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Development of a Community-Managed HIV Management Program in Zomba Malawi

Sharon K. Christman PhD, RN



The Passion Center for Children Zomba Malawi

passion

center

for children

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INTRODUCTION

- Approximatly 75% of Malawians live in rural villages.
- Malawi HIV prevalence = 12.1%
- ◆ Zomba, Malawi HIV prevalence = 17.8%
- ◆ T/A Mwambo is a rural area in Zomba, Malawi
- ◆ T/A Mwambo population = 115,083 people.
- 2010: Ten community volunteers in T/A Mwambo self-organized and requested education so they could provide basic first aid and health care to 10 villages located within T/A Mwambo.
- 2010-present: Community health group (CHG) regularly visits HIV+ persons to make sure they are taking their ARV medications, and helps to transport ARV medications from the distribution center to those in the village who need them.
- ◆ CHG has been recognized by the District Social Welfare office as a Community Based Organization and by the District Health Office, which allows them certain privileges in the community.
- Purpose: Over the next five years the CHG will develop an HIV Case management program which will include the following services

HIV CASE MANAGEMENT

- 1. In-home HIV testing using equipment provided by the District Health Office.
- 2. Education about HIV medications.
- 3. Transportation of medications to HIV+ individuals.
- 4. Transportation of HIV+ individuals to the clinic and/or hospital.
- 5. Generally available medications (e.g. pain relievers, worm medication, vitamins) to villagers who cannot afford them.
- 6. Nutritional supplements (food) to severely malnourished individuals.
- 7. Education about safe sexual practices and abstinence.
- 8. Education about general health promotion and disease prevention using the Community Health Evangelism Model.¹

OBJECTIVES & METHODS

- 1. Provide training for 3 new community health groups. Training of the 3 new CHG's will be conducted by Mr. Austine Chisuse and the original CHG members.²
- 2. Provide necessary supplies for 5 years to all four groups.

All supplies will be purchased in Malawi.

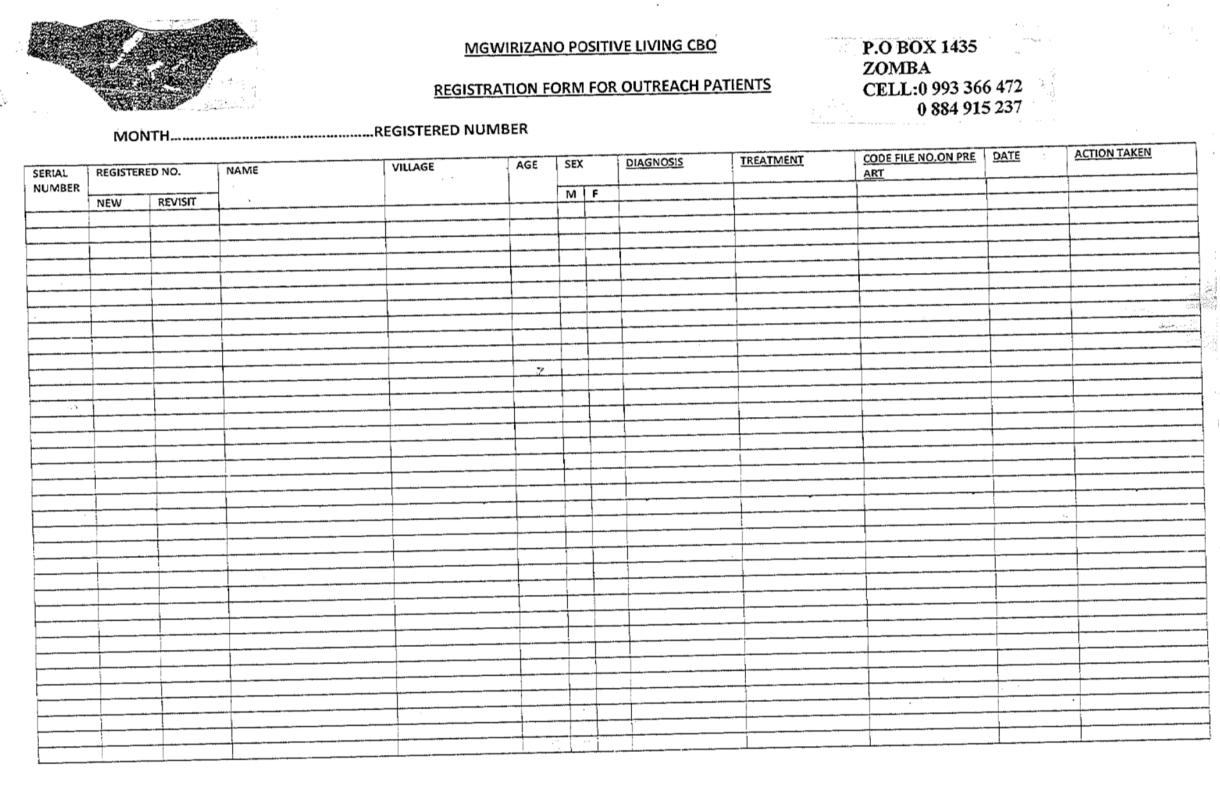
- 3. Build a Community Health Center for each group: 4 total buildings.
 - CHG members will provide labor on the buildings.
- 4. Develop a strategy to being financially independent by the end of the 5 year program.

Microloan program

OUTCOMES

- 1. Numbers of people tested for HIV as measured in-home with equipment provided by the District Health Office.
- 2. Numbers of people newly diagnosed with HIV.
- 3. Numbers of people with HIV who are treated/managed as recorded on the tool provided by the District Welfare Office.³
- 4. Number of deaths of people with a known diagnosis of HIV.³
- 5. HIV knowledge among community members.⁴

Data Collection Tool from the District Health Office



WITH YOU WE WILL EXIST

References

- 1. "Community Health Evangelism." The CHE network (2013). Retrieved February 11, 2014, from http:// chenetwork.org/
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- 3. "Millenium Development Goals." The United Nations (2013) Retrieved February 11, 2014, from http:// www.un.org/millenniumgoals/aids.shtml
- 4. Kaponda, C. P. N., Norr, K. F. et al. (2011). Outcomes of an HIV prevention peer group intervention for rural adults in Malawi. Health Education and Behavior, 38 (2), 159-170.

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- Yohane Starford
- Annie Mchenga
- Edith Chintali • Gladys Mapira
- Line Nayuma • Yanjanani John

• Sofina Robert



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