

USAID EXPANDING MALAWI HIV/AIDS PREVENTION WITH LOCAL ORGANIZATIONS WORKING FOR AN EFFECTIVE EPIDEMIC RESPONSE (EMPOWER)

CHAM FY 24 QUARTER 2 REPORT

1ST JANUARY TO 21ST MARCH, 2024



Figure 1: Reaching AGYW and ABYM with SRH/ HIV Services

COMPONENT 2: ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) AND HIV CASE FINDING

April, 2024

Program Overview/Summary

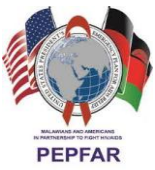
Program/Activity Name:	Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER)
[Contract/Agreement] Number:	RFA Number: 72061219RFA00005
Reporting Period:	1 st January to 31 st March 2024
Life of Program/Activity: [Start Date and End Date]:	5 th March 2020 – 4 th March 2025
Name of Prime Implementing Partner:	FHI 360
Name of Subcontractors/Sub-awardees:	CHAM Pakachere IHDC
Program/Activity Goal	Support Government of Malawi (GOM)'s commitment to epidemic control by stopping transmission and preventing new HIV infections, particularly among Adolescent Girls Young Women (AGYW) (10–24 years old)
Program/Activity Objectives/Intermediate Results	<ol style="list-style-type: none"> 1. Increased availability of and access to high quality integrated SRH/ HIV services for AGYW. 2. Increased utilization of integrated SRH/HIV services for AGYW. 3. Improved access and adherence to PrEP by AGYWs who meet national criteria. 4. Maintain a shared database to track layering of services for DREAMS beneficiaries. 5. Strengthen linkage and referrals for AGYW to DREAMS services implemented by other partners.
Geographic Coverage (district(s)/province(s) and country(s))	Southern region of Malawi in Zomba, Machinga and Phalombe districts

Total Estimated Contract/Agreement Amount:	Not Known
Total Amount Obligated to Date:	MWK 00.00
Current Pipeline Amount:	Not Available
Actual Expenditure through this Quarter:	

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LIST OF ACRONYMS AND ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
ANC	Ante-Natal Clinic
CAG	Community ART Group
CBO	Community Based Organization
CHAM	Christian Health Association of Malawi
CHW	Community Health Workers
DHMT	District Health Management Team
DHO	District Health Office
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored & Safe
EC	Expert Client
FP	Family Planning
GBV	Gender-Based Violence
GOM	Government of Malawi
HSA	Health Surveillance Assistants
HC4L	Health Communications for Life
HDA	HIV Diagnostic Assistants
HIVST	HIV Self-Testing
HTS	HIV Testing Services
HW	Health Worker
IPC	Interpersonal Communication
IPV	Intimate Partner Violence
LINKAGES	Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV
LP	Local Partner
LTFU	Loss to Follow-Up



M & E	Monitoring & Evaluation
MoH	Ministry of Health
MPHIA	Population based HIV Impact Assessment
NCD	Non-Communicable Diseases
NUPAS	Non-U.S. Pre-award Survey
PAG	Project Advisory Group
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
PM	Peer Mobiliser
PrEP	Pre-Exposure prophylaxis
PVC	Post-violence Care
SBC	Social and Behavior Change
SMT	Senior Management Team
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TA	Traditional Authority
VAPN	Volunteer Assisted Partner Notification
YAG	Youth Advisory Group
YCBDA	Youth Community Based Distribution Agents
YF	Youth Friendly
YFHS	Youth Friendly Health Service

1.0 EXECUTIVE SUMMARY

The Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER) - DREAMS Adolescent Girls and Young Women (AGYW) Services, is a five-year (**5TH March 2020 to 4TH March 2025**) USAID-funded project implemented by a consortium of FHI 360 (lead) and two local organizations, Christian Health Association of Malawi (CHAM) and Pakachere Institute for Health and Development Communication (Pakachere). The goal of EMPOWER Activity is to support the Government of Malawi's (GoM) commitment to epidemic control by stopping HIV transmission and preventing new HIV infections among AGYW of 10–24 years of age. The project was implemented in three DREAMS districts of Machinga, Phalombe and Zomba in Malawi and this is the last year of project implementation.

The overall goal of the EMPOWER project was to supplement Government of Malawi's efforts to achieve the 95:95:95 targets on HIV and AIDS Prevention and management among AGYW in the three districts in line with national and PEPFAR priorities. The main role of CHAM in the consortium was to implement the AGYW component that aimed at increasing uptake of integrated sexual reproductive health (SRH) services targeting AGYW aged between 10 to 24 years.

