TCE

# Malawi

Only the People can Liberate themselves from AIDS the Epidemic

HUMANA PEOPLE TO PEOPLE

## Humana People to People
## Total Control of the Epidemic

People when equipped with knowledge and well mobilized are capable of acquiring a crucial impact on the proliferation and the process of transmission of any disease

It is only the people that who can liberate themselves from the threats of the AIDS epidemic

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# Introduction

Malawi continues to suffer the connecting problems of poverty and HIV/AIDS. The AIDS crisis has affected all sectors of society but certain patterns have emerged as the epidemic has progressed. The majority of HIV infections in Malawi occur through heterosexual sex. Most of the HIV infections occur among young people, particularly those between the ages of 13 and 24 years. The epidemic has heavily affected children. In 2009 an estimated 111,810 children in Malawi were living with HIV and over half a million children had been orphaned by AIDS.

HIV prevalence is almost twice as high in urban areas as it is in the rural areas. There is high prevalence amongst certain labour groups in Malawi including sex workers, truck drivers, fisherman and other mobile groups whose movement between areas can aid the spread of HIV infection. The national HIV prevalence has stabilized between 11% and 17% since the mid nineties and prevalence amongst women attending antenatal clinics has fallen slightly.

The Humana People to People TCE – Total Control of the Epidemic is an HIV prevention intervention developed to fight the spread of the AIDS epidemic and to compliment government efforts in Malawi. The TCE program is implemented by Development Aid from People to People in Malawi.

The program was launched in Zimbabwe in the year 2000, in one area covering a total of 100,000 people and has since then spread out to other countries namely Botswana, DRC, Malawi, Mozambique, Angola, Namibia, South Africa, Zambia, China and India. To date, the TCE program has covered more than 10 million people worldwide through the one-to-one approach.

With this pamphlet, Humana People to People would like to invite all partners to share the lessons learnt over the past 4 years of the implementation of TCE in Malawi and some of the effects that TCE brings to the Malawi community. Humana People to People together with the national association – DAPP, has the capacity and will to systematically cover the whole of Malawi with the TCE program.

The TCE program was developed from the beginning to systematically cover area by area, country by country, person by person to gain Total Control of the Epidemic.

# The TCE Concept

TCE — Total Control of the Epidemic is a Humana People to People program designed to reach each and every individual in a geographical setup of about 100.000 people. The program is based on the understanding that "Only the people can liberate themselves from AIDS—the Epidemic."

The idea of TCE stems from the experience that people, when equipped with knowledge and well mobilized, are capable of acquiring a crucial impact on the proliferation and the process of transmission of any disease. 50 local people are employed to work as Field Officers for a period of 3 years—to walk from house-to-house, person-to-person mobilizing each and every individual to make a risk reduction plan thereby promoting HIV prevention throughout the entire TCE Area.

The TCE program accordingly leads its struggle against HIV & AIDS by systematically instilling knowledge and readiness in each and every individual. Through the course of 3 years, the people get to know more about what HIV & AIDS is how to prevent it, what it means to face the consequences and how to defend oneself in a number of practical ways. People get to know how to act individually as well as how to join hands in an all out war against the epidemic.

To date, 58 TCE areas completed the 3 years of implementation and 49 TCE Areas are in operation in 11 countries worldwide.

# The TCE Movement in Malawi

The intensive mobilization campaign against HIV & AIDS—Total Control of the Epidemic started in 2006 in Blantyre and Zomba covering a total population of 400.000 people. Under the guidance of DAPP in Malawi and the Humana People to People, TCE Malawi recruited 200 Field Officers who move from house to house, counseling people and mobilizing them to access the available services like Voluntary Counseling and Testing (VCT), Prevention of Mother to Child Transmission, TB treatment and ARVs.

The TCE program in Malawi is financially supported by the US Department of Agriculture through its Food for Progress program. The program is implemented in close cooperation with the Ministry of Health, National AIDS Commission and other AIDS service providers at all levels. The program was accepted by the people in the 2 Districts as their own program. They have understood that with TCE they are free to express their own feelings and fears about HIV in their own homes on a one-to-one basis.

TCE in Malawi is well known and visible. Development Aid from People to People and other International organizations in Malawi are calling for TCE to cover all districts in Malawi. The strategies that are used by TCE are well received and there has been a breakthrough within a lot of traditions and norms in Malawi. People want to know their HIV status and a lot more are open about their HIV status due to good mobilization by the Field officers. People are joining Support Groups and willing to share their experiences of living with the HIV virus. The TCE Field Officers have mobilized people to start vegetable gardens and nutrition is one of the topics well addressed within the community.

