged, a drama on this topic would take care to highlight the potential ramifications of involving a traditional birth attendant in childbirth. Male involvement is another issue on which RISE encourages regular focus. By using metaphors and comedic anecdotes, these dramas attempt to shift mindsets and exact cultural change.



The medium of song is also used both to highlight social issues and foster unity among the members of the various mothers' groups that RISE Malawi has started. In these groups, women share their concerns on sexual and reproductive health, helping them to understand their rights and the importance of this aspect of health that used to be taboo to talk openly about. Songs are often used as a means of disseminating related messages among the community, beyond the group itself. As a result, **MACLINA ROBERT** (second from left), the secretary of this particular group, proudly proclaims that most women in this area are now accessing antenatal care at the appropriate time and that there has been a massive rise in successful prevention of mother-to-child transmission of HIV (PMTCT).





“One of our favorite songs,” Robert says, “tells women that ignoring the messages of organizations like RISE will only bring sorrow.”

In collaboration with the group village heads in the areas in which it works, RISE Malawi has also started exclusively male groups. One of their goals is to tackle the stigma associated with HIV/AIDS. However, the main aim is the encouragement of male involvement as a critical part of the PMTCT process. Master Naliyele, a village chief, explains: “Through collective activities and giving men a free and open space for self-expression, we are trying to underline the crucial importance, indeed necessity, of men taking a key role in the maternity process. Our man-to-man group does this very effectively through music, dance, and song, and the whole community comes running for its performances.”







## YOUTH IMPACT

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*Before coming here, I used to believe that  
if you contracted HIV, you were already dead.*

LINDA CHEIACEMA  
Youth Impact Staff Member

Youth Impact focuses on channeling awareness, discussion and—where necessary—treatment to the area’s population, particularly its young people. Whether through innovative activities like theatre and music or through the outreach workers who promote HIV testing and counseling, Youth Impact tackles HIV/AIDS-related problems from the bottom up.

Youth Impact has established mothers groups as forums for training, sharing information, and community-based sensitization. These groups seek to foster interdependence and a participatory ethos, with women working together to develop and apply their skills. A key element of each group is the village savings and loans program. This is essentially a microfinance initiative. The capital that the women build up is loaned out to members interested in starting small businesses. The interest that accrues is then divided among all the beneficiaries. Youth Impact assists the groups by providing expert advice and guidance on how members can use the money effectively.

**TOWERA JERE** (second from left) is an active team player. She first received help from Youth Impact four years ago, shortly after conceiving a child while still an unmarried teenager. The pregnancy wasn't planned, and the young man who was the father of the child was not supportive. Jere describes a time of confusion, when people constantly spoke about her behind her back, suggesting that she was killing her chances of a good future by dropping out of school to care for her baby. Youth Impact offered her a sanctuary, where she could speak freely and learn more about sexual and reproductive health.

"I love acting!" Jere says with a big smile. "We put on plays that talk about the consequences of not making smart decisions. For instance, I play the mother in a particular piece where a girl refuses to listen to her parents, goes out clubbing, and ends up contracting HIV. It's an exciting way to spread the message, and I love to lead by example."







**LINDA CHEIACEMA** joined Youth Impact when she was 19 years old and now works there as a receptionist and helps with day-to-day operations—facilitating HIV testing and counseling sessions and performing administrative tasks. One of her duties is to distribute condoms to the clients who come in. She credits Youth Impact for dramatically improving her knowledge about HIV, including its causes, prognosis, and prevention.

“Before coming here,” Cheiacema recalls, “I used to believe that if you contracted HIV, you were already dead.”





**MASASULA** and **IRENE WISILOI** are a couple who have received Youth Impact's constant support through a very difficult period. Both HIV-positive, they are now the proud parents of an HIV-free child, who brings them constant delight. Masasula Wisiloi started a tinsmith business, having been mentored by his father. He fashions watering cans, basins, and other vessels, which he sells locally.

"The business keeps us living from month to month, just about providing the bare necessities of food and shelter for the family," he says. "It's a big challenge that a lot of people in the village tend to buy on credit, rather than paying in cash." The couple is grateful to Youth Impact, as they feel that without the organization's intervention, the constant need to focus on meeting their subsistence requirements would have gotten in the way of addressing their health and prevention of mother-to-child transmission of HIV (PMTCT) needs.





**MORRIS KANGAUDI** (left) is a health surveillance assistant who worked in collaboration with Youth Impact to encourage both Masasula and Irene to get tested for HIV. He remembers performing the test and viewing the results.

“I’m glad I was able to play a small role in ensuring that they got the best possible advice on PMTCT,” Kangaudi says. “I explained to them about antiretroviral medication and how it’s possible to ‘live positively.’ They were clearly anxious, but accepted the news as they realized they had no choice.”

Kangaudi recalls how Irene Wisiloi initially took her diagnosis especially gravely.

“I was very unhappy and worried,” she admits. “But I drew strength from the fact that my husband was with me every step of the way and deeply understood what I was going through. Together, we resolved to follow the advice we were given and embrace the process of moving on positively.”









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As a project officer and community-based motivator, **ANDREW KHWISA** (right) liaises with village heads to organize discussions about prevention of mother-to-child transmission of HIV (PMTCT), antenatal care and related issues. He also makes referrals within the community himself.

“When I meet a newly pregnant woman,” Khwisa explains, “I record the details of her case and assign her a reference number. I will then refer her for an HIV testing and counseling appointment, the result of which will determine whether she is recommended to PMTCT or antenatal care.”

Rigorous data collection and analysis form a very important part of the work of a well-run community-based organization. Such results can often prove life saving. Khwisa visits health centers regularly to collect data from the forms that are deposited in their referral boxes. He then analyzes what he finds and produces a report each month.

Apart from bringing mothers together to receive training on PMTCT and advice on how to prepare nutritious and balanced meals using local resources, Youth Impact groups also act as forums to develop and nurture female bonds.

Male involvement remains a significant challenge that Youth Impact is working hard to address. A positive diagnosis of HIV places an onerous burden on a woman that goes well beyond the implications for her health.



**ALICE MPELO** tested positive for HIV in 2008. Three years later, she found herself pregnant. She has always been sure to follow the advice she's been given on PMTCT, and since being born her child has been tested four times and remains HIV-negative. A mothers group has been a boon for Mpelo because it introduced her to the idea that her diagnosis did not mean she would necessarily transmit the virus to her child, nor did it mean she couldn't live a wholesome life. One day soon, she intends to use money she'll draw from the village savings and loans scheme to start a small business baking and selling donuts.







**MERCY CHIZUMILA** is the chair of this mothers group. She and her husband support a family of eight through irrigation farming. In theory, the first harvest of the year is meant for sale and the second harvest is meant for subsistence. However, the unpredictability of rainfall and rising fertilizer costs have meant that the second harvest has often proven inadequate in recent years. Thanks to the group's village savings and loans scheme, Chizumila has now started a small business selling soap, sugar, salt, and other necessary provisions. She has also been instrumental in the group's expansion to 30 members and thrives in finding new ways to improve its processes and touch more people's lives.









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