CHAM provided a high-quality comprehensive package of both primary and secondary core interventions, which aimed at addressing key factors that increase the risk of HIV among adolescent girls and young women (AGYW). The service package included: information and services on HIV Testing service (HTS), comprehensive HIV care, sexual reproductive health (SRHR) services, condoms distribution, family planning contraceptives, PrEP services, Gender Based Violence (GBV) information and screening and Post GBV counselling and clinical services. In addition, linkage and referral for other services was done to ensure that AGYW get a complete package of SRH services.

This last year of project implementation witnessed a new direction to focus on Adolescent Boys and Young Men (ABYM). The boys were reached through existing structures such as sports camps, market places and schools. The services were delivered through mobile outreach clinics approach. Through the mobile outreach approach, AGYW and ABYM accessed integrated SRH / HIV services that help AGYW and ABYM reduce their vulnerability to HIV risk.

The service delivery package for AGYW included: information and services on HIV Testing (HTS), comprehensive HIV care, sexual reproductive health and

rights (SRHR), condoms distribution, contraceptives, Gender Based Violence (GBV) information, screening and post violence information and services including PrEP. On the other hand, service delivery package for ABYM included; HIV information, screening and testing services, (HIV self - test kits and conventional), Condom education and distribution, PrEP and linkage to VMMC services.

This report presents an overview of the efforts made by CHAM in delivering integrated Sexual and Reproductive Health (SRH) and HIV services to Adolescent Girls and Young Women (AGYW) within the DREAMS operational districts during the second quarter of fiscal year 24 (FY24 Q2) and to some extent it also provides an overall overview of the achievements for the period between October 2023 and March 2024.

Despite encountering challenges in Q2, CHAM conducted 20 clinics across Machinga, Zomba, and Phalombe, demonstrating its commitment to reaching AGYW with vital services. However, the project fell short of its quarterly targets, reaching 2,606 AGYW instead of the target of 6,101. Key highlights for this quarter include CHAM's provision of HIV testing services, where they distributed 1,178 HIV self-test kits, surpassing the target, but slightly underperforming in conventional HIV testing. Similarly, in PrEP services, CHAM initiated 128 new AGYW on PrEP, and provided services to 266 AGYW for PrEP counseling and testing, falling short of quarterly targets due to fewer clinic sessions. In addressing Gender-Based Violence (GBV), CHAM identified 830 GBV cases and reached 2,606 AGYW with gender normative services, although below the quarterly targets.

Despite performance gaps, it is crucial to consider factors such as a reduced implementation period and changes in funding approaches, which may have impacted overall performance. In future programming, addressing implementation constraints and enhancing collaborative efforts with community partners will be essential for optimizing service delivery.

2.0 PERFORMANCE SUMMARY AND ACHIEVEMENTS IN DELIVERING SRH/HIV SERVICES TO AGYW IN Q2

AGYW Reach: In FY 24 Q2, CHAM conducted a total of 20 clinics across Machinga(4), Zomba(4), and Phalombe(12), demonstrating a commitment to delivering integrated SRH/HIV services to AGYW within the DREAMS operational

districts. Despite facing challenges, CHAM successfully reached 2,606 AGYW with these vital services, albeit below the target of 6,101 AGYW for the quarter. Cumulatively, CHAM reached 10,054 AGYW, achieving 82 percent of the target of 12,203. While there were performance gaps, it's important to note that the implementation period for this quarter was reduced to just 3 weeks and there was a transition in the funding approach for activities managed directly by FHI360. These factors contributed to what could be perceived as a dip in overall performance.

HIV Testing Services: CHAM continued its steadfast provision of HIV testing services to Adolescent Girls and Young Women (AGYW) within DREAMS clubs during FY24 Q2. Impressively, the project distributed 1,178 HIV self-test kits to AGYW through assisted self-testing services, exceeding the target of 1,166. Additionally, CHAM facilitated 384 HIV conventional tests, slightly below the target of 432 for the quarter. While the project surpassed expectations for HTS Self-tests, there was a slight underperformance in HTS Conventional testing during the quarter under review.

PrEP Services: During the reporting period, the project diligently upheld its commitment to delivering PrEP services to AGYW within club settings. Despite encountering challenges, CHAM successfully initiated 128 new AGYW on PrEP, albeit falling short of the quarterly target of 298. Similarly, in the realm of PrEP _CT, CHAM provided services to 266 AGYW, demonstrating dedication despite not meeting the quarterly target of 591. The shortfall in performance can be attributed to fewer clinic sessions conducted during the quarter, which resulted from a constrained implementation period.