The entry point of TCE is the household and the family unit. The strategy is one-on-one approach, giving each individual a chance to ask, discuss and deal with sexual matters that they would otherwise not talk about in groups. The ultimate goal is to involve the people themselves in de-stigmatizing the disease and take control.

TCE Malawi has used different strategies to involve people and to assist them to make decisions about their sexual lives and to join the TCE movement. The local structures; the traditional authorities, village committees, etc that already exist in the community before TCE are involved and as a result of this intervention, a long term understanding of HIV & AIDS and issues surrounding the epidemic is established and people make informed decisions on the continued fight against HIV & AIDS.

Currently, TCE covers another 400,000 people in Blantyre and Thyolo Districts and 100 locals have again been recruited and trained to walk from house to house talking to each individual about HIV & AIDS within the households.

Development Aid from People to People in Malawi started in 1995. DAPP in Malawi implements 7 development project types which are Child Aid, HOPE, Teacher Training, Vocational Training, TCE, and Farmer's Club and the sales of second hand clothes.

# The TCE Field Officer

The TCE intervention is centered on the people including the Field Officers who work with their 2.000 people for a period of 3 years. The Field Officer is a local person who is recruited and trained to carry out the day to day work In the TCE Field. The TCE Field Officer is a person who is willing to accept change in his/her personal life in order to transform knowledge into useful strategies that can be used by many people in the TCE field.

After 3 years, the Field Officer is equipped with skills in counseling; mobilization is spearheading the force for change towards HIV & AIDS prevention. The 4-week training that the Field Officer goes through as the initial training equips him with the necessary knowledge and skills to start up in the TCE Field. This is immediately followed by a counseling course. The Field Officer as a Counselor manual is streamlined to educate the Field Officer to become a good counselor within the first six months. Follow up counseling sessions are also carried out as part of the training both practically and theoretically.

Apart from the counseling education, the Field Officer is also trained in being a good educator. Being a good TCE Field Officer means being good at communicating with people and mobilizing them to take a stand against HIV & AIDS. Meeting people at the personal level on a one to one basis calls for self determination and self drive. They become persistent and are able to engage people into dialogue using their counseling skills.

# The Effects of TCE

**The Passion for People Movement**

Passionates are people from the community where TCE is operating who volunteer to use their time on activities that make a difference in their own community. Passionates are people with a passion heart, people who have a self-drive to act towards the challenges that HIV & AIDS in bringing.

In Malawi, the Field Officers have managed to recruit more than 12.000 Passionates who are involved in different activities. They support all the TCE efforts. The response by local people in Malawi shows that there is adequate mobilization by the Field Officers and the people have understood the need to change the face of the epidemic. Most of the Passionates have been tested for HIV and know their status. They mobilize others to go for VCT and they are active in gardening, Positive Living Clubs, and other forms of support groups. The Passionates are from different walks of life. Some of them are professionals and others are good at what they volunteer to do even though they are not professionals. Most of them learn the Field Officer's daily work and some of them end up being employed as Field Officers. Passionates are part of the TCE Movement. The Passionates are the people who will continue TCE work after 3 years.

**The Passionate Activities**

153 Positive Living Clubs have been formed. These are clubs for people who test HIV positive and want to share their experiences with others. Joining a Positive Living Club is a step further where people decide not to carry the burden alone but want to share. It's a breakthrough for TCE in Malawi.

405 vegetable gardens have been established. Some of the vegetables are given to orphans.

# The Effects of TCE

29 Orphan Support Groups have been established. Orphans get psychosocial support from these support groups. Passionates also find other ways of supporting these many orphans to keep up a normal life.

1.029 TRIOs have been formed. A TRIO is made up of 3 people. One who is on ARVs and two others who are either friends or relatives. The idea of the TRIO is to track adherence to the intake of medicines and also to give social support to the person on ARVs.

50.000 people have been reached with malaria prevention messages including messages about IPT - Intermittent Presumptive Treatment (IPTp) of malaria during pregnancy, use of insecticide treated bed nets (ITNs), with emphasis on long lasting nets (LLINs), promotion of care-takers recognition of fever in children under five years of age, prompt care-seeking behavior, care takers acceptance and compliance to new anti-malaria treatment of Artemether Lumefantrine (LA).

1,254 condom outlets have been established and 2.7 million condoms distributed to adults who know how to use and dispose of them correctly.

1.668 lay counselors have been trained by TCE to assist the Field Officers in one-on-one counseling in the community.

