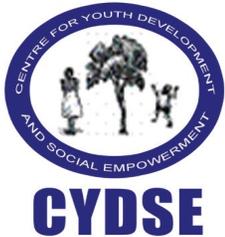


# Community-driven Accountability through Women's Advocacy Committees: Improving Reproductive and Maternal Health Services for Women Living with HIV



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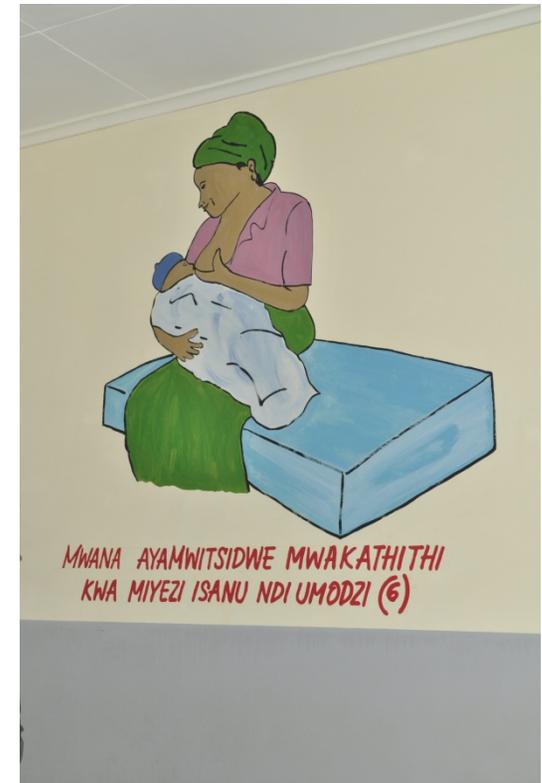
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# Background

- Quality reproductive, maternal and neonatal health (RMNH) and HIV services are imperative to improving the health and quality of life for women and children.
- Women living with HIV experience more rights violations in RMNH services than HIV negative women. This discourages women from seeking services and compromises the health of women and children.



# Quality HIV & RMNH services project

## Main Objective

- Contribute to increased uptake by women of reproductive age of quality HIV and RMNH services through *improved clinical governance and community-driven accountability*

## Specific Objectives

- Increased capacity of health care stewards and providers to improve HIV and RMNH service governance
- Increased capacity of women living with HIV to take leadership in accountability for quality HIV&RMNH services

## Location and duration of the Project

- January 2013 – March 2016
- The project was implemented in 3 health facilities in Lilongwe district in Malawi.

# Partner Landscape

## Investing partners

- Cordaid, Hivos, ICCO and STOP AIDS NOW!

## Coordinating organisation

- ICCO Malawi

## Implementing partners

- Coalition of Women Living with HIV and AIDS (COWLHA), Rights Institute for Social Empowerment (RISE- MALAWI), Malawi Network of People Living with HIV (MANET+), Meaningful Action on HIV and AIDS Support Network Association (MASUNA), Centre for Youth Development and Social Empowerment (CYDSE) and Ministry of Health (Lilongwe DHO)

# Women's Rights Protection Committees

- To address poor quality HIV&RMNH care, 17 community-based Women's Rights Protection Committees (WRPCs) were established to:
  - Raise awareness in communities on HIV and RMNH and create demand for services
  - Identify cases of unmet needs and poor quality care
  - Coordinate with health facilities to facilitate quality service delivery
- Committee members are women living with HIV who are leaders in their community



# Women's Rights Protection Committees II

- WRPCs were established after training Health Advisory Committees on good clinical governance and sensitizing local health facilities to the importance of community accountability
- 144 WRPC members were trained and have a working relationship with local health facilities
- 343 women from HIV support groups were trained in HIV and SRHR service linkages
- WRPCs are the bridge between facilities and communities, providing a platform where concerns about RMNH services are discussed and mutual understandings are established

# Key Successes

- Community members know where to report HIV and SRHR issues
- Community members know their rights and responsibilities in the context of health service delivery and seek redress on issues of concern
- Through the WRPCs, there is improved collaboration between health facilities and communities on addressing challenges that are reported
- Improved integration of HIV and SRHR services as clients are accessing two to three services in one room, e.g. collecting ARVs and family planning commodities

*“The project truly brought change. Hospital staff are now more welcoming and there are now better relationships between hospital staff and patients. We see that more women are joining support groups and we believe that more children will be born free of HIV.” (WRPC member)*

## Key Successes Cont.

- 50 Trained Health Advisory Committee members (community representatives overseeing health facility) know their roles and responsibilities in ensuring that health services are delivered according to required standards
- Health facilities increasingly seek collaboration with WRPCs to respond to loss to follow-up and improve quality of services
- WRPC members are now being asked by health facilities to trace ART clients who are lost to follow-up and not adhering to treatment within their communities to bring them back on treatment

*“We as a facility we don’t have a capacity to actually go and see every client in the community. So when we use WRPCs they are able to take information from the facility to the community level. So it is very helpful.”*

*(Male service provider)*

## Key Successes Cont.

- There is change of attitude by men who are now escorting their wives to hospital to access HIV, RMNH and SRHR services, due to community sensitization campaigns by WRPCs
- In some villages, chiefs have enacted by-laws to discourage home deliveries and encourage husbands to accompany their wives to ante-natal and post-natal clinics

*“The project has made us understand the steps that we need to take to seek redress on health service delivery issues affecting women in our communities. As a result, there is a decrease in maternal and neonatal deaths in our community.” (Male traditional leader)*

# Emerging Issues

- Loss to follow up of clients who are on ART and Option B+ is evident in the project health areas. Some WRPC members are now serving as expert clients to trace defaulters. This brings in issues of confidentiality that need to be properly handled. So far, no cases of breach of confidentiality have been reported.
- Demand creation for RMNH services has created a new challenge of health facilities not having adequate resources e.g. beds and infrastructure to deal with the high numbers of women accessing services at the facilities.