Gender Based Violence services: During outreach clinics, CHAM diligently identified cases of Gender-Based Violence (GBV), with invaluable support from YCBDAs and DREAMS ambassadors in the identification and counseling process for AGYW. Utilizing a standardized screening tool, CHAM successfully identified 830 GBV cases, albeit slightly below the quarterly target of 1,024 for GEND_GB. Additionally, the project reached 2,606 AGYW with gender normative services, falling short of the target of 4,454. While CHAM underperformed in both indicators, the shortfall can be attributed to reaching fewer AGYW with services during the quarter.

3.0 SUMMARY OF KEY RESULTS

The table below provides an overall program performance in FY24.

PEPFAR MER 2.0 [Version 2.4 indicators]	FY24 Annual Targets	FY 24 Q1 Achievement	FY24 Q2 Achievement	FY24 cumulative achievement	FY 24 Q2 Achievement (%)	Reasons of Underperforming /Over performing (Summary)
HTC_TST: Number of AGYW who received HIV testing and counseling services for HIV and received their test results.	864	1091	384	1459	169%	CHAM has exceeded the target for this indicator cumulatively in FY 24
HTS_INDEX: Number of individuals who were identified and tested using Index testing services and received their results	No target provided	0	0	0	0%	No HIV Positive AGYW identified for Index testing services contact listing

HTC_TST_POS: Number of AGYW who received HIV testing and counseling services for HIV who test HIV positive.	15	0	0	0	0	No HIV positive AGYW identified for index services
HTS_SELF: Number of individual HIV self-test kits distributed.	2,333	7959	1178	9137	393	CHAM exceeded target for this indicator
NOT_GEND_GBV: Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package	1,538	1,092	830	1894	92%	CHAM exceeded the target on this indicator
GEND_NORM: Number of AGYW completing an intervention pertaining to gender norms, that meets minimum	11,291	7, 528	2606	10054	113%	CHAM did not meet this target because there were very few AGYW that were reached with services

criteria. [by age, district]						
Number of AGYW reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake.	12, 203	7, 528	2606	10054	92%	CHAM under performed on this target because very few AGYW were reached with services
PrEP_NEW: Number of individuals who have been newly enrolled on an oral antiretroviral pre-exposure prophylaxis to prevent HIV infection in the reporting period.	1, 295	262	129	375	62%	CHAM under performed on this target due to very few clinics and no PrEP campaigns conducted in this quarter.

PrEP_CT: Number of individuals, excluding those newly enrolled, that return for a follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period.	249	556	266	799	68%	CHAM surpassed this target due to targeted PrEP service delivery
TX_NEW: Percentage of positive AGYW newly enrolled on ART.	100 %	0	0	0	0%	No HTS_POS identified in the quarter
TX_CURR: Percentage of AGYW currently receiving ART.	16	0	0	0	0%	No HTS_POS identified in the quarter

4.0 OVERALL PROGRESS BY INTERMEDIATE RESULT/OBJECTIVE AND PROGRAM AREA

4.1 Objective 1: DREAMS AGYW Services — Increased uptake of integrated health services targeting AGYW

4.1.1 IR1: Increased availability of and access to high-quality, integrated SRH/HIV services for AGYW

The project continued providing standardized evidence-based sexual and reproductive health services to AGYW in DREAMS clubs through mobile outreach clinics. The services included SRH information, HIV testing services, family planning (short acting contraceptives), STI screening and treatment and PrEP through mobile outreach clinics. Referrals were made to MOH facilities and other facility -based partners on those services not offered by EMPOWER service delivery team such as, long-acting family planning services, ART, PrEP and Cervical Cancer. The services were offered to the AGYW in their communities using the venues where the AGYW clubs’ sessions are conducted.

4.1.1.1 AGYW REACH

CHAM conducted a total of 20 clinics (Machinga = 4, Zomba 4, Phalombe =12) in FY 24 Q2 and reached 2, 606 AGYW against a target of 6, 101 AGYW with various integrated SRH/ HIV services across the three districts.