**Mass mobilization**

TCE has facilitated lessons on different topics related to HIV & AIDS which have influenced total control in the TCE areas. During the house to house visits the Field Officers have used the Perpendicular Estimate System in order to assist people on how to move from having

# The Effects of TCE

made risk reduction plans to become TCE compliant and in control of HIV. The personal meetings with the Field Officers has really changed people's mindset on HIV & AIDS and has helped to reduce stigma and discrimination among the people themselves.

The people's examinations that TCE did over the years had its own impact in reaching people at large and many people have been able to make their own decisions and as a result joined the TCE movement. During people's examination, a person could stand and tell what it takes to be TCE compliant, how he/she now lives according to the set demands to take control of HIV & AIDS. This has also encouraged and motivated other people to become TCE compliant. People's exams acted like a motivator in the community where some people could also hear from couples taking a stand to support each other regardless of their HIV status.

In TCE Malawi, Field Officers played a great role in organizing people's examinations and TCE could see people disqualifying and qualifying one another and setting demands to each other. Again in these meetings the people got information about HIV & AIDS and how they can live a positive life.

Open Days were also conducted from time to time where many people were reached with different information in relation to HIV & AIDS. The Field Officers together with the community organized Open Days twice a month in each field. These events also improved the knowledge of people about HIV & AIDS and cleared myths, misconceptions in the entire community. During these Open Days people could come for HIV testing in large numbers.

TCE has used opinion forming meetings organized at another angle in order to get an understanding of what people think/say about HIV & AIDS and the TCE program. In these meetings TCE could gather different opinions towards HIV & AIDS coming from the people themselves.

# The Effects of TCE

Trained Passionates have mobilized people in different activities especially those trained in lay counseling including the local leaders. Local leaders had a great influence as TCE Passionates and as people who have authority in their specific local areas. They have done a lot of mobilization and they also act as role models to the people in the community. In Malawi many people have been influenced and motivated to join the TCE movement through their local leaders.

**TCE is unique in its approach**

A lot of people in the TCE Areas in Malawi appreciate the approach that the Field Officers are using to reach all with HIV & AIDS counseling. Each person is talked to individually and this has assisted many of those who would otherwise not talk about HIV & AIDS. The fact that the Field Officers walk from house to house in Zomba and Blantyre creates a better understanding between the program implementers and the people.

There have been a lot of traditions in Malawi that blocked open discussions about HIV & AIDS that the Field Officers had to address in the fields. The issues of condom use, pregnancy, early marriages, and sexuality in general have not been easy to talk about. Now that the Field Officer is there in each person's home offers an opportunity to address such issues in privacy.

Dr Biziwick Mwale, the Executive Director of the National AIDS Commission in Malawi was quoted as saying in one of the TCE films, "The strength that I find TCE is having is that it

brings the services to the door step, unlike other programs where people have to access the information and have to access the services. That is why I'm saying lets incorporate testing as part of the counseling strategy. We want the model of TCE to be scaled up in our country."

TCE has the strength to link people to other health services through the one-on-one strategy. Many people who have joined the Positive Living Clubs are saying that after being mobilized for testing they are now able to live positively, they know what to eat and the physical exercises they have to do. Pregnant women are able to talk openly about how they want to save their unborn babies and this is a step towards total control of the epidemic. People have made informed choices about their lives through the individual risk reduction plans they make together with Field Officers.

**The Involvement of Local Leaders**

Since its inception in Malawi, TCE has had good relationships with the local leadership. The local leaders have taken it as their own program and have been advocating for more TCE in Malawi. Local leaders have a great impact on the TCE program in Malawi as evidenced by two of them who were visited and interviewed. The two who were interviewed were Group Village Headman Somba and Village Headman Somola.

**Village Headman Somba**

Group village headman Somba is found in Traditional Authority Lundu, to the Northern part of Blantyre where part of the TCE Blantyre North Troop is. It is about 50 km from the city of Blantyre.

In his interview, Group Village Headman Somba out lined a number of activities that he does in order to take part in the TCE program in his area. Some of them are as follows: he mobilizes and encourages the community and other chiefs to go for Voluntary Counseling

and Testing (VCT) in order to know their HIV status, the establishment of orphanages and the caring of orphans in his area within the TCE orphan program, encouraging guardians to send orphans to school so that they should have a better tomorrow, working hand in hand with Field Officers and Passionates for the promotion and support of the TCE program. The Group Village Headman has also given land to the Passionates for the establishment of income generating activity and the construction of an orphanage which the area as.