# Factors Influencing Achievement of the Results

- High spirited and motivated community advocates who have taken up their task of reaching out to the community and health facilities head on because they are also an interested party.
- Local leaders who have taken their stake in the project, understood their roles and responsibilities and owned it at local level.
- Good working relationship between the community advocates and the health care providers.

# Conclusions

- Community-driven accountability led by women living with HIV is a viable option to address poor quality HIV and RMNH services in low-resource settings, with the ultimate goal to reduce vertical transmission and improve women and child health.
- Community-led accountability facilitates the improvement of health service delivery by working with health facility managers as allies and owners of health facilities that meet the needs of their communities.
- Dialogue with health facility managers other than blame game leads to better ways of resolving service delivery issues raised from communities.

# Photo Gallery



# Photo Gallery



# Photo Gallery



# Publication in National Newspaper

## When communities demand health rights

EPHRAIM NYONDO  
News Analyst

Maziko Matemba, executive director for Health and Rights Education Programme (Hrep), says supporting organisations that use community approach is key in fighting HIV and Aids.

Women in Mitundu, Lilongwe, could be Matemba's testimony. Through a Stop Aids Now project by the Coalition of Women Living with Aids (Cowlha), the women here have turned into agents of change.

They are able to mobilise themselves towards effective Antiretroviral Therapy (ART) adherence and also demand better health services from health officials at Mitundu Community Health Centre.

Cowlha coordinator for Mitundu Area, Siweliya Sipeka says the project has trained women to sensitise communities on the importance of joining support groups when found HIV-positive.

"Mostly, community members shy away from accessing HIV services due to stigma and discrimination, but mostly because of ignorance. What we did as community advocates was to create awareness on the importance of knowing one's status. Within weeks of the awareness campaigns, we experienced a huge turnout seeking HIV testing and counselling (HTC) services at Mitundu Community Hospital", she says.

The community members seeking HIV services were later linked with the support groups for psychosocial support through the community advocates.

Prior to the implementation of the Stop Aids Now project in Mitundu, there were few support groups of Cowlha. However, after the introduction of the project, a lot of awareness has been created on the importance of going for



90-90-90 campaign wants 90 percent of Malawi population tested for HIV by 2020

PHOTOGRAPH-NATION

HTC and reproductive maternal and neo-natal health services. It is during such awareness campaigns that some community members began to change their attitude regarding access to HIV and reproductive maternal and neo-natal health services.

It is not just about support groups. The women, having trained, have also taken up expert client's role at Mitundu Community Hospital in line with the 90-90-90 campaign.

G o v e r n m e n t developed a new National HIV and Aids Strategic Plan. The plan runs from 2015 to 2020 and focuses mainly on the 90-90-90 campaign.

The campaign aims at ensuring that by the year 2020, 90 percent of the Malawian population avail themselves for HIV test, 90 percent of those who have gone for HIV test and are found positive should be put on the life-prolonging drugs, the Anti-retroviral (ARVs) drugs and 90 percent of those on ARVs should have their viral load suppressed.

For the campaign to

succeed, according to Annie Banda, Cowlha's executive director, there is need to raise awareness, fight against HIV stigma and discrimination, which negatively impacts

created at community level as evidenced by large turnout for HTC services," she says.

However, the challenge has been high default rate of Anti-retroviral therapy

mobilised themselves and linked themselves to Mitundu Community Hospital to follow up the defaulters. Within weeks, some defaulters were successfully brought back to treatment," she says.

She adds that these women are strategically placed to play the role of expert clients as they themselves have experience in terms of HIV services, they live in communities with the defaulters and have established good links between the health facilities and the community.

Beyond that, experts note that when communities demand services from duty bearers, there is a high likelihood of effectiveness. Recently, there has been a wind of thought of empowering communities to be part of what they call 'clinical

Community engagement and "watch-dogging" in health care is hardly new, but few efforts empower communities...

on disclosure and encouraging people to go for HIV test and adhere to drugs once they are diagnosed positive.

"We have trained women as community advocates to raise awareness about the importance of going for HTC and adherence. Awareness has been

(ART) clients and loss to follow up of women on Option B+.

"Considering that defaulting on ART and loss to follow up of Option B+ clients undermines the 90-90-90 campaign, the cowlha women have played a great role in the awareness campaign. The women

governance'.

According to a medical journal, Lancet, clinical governance is defined broadly as a system for improving the standard of clinical practice covering all building blocks of clinical care.

Here, the term refers more specifically to guidelines and protocols for specific diseases or types of care, medical ethics policies and standards, and the policies and processes for evaluating care such as complaints or patient survey system.

C o m m u n i t y engagement and "watch-dogging" in health care is hardly new, but few efforts empower communities, especially women living with HIV, to take the lead in improving clinical governance.

Evidence shows that, worldwide, women living with HIV experience more stigma and rights violations in health care settings than HIV-negative women, and they experience most sexual and reproductive health and rights violations in RMNH settings. Providers may not give comprehensive information on available contraceptives, or may automatically steer clients towards condoms or long acting contraception.

Providers may condition access to antiretroviral treatment on contraceptive use. They may denigrate, and verbally or even physically abuse HIV-positive pregnant women—beating them, forcing them to terminate their pregnancies, or coercing them to be sterilised.

"Through clinical governance, we have empowered women challenge health care service providers to be ethical and respect the human rights of patients," says Banda. ■

### FEEDBACK

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