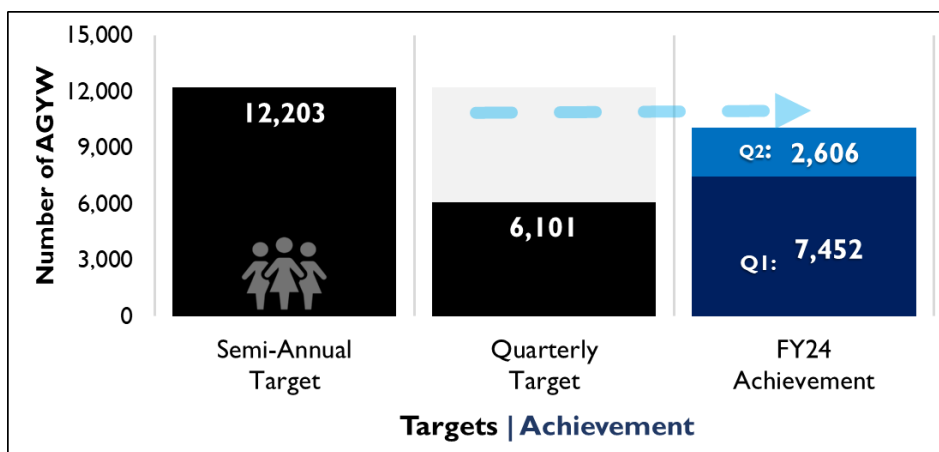


Figure 1: Showing AGYW Reach vs Target

In Figure 1, CHAM's ambitious goals are depicted with a semi-annual target of 12,203 and a quarterly target of 6,101. Despite these high aspirations, CHAM faced challenges in meeting its targets, particularly evident in quarter 2 where it

only reached 2,606 AGYW, falling significantly short of expectations. This shortfall reflects a period of underperformance, which was primarily attributed to a reduction in the implementation period for mobile outreach clinics, spanning just three weeks.

However, amidst these challenges, it's important to acknowledge the commendable efforts of CHAM, which managed to reach a total of 10,058 AGYW by the end of the reporting period. While this figure falls short of the semi-annual target, it underscores the organization's commitment and dedication to its mission.

Proportion of AGYW reached by age band

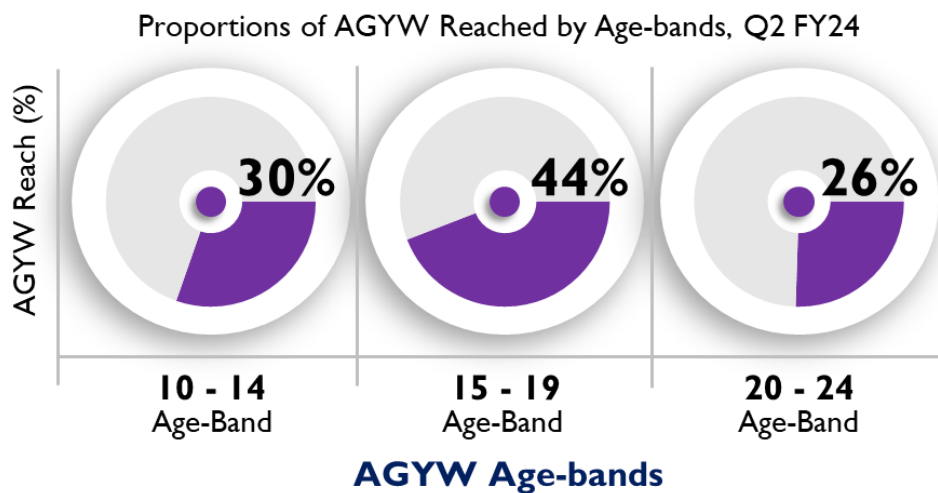


Figure 2: Proportion of AGYW reached by age segment

The majority of AGYW who benefited from our services were aged 15 and above. During our interactions with DREAMS Club Facilitators at various clinics, we noted that the newly enrolled clubs predominantly comprised individuals above the age of 15. This trend is depicted clearly in Figure 2 above. Specifically, 44% of AGYW reached with services during the quarter fell within the age range of 15 to 19, followed by 30% in the 10 to 14 age group, with the lowest proportion being 26% in the 20 to 24 age range.

4.1.1.2 HTS SERVICES

In the second quarter of fiscal year 2024, CHAM continued its provision of HIV testing services to AGYW within the framework of DREAMS clubs. Eligible AGYW underwent thorough HIV screening, coupled with the offering of pertinent

services. A comprehensive screening tool was employed to effectively evaluate the vulnerability of AGYW to HIV, ensuring tailored support and intervention strategies.