He encourages other chiefs to take part in the TCE activities in order to create an HIV & AIDS free generation. The Group Village Headman advocates for orphan and HIV positive people's rights in the area, he also advocates against stigma and discrimination in his area. He involves Field Officers and Passionates in all his meetings with the community.

**Village Headman Somola**

Village Headman Somola is situated in Traditional Authority Lundu where TCE Blantyre North Troop was. During the interviews when visited at his home he really showed that he supports TCE and takes part in the program. He organizes community rallies for Field Officers and Passionates when there is need for TCE activities. He helps in counseling the community on HIV & AIDS issues in his village as he is a lay counselor.

He encourages people to go for ARVs when found HIV positive and qualified to be enrolled. He also encourages Passionates to link the clients to hospitals and social welfare for treatment and other social support. The Village Headman also advocates for orphans welfare such as sending them to school, fending for food and clothes for them and other needed things through fundraising activities in which he takes part in and is in the forefront of. He asks and encourages Passionates to be sourcing and distributing condoms through condom distribution points established by Passionates for the village members.
He also mobilizes people to go for voluntary counseling and testing through static centers or through organized mobile testing.

# The Perpendicular Estimate System

When people have been counseled and mobilized for testing, they take a further step where they make a risk reduction plan. The Perpendicular estimate System is a measure of how much a person is ready to protect himself, family and those around him. This is a personal decision that the Field Officer has to fight for and make each individual understand. Getting tested is one step towards TCE Compliance which is the state that each individual should reach.

The Field Officer goes through a set of demands with each individual according to the person's age group. There are different demands for:

- All people under the age of 15 years
- All people above 15 years
- Pregnant women answering on behalf of their unborn babies

The Perpendicular Estimate System is a counseling session that the Field Officer carries through and it covers cross–cutting issues including personal sexual issues as well as other social issues. A liberated Area has at least 60% of the total population declaring themselves TCE Compliant!

The TCE cooperation with National AIDS Council, Government of Malawi, local clinics, institutions and Health Workers.

As many other organizations, TCE Malawi believes in cooperation and creation of networks in the fight against HIV & AIDS. All the successes which TCE Malawi has made came from networking and cooperation with many other organizations and stakeholders.

# The cooperation at the National Level

TCE Malawi has participated in developing Malawi's HIV & AIDS proposals to the Global Fund to Fight HIV, TB and malaria for Round 6, Round 7 and Round 8. TCE worked in cooperation with NAC, Ministry of Health and St Luke's Hospital and developed a house-to-house HIV Testing and Counseling (HTC) model to be used in Malawi.

TCE Malawi took part in developing the National HIV & AIDS Prevention Strategy 2009-2013, where house-to-house HTC was incorporated in the Malawi National HIV & AIDS strategy 2009-2013. NAC has trained TCE staff on HIV & AIDS mainstreaming for Civil Society Organizations.

The Chairman of the Board of NAC and the Executive Director for NAC paid a visit to the TCE program in 2007. They recommended TCE to integrate the HTC in its project intervention. NAC showed great interest in supporting house-to-house testing in Malawi at the visit and today we have trained our Field Officers to do house-to-house testing with funding from NAC.

TCE Malawi has worked with the Ministry of Health, mainly the HIV & AIDS unit, in developing the house-to-house HIV testing. The HIV & AIDS unit recommended DAPP - TCE to implement the house-to-house HIV Testing by writing a recommendation letter to NAC to fund DAPP.

## The Cooperation at the District Level with the District Assemblies

The District Assemblies for Blantyre, Zomba and Thyolo supported the program from the beginning and assisted TCE in introductory meetings to the community through the Traditional Authorities and the village headmen.

TCE provides its reports to the assembly through the District AIDS Coordinator on a monthly basis to share the achievements made by TCE in that particular month.

The departments from the assembly have been invited for project visit to appreciate the work of TCE and to see some of the activities carried out in the district by TCE in Blantyre and Zomba.

DAPP-TCE is working with many other Government sectors such as the Department of Education mainly through the TCE school program. With the Youth Office in establishment and strengthening the already existing TCE Clubs and with Social Welfare in areas of Orphan support and Pre-schools.

The Community Development Office is supporting the TCE activities mainly the women's clubs and support groups, while the District Agricultural Office is supporting TCE in the establishment of vegetable gardens.
TCE is very influential at District Level as it is a member of the District Executive Committee in the District Assembly. The District Commissioner for Blantyre and Zomba has recommended the scaling up of TCE activities in the District, and the District Commissioner for Thyolo has recommended the start up of the TCE activities in his district.

TCE together with Blantyre and Zomba Districts Assemblies have been organizing the district events such as World AIDS days, Candle Light memorial, Malaria Days, Educational Days just to mention a few. The District AIDS Committee which is under the District Assembly has been supplying TCE with condoms, leaflets and posters.

The Cooperation at the District level with the District Health Office
The work-relationship with the District Health Office in all the three districts has been great and very important.

These are some examples of how TCE has benefited in this mutual partnership with the DHO - District Health Officer in the following areas:

- Recommendation letters for the expansion of TCE to other districts
- The District Health Management Team has been facilitating the courses on HIV & AIDS during the training of the Field Officers
- The DHO has always supplied DAPP – TCE with Condoms
- The DHO supported the TCE Partners with test kits
- Together with the DHO, TCE took part in organizing Testing Week and World AIDS Day, where TCE Field Officers did a massive community mobilization for testing.

The work relationship with the Clinics and Health Centers
The TCE Field Officers work with the Clinics and the Health Surveillance in the following areas: Community campaigns on HIV & AIDS, Malaria and Testing Week.
The Clinics do supply condoms to the Field Officers. The Field Officers give health talks in the clinics.

The working relationship with other institutions
TCE in Malawi has benefited very much from cooperation with the following partners:

TCE Malawi was able to reach its goals on testing due to good work relationship with Malawi Resource Centre Organization (MACRO) which was our main partner in Home Based Testing in the TCE areas of Blantyre and Zomba. Other partners who also contributed to the success of TCE achievement in Home Based Testing are St Luke Hospital who did door to door testing in Traditional Authority Mwambo, where the TCE Field Officers led the mobilization and counseling.

**INTER AID AGRO 3 PROJECT**
TCE Zomba has worked with Inter Aid Agro 3 project in the agriculture production as TCE promotes local people to start vegetable and herbal gardens.

UNFPA Malawi supplied TCE with condoms at a time when TCE had a critical shortage of condoms in the districts. TCE got 1,400,000 male and 50,000 female condoms from UNFPA and these were distributed in all the villages through condom outlets established by Field Officers and Passionates.

# Cooperation with other NGOs

**Dream Centre**
TCE and Dream entered into a partnership whereby people tested positive were referred for CD4 count. Later ARVs and food supplements were also given to people on ARVs.

**MATINDI YOUTH ORGANIZATION**
Matindi Youth Organization in Blantyre district played a big role in providing testing to the people who were mobilized by TCE in traditional authorities of Kuntanja and Kapeni.

**BASICS - THE PRESIDENT'S MALARIA INIATIVE (PMI - USA)**
DAPP- TCE entered into a partnership with BASICS. TCE implemented a malaria project in Zomba with funding from BASICS for a period of one year with the aim of reducing malaria-related morbidity and mortality in vulnerable groups of children of less than five years of age, pregnant women and people living with HIV.

The Project is a BCC (Behavior Change and Communication) project. The Project managed to reach 378,356 people and 14,331 pregnant women out of given goal of 260,000 people and 10,000 pregnant women respectively.

Below are the messages we used to disseminate in the community:

- Promoting intermittent preventive treatment in pregnant women,
- Promoting the consistent use of insecticide treated nets,
- Promoting care-taker recognition of fever in children under five and prompt care-seeking behaviour
- By bringing awareness to the people in Zomba to switch from the use of SP to LA which was the newly introduced first line drug for Malaria in Malawi.

The project helped to wipe out some misconceptions on the use of ITNs (Insecticide Treated Nets) where people in the villages could not use ITNs as they were afraid of becoming barren.

Pregnant women developed a health seeking behaviour after hearing the dangers of getting Malaria while pregnant.

# What people say about TCE

In response to the TCE program people have commented on how the project has changed their lives. This was due to the one on one mobilization approach, discussions and presentations in the community and clubs. According to the interviews conducted it was unanimously agreed from all the informants that TCE has significantly improved the well being of the people in the targeted communities and had led to the increase in safer sexual practices. This effectiveness was largely indicated by numerous testimonies and by the observation that the beneficiaries were enthusiastic about the program success.

From the mixed male and female interviews and focus group discussions in sampled fields of Chilomoni, women and men spoke about their status. Two headmen indicating success since TCE started implementing their activities. He compared the past experiences to what was taking place in their areas.