HTS_Self

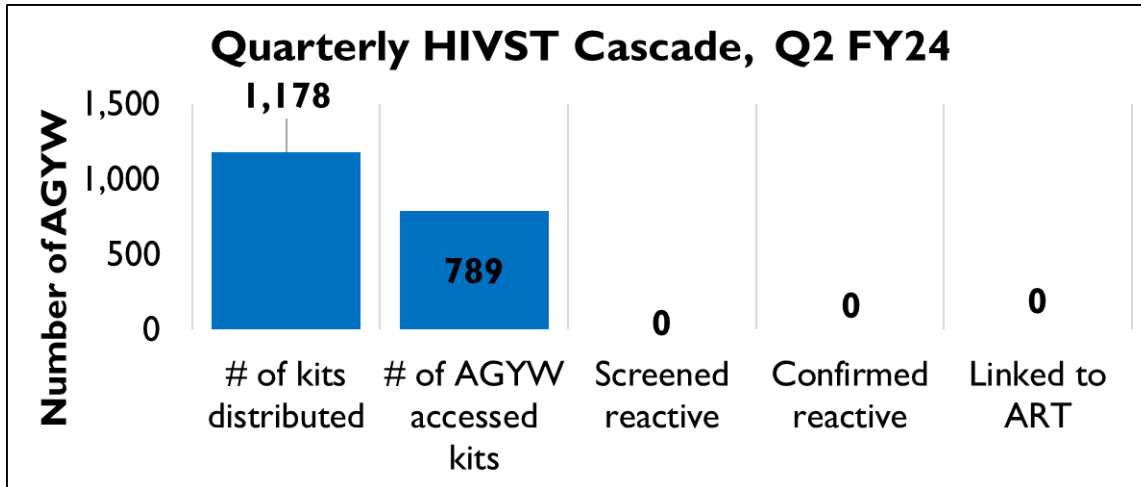


Figure 3: HIV Self Testing Services

CHAM provided HIV screening services to eligible AGYW, offering both assisted HIV self-testing and conventional testing based on supply availability and provider discretion. In the assisted HIV self-testing approach, AGYW received counseling on conducting the test independently, with results interpreted by a trained HIV counselor and documented accordingly. Figure 3 illustrates the total number of HIV self-testing kits offered in FY24 Q2, with a total of 1,178 kits provided to eligible AGYW, surpassing the target set for this indicator. None of the assisted self-testing kits yielded reactive results, reflecting the effectiveness of the program in reaching AGYW and ensuring accurate testing outcomes. Cumulatively in the year, CHAM exceeded that target for this indicator.

HTS_TST (Conventional Testing)

In the past quarter, CHAM provided conventional testing services to eligible AGYW. These services were extended to AGYW seeking PrEP services as well as those identified as at risk for HIV through comprehensive screening. Conventional testing was primarily utilized in instances where HIV Self-testing kits were unavailable at the sites, making it the preferred method for HIV testing.

Although CHAM's performance in this quarter fell below expectations, it's important to note that cumulatively, CHAM has surpassed the target for this indicator for the year.

HTS Cascade

The cascade below discusses the total number of AGYW who were screened for HIV based on their risk, the number that were deemed to be at risk through a proper assessment and the AGYW that accessed the HTS services.

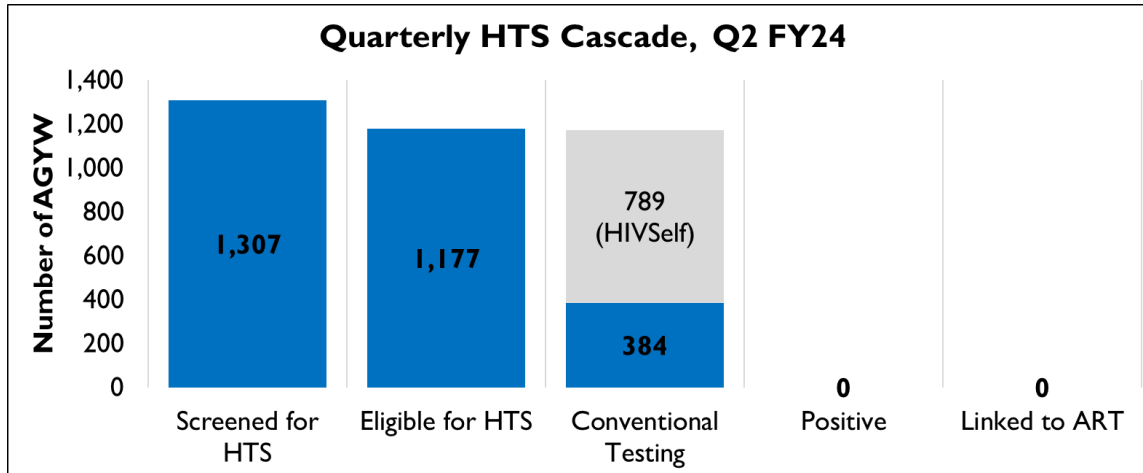


Figure 5: HTS Cascade

The figure 5 above, indicates that a total of 1,307 AGYW screened, 1,171 were eligible for testing. Among those eligible, 384 underwent conventional HIV testing, while 789 utilized HIV self-test kits. Notably, there were no AGYW who tested positive for HIV and required linkage to care.

4.1.1.3 SEXUALLY TRANSMITTED INFECTIONS

During the outreach sessions, all AGYW underwent comprehensive screening for sexually transmitted infections (STIs). Throughout the quarter, diligent screenings were conducted, yet no cases of STIs were detected among the AGYW cohort. Figure 6 visually represents this outcome, demonstrating the effectiveness of the mobile outreach clinics in ensuring the sexual health and well-being of the AGYW. Despite the limited number of clinics held during the quarter, the absence of identified STI cases underscores the success of our preventive measures and the importance of continued outreach efforts.

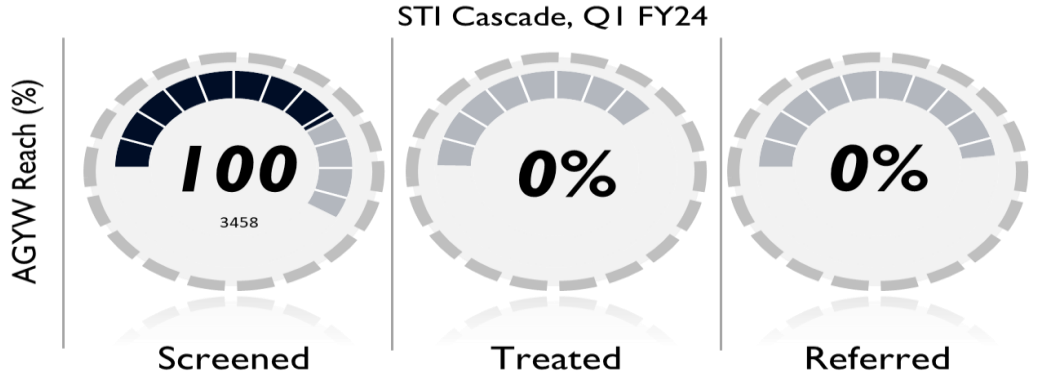


Figure 6: Showing STI cascade

4.1.1.4 GENDER BASED VIOLENCE

Throughout the quarter, the CHAM service delivery team and YCBDAs diligently screened all Adolescent Girls and Young Women (AGYW) for instances of Gender-Based Violence (GBV) during both mobile outreach clinics and community service provision. Remarkably, a total of 1,894 cases of GBV were identified, a testament to the dedication and effectiveness of the YCBDAs in reaching out to a significant proportion of AGYW within their communities. This achievement highlights the critical role played by community-based initiatives in addressing and mitigating GBV among vulnerable populations.

Number of GBV cases reported

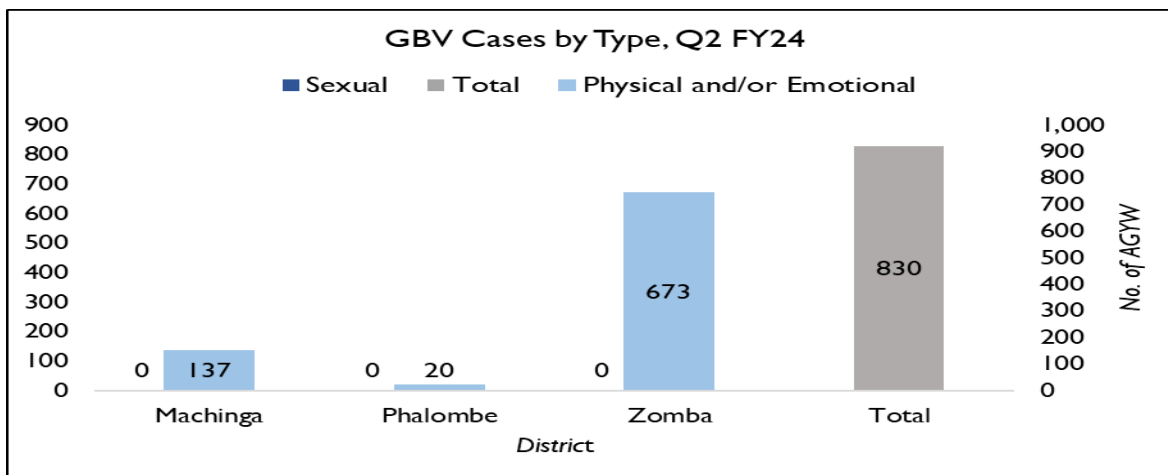


Figure 7 : Number of GBV Cases by type

Figure 7 above depicts the distribution of Gender-Based Violence (GBV) cases identified across various districts. Notably, a total of 1,092 cases were reported during the specified reporting period, all of which encompassed both physical and emotional forms of violence. It is noteworthy that all reported cases were managed onsite, obviating the need for external referrals. Zomba emerged with the highest number of reported GBV cases, followed by Machinga and Phalombe. This trend underscores the proactive efforts of YCBDAs, particularly in Zomba, in identifying and addressing GBV cases within their respective communities.

GBV Cases by age

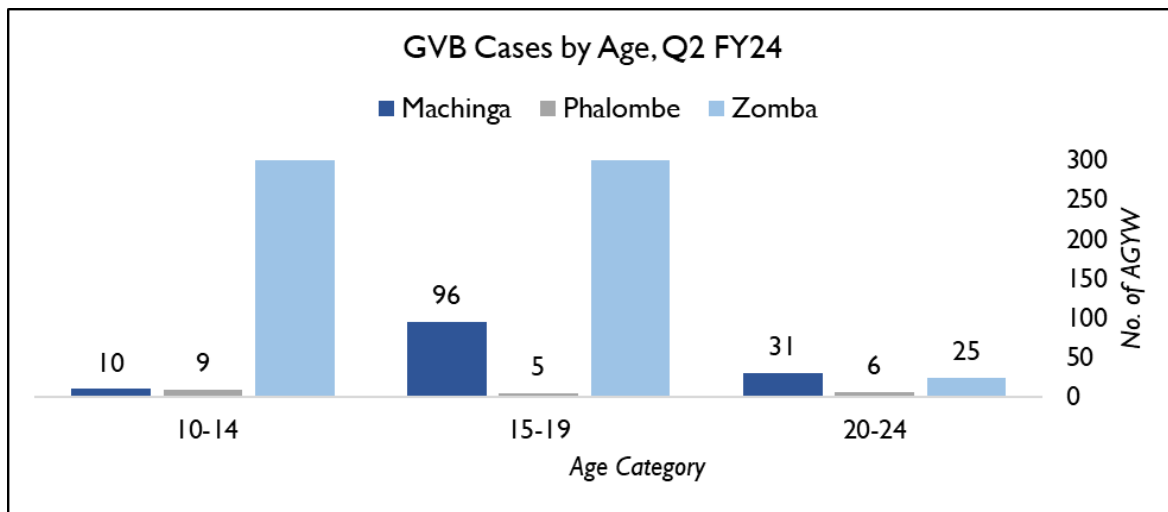


Figure 8 : Number of GBV Cases by age

According to the data presented in Figure 8, Machinga exhibited a higher incidence of reported cases within the age bracket of 20 to 24, with a total of 37 cases, surpassing the counts in other age categories across the three districts analyzed. Following closely behind is the age group of 10 to 14, while the lowest reported cases were observed within the 15 to 19 age bracket.

4.1.1.5 REFERRAL AND LINKAGE

Throughout FY24 Q2, CHAM maintained its proactive approach to referring AGYW to services unavailable at mobile outreach clinics and community service delivery points, directing them to suitable health facilities and other facility partners. Notably, a significant number of referrals, totaling 384, were facilitated exclusively for PrEP services. CHAM ensured the effectiveness of these referrals by implementing active accompaniment, where AGYW were supported by an

outreach team member, a Youth Community-Based Distribution Agent (YCBDA), or a DREAM Facilitator during the referral process.

4.1.1.6 FAMILY PLANNING

Within the services provided at mobile outreach clinics, family planning stands out as crucial service for sexually active AGYW at risk of unintended pregnancies. While a range of short-acting methods were available on-site, AGYW expressing interest in long-acting methods were referred to the nearest health facilities for comprehensive care.