**Here are notable quotes from the people**

**1. Changing harmful cultural practices**
Here with a story of positive change- "We do not want to hurt and infect anyone.
We have understood we cannot cure HIV; we cannot lie about this, as we know clearly that in the end young girls are infected in the process. Sleeping around with virgins does not cure anyone from AIDS. We tell these types of men to go to the clinic and get a CD4 count and enroll for ARV" A quote from a traditional healer Makala Sigelege.

**2. Increase acceptance and demand for condom use**
It was claimed that men had generally become less reluctant to use condoms. The greatest challenge was to persuade them to use condoms consistently. Husbands were reluctant to use condoms with their wives even though most of them were not faithful. Some claimed they used condoms with other ladies other than their wives. Others stressed they would never use condoms with their wives. The challenge was how do we secure men appreciate the risks involved in multiple concurrent partnerships. The Field Officers had to secure men were presented with the risks of this behavior for themselves and their families. Group discussions and debates around the issues were conducted. Passionates were used to mobilize men and women.
Passionates demonstrated and distributed condoms. More condoms were made available and a vigorous campaign for men and women continued.

**3. Access to information about HIV**
A single female youth in Zinganguwo village explained how the TCE had provided women and men with the crucial and necessary education on HIV and AIDS. She said 'TCE brought a huge difference in my life. TCE has changed my life for the better. I am more confident to insist on safer sexual practices with my partner. Before I met people from TCE, I did not want to resist but now I do and I tell him no condom, no sex."

Jessy Sawanga- Zinganguwo

**4. Positive living Clubs**
The formation of positive living support groups has helped people to be more open to each other and get various supports. The concept of positive living has played an important role in the fields as many people were staying long on the waiting list for ARVs. They learnt how to boost their immune system by practicing positive living, by having nutritional gardens and practicing safer sex. The TRIO system has strengthened drug adherence.

# What people say about TCE

"When we started our support group we were only three people. We were mobilized for HIV testing and the result was positive. Later the TCE Field Officer discussed with us on a number of issues on how we can make a new start. That is when we formed our support group. It became our task to mobilize other people, telling them the goodness of knowing their HIV status. Our group began to grow and now we are 40 members in this group. We have established vegetable gardens which helps us as a source of income. TCE has also assisted us to build our resource center which is still under construction. We will use this place for our meetings.

**Challenges we are facing:**

a. At times we do not have gloves to use when caring for terminally sick people.

b. The Health centre is far and we do not have a bicycle ambulance to ferry sick people.

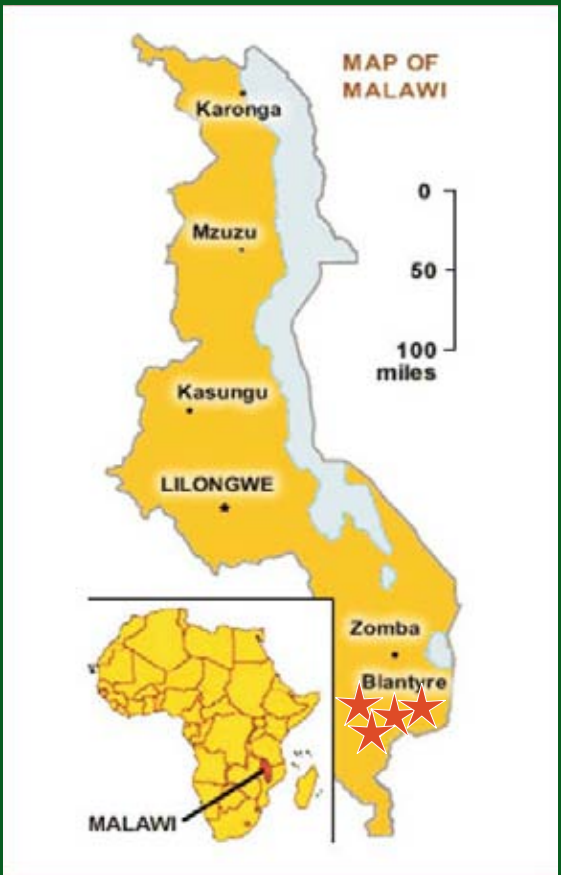
c. We do not have pain killers (tablets) to give the sick when they have minor health problems like headache.

d. Men involvement in HIV and AIDS activities is still a challenge, they do not want to get tested and be open with their HIV status.

e. Condoms are scarce for us to avoid re-infection.

By: TCE Passionate & Chairperson
Tisasalane Positive living Club
Nsanganiza Village, T/A Somba

# TCE Coverage in Numbers




★ Areas in Operation

| TCE Malawi Production Figures: | | |
|---|---|---|
| 1 | Visited and Registered 1st time | 426,391 |
| 2 | Total number of visits | 1,398,643 |
| 3 | Total number of people tested for HIV | 278,160 |
| 4 | People active as TCE Passionates | 39,997 |
| 5 | People who made a PES Plan (Risk reduction plan) | 324,625 |
| 6 | People who declare themselves TCE Compliant | 357,135 |
| 7 | Number of lessons given | 46,453 |
| 8 | Number of people attending the lessons | 1,200,514 |
| 9 | Condoms distributed | 8,296,563 |
| 10 | Pregnant women mobilized for the PMTCT program | 27,623 |
| 11 | No of households registered | 111,619 |

# Evaluation of the first 4 TCE areas in Malawi

Here are some of the meaningful results from the final and the midterm evaluation of TCE. The results are from the first 4 TCE areas from the Traditional Authority Mwambo and Chikowi in Zomba district. While from Blantyre district the evaluation was done in the Traditional Authority Nsomba, Kuntanja, Kunthembwe, Kapeni, Lundu and Makata.
The Evaluation has captured the five Components of the TCE HIV and AIDS Program
In this project, there were five major components which TCE had to address in implementing the TCE activities.

Some of these key areas are as follows:

- Knowledge about HIV & AIDS and condom use,
- Knowledge about HIV preventive measures,
- Knowledge and practice of Voluntary Counselling and Testing (VCT),
- Safe sexual practice and Condom Use,
- Health seeking behaviour and fighting stigma and discrimination.

The findings and results are as follows:

**1. Knowledge about HIV and AIDS problems in relation to other problems in the communities**

On Knowledge the majority (98.7%) of the respondents knew something one could do to avoid HIV. This was slightly above the findings of the mid-term evaluation of TCE where (97.8 %) of the respondents knew something one could do to avoid HIV.

These findings are in sharp contrast to findings during the baseline study which DAPP carried out before TCE started in the 4 Areas where only about (84%) knew something one could do to avoid HIV.

On HIV testing, the findings of the mid term evaluation showed that 58% of the respondents reported to have gone for HIV testing, which is a key turning point to reduce transmission of the HIV virus. Interestingly the findings of the final evaluation show that 81.9% reported to have gone for HIV testing and counseling.

These findings are in sharp contrast to the findings of the baseline survey done in the same catchment areas before TCE where 35.6% of the respondents had visited VCT for HIV testing. The findings are also far above what is reported on the national average figures from the 2004 Malawi Demographic Health Survey, where only 13% of adults of 15 years and above are tested and know their HIV status.

(NSO National Statistics Office) and MACRO (Malawi AIDS Counseling Resource Organization, 2005)

**2. Knowledge and Practice of HTC/VCT**

81.9% of the respondents reported to have gone for HIV testing representing a 22 percent increase from the findings of the mid-term evaluation and 46.3 percent increase from the baseline study. 90 percent of the respondents would prefer to be tested.

89.3 percent of the respondents know where to go for HIV counseling and testing. The Health Centres were the most mentioned place for VCT (by 61.1%) followed by MACRO (an NGO who was doing mobile testing) (by 27.1%) and the hospital was mentioned by over sixteen percent (by 16.2%). Very few mentioned Banja la Mtsogolo (an organization which provides Voluntary Counseling and Testing)

**3. Knowledge about HIV and AIDS, condom use, Accessibility of Condoms**
Results show that overall 75.9% of the respondents know of a person in their area from whom they can get condoms. Most (54%) respondents mentioned the TCE Field Officer as a person from whom they know they can go and get condoms if they need them. This was followed (29.1%) where respondents mentioned the Health Surveillance Assistant and Passionates (TCE Volunteers) were mentioned by 16.8%.

The respondents were also asked if they know of a place in their areas where they can go and get condoms. Almost 85.9% of the respondents said they know where they can go and get condoms.

**4. Knowledge about HIV and AIDS and Prevention of Mother to Child Transmission**
Prior to the project, the Prevention of Mother to Child Transmission (PMCT) was new in most of the areas where TCE was implementing its activities with only 50.3 % the respondents being knowledgeable on measures pregnant women can take to prevent HIV infection to unborn babies (Baseline Survey, DAPP Malawi, 2006). Now PMCT uptake was recorded as one of the highest during the assessment with about 75.5 % of the respondents being knowledgeable on measures pregnant women can take to prevent HIV infection to unborn babies.

**5. Source of information on behavioral Change Communication**
The TCE program uses an inter-personal communication (house to house/one on one) strategy to educate, inform and mobilize people on HIV and AIDS in the target areas. To assess the coverage of TCE in the impact areas, several questions pertaining to communication strategies were asked to the respondents. The evaluators present the findings on the frequently mentioned sources of information on HIV & AIDS. Overall 95.9 % mentioned DAPP-TCE Field Officers, followed by radio (48.1%). A majority (95.8%) mentioned Field Officers as their source of information on HIV and AIDS followed by TCE Passionates.

In the focus group discussions, the discussants corroborated the above findings. It was worth noting during the discussions that all the discussants mentioned to have been reached by TCE Field Officers using the one on one approach. It is of interest to note that a majority of the discussants mentioned other TCE channels of communication including IEC materials such as posters, TCE Passionates/TCE trained volunteers, recreation sessions, youth festivals as their other source of information on HIV & AIDS.

The assessment however established that stigma and discrimination still exist but to a limited extent, and disclosure is now taking place in the community and this is an important aspect of HIV prevention.

**The lessons learnt and Recommendations**
TCE uses a door to door campaign against HIV & AIDS as such the uptake of information is very high. In the door to door campaign a person is taken through a discussion on how to put him/herself out of risk of getting infected and not to infect others. It is this system where people have to change their sexual behaviors and stay in control and reduce HIV transmission.

The system of implementing the project in selected parts of districts has made it difficult to track certain key impact indicators at district level, i.e. death rate of patients on ART treatment. It is recommended that TCE should go District wide in their next roll out. In

addition, the project activities should also be replicated in other districts where the issues of HIV & AIDS are also very critical.

TCE should introduce door to door HIV testing and counselling services because the programme has created a huge demand for VCT services which organisations providing VCT services could not cope with at the moment. VCT is a key turning point to reduce the transmission of the HIV virus.

On care and support, there are general outcries of long distances of people living with AIDS who have to travel far to access simple drugs. It is recommended that TCE should introduce full home based care kits so people living with AIDS would not be travelling long distances to access simple drugs like Panado. In addition, the project should incorporate mobile ART and PMTCT services.

It was also suggested by all members of the support groups visited that TCE should consider linking support groups to finance lending institutions or introduce livestock pass on loans to make members and the groups more self sustaining.

The approach of using volunteers who are Passionates in mobilising communities is very commendable as the fight against HIV & AIDS needs more volunteerism. However volunteerism in Malawi is different from that of other countries. In other countries most volunteers have enough resources to sustain themselves and support voluntary activities. In Malawi the situation is different. Most volunteers are needy people themselves whose plight ought to be considered as well. In recognition of the great work they carry out as presented in the report, there have been suggestions particularly from some members of the community that, as highlighted in the report, these volunteers needs to be considered in one way or the other. It is therefore recommended that in addition to increasing number of Passionates, some incentives should be considered, particularly for the Passionates to boost their morale and enhance their work. In the same breath, it is recommended that the incentives should be in such a way, preferably non monetary, so as not to kill the spirit of volunteerism and self help that has already been demonstrated in the community.

# History of DAPP Malawi

DAPP Malawi has more than 14 years of sound experience in implementing development programs in the rural areas of Malawi, in close cooperation with local authorities, National Government - and a range of international partners. The areas of work include health and HIV/AIDS programs, food security programs, preservation of the environment, care for orphans and vulnerable children, community development and education. DAPP Malawi operates a total of 15 projects and employs more than 700 people. Among the projects are 2 teacher training colleges with 437 students, the Farmers Club program for 18.000 Farmers, the HIV/AIDS intervention program Total Control of the Epidemic (TCE) reaching more than 800,000 people with counselling and mobilization to take control of HIV/AIDS - and a Vocational School with 195 students.

Partnering agencies include among others: The Government of Malawi, The United States' Department of Agriculture (USDA) via Planet Aid, The Ministry of Foreign Affairs in Finland, UFF Finland, The European Union, UNICEF, The Ministry of Youth Development and Sports in Malawi, Playing for Life, Gorta and Oxfam.

DAPP Malawi raises funds through sales of used clothing collected in Europe and the United States. The clothes are collected by the European and American member associations of Humana People to People.

As a member of the International Humana People to People Movement, DAPP Malawi draws upon more than 30 years' accumulated experience from its sister organizations.

# Humana People to People
# Total Control of the Epidemic

**Contacts**

**For more information please contact:**
Florence Longwe or Lisbeth Thomsen
DAPP Malawi, Ginnery corner,
BLM Head Office Building,
Chichiri, Blantyre
Telefax: +265 1878 8922
email: lt@africa-online
Website: www.dapp-malawi.org