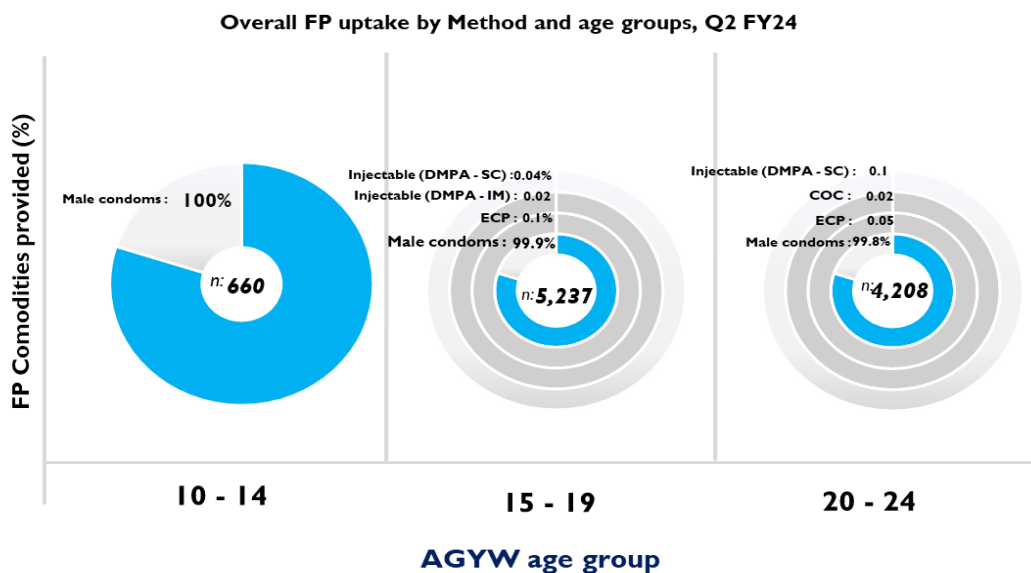


Figure 9: Uptake of Family Planning Methods by type and age group

Figure 9 above illustrates the utilization of family planning services across the three districts—Machinga, Phalombe, and Zomba. Notably, the highest uptake of these services was observed among AGYW aged 20 to 24, totaling 46,457, followed by those aged 15 to 19.

The majority of AGYW accessed male condoms as their preferred family planning method, which holds significance as it offers dual benefits—contraception and protection against sexually transmitted infections, including HIV. However, it remains concerning that AGYW opt for male condoms over female condoms. Empowering AGYW with access to female condoms would provide them with

greater autonomy over usage, contrasting with male condoms where control often rests with their male partners.

4.1.1.7 CONDOM DISTRIBUTION

AGYW participating in DREAMS clubs received comprehensive condom education and counseling to underscore the importance of dual protection for reducing the risk of HIV transmission. Both male and female condoms were made available to them.

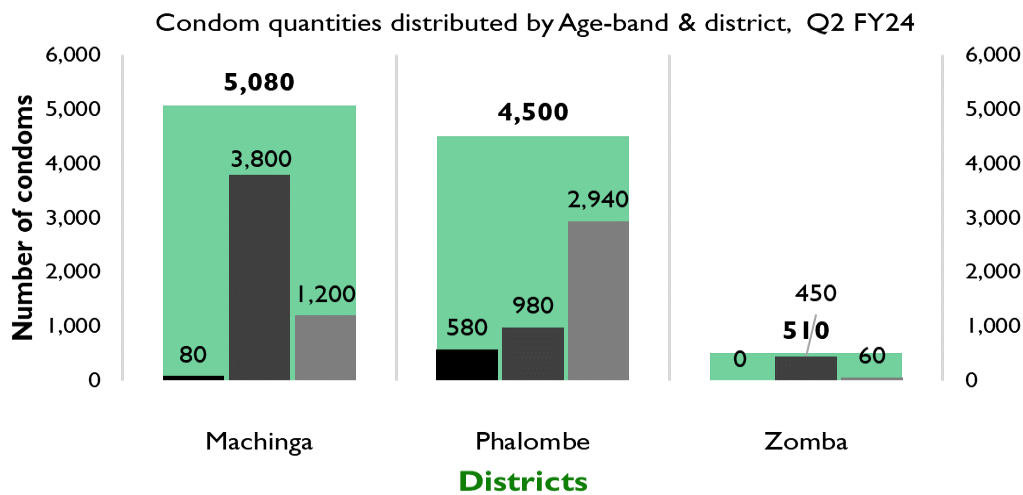


Figure 10: Condom quantities distributed by age and district

Figure 10 illustrates the distribution of condoms by age and district. A notable total of 58,184 condoms were accessed by AGYW through mobile outreach clinics and YCBDAs. The distribution pattern reveals a higher uptake of male condoms in Machinga (40,506) compared to Phalombe (11,788) and Zomba (5,890), as depicted in Figure 10.

During the quarter, a total of 10,090 male condoms were distributed, with Machinga leading in distribution, followed by Phalombe and Zomba. Interestingly, no female condoms were distributed during this period, indicating a preference among AGYW for male condoms over female condoms. AGYW in DREAMS clubs were offered condom education and counselling to understand the need for dual protection for HIV risk reduction and both male and female condoms were offered.

4.1.2 IR2: Increased Utilization of integrated SRH/HIV services by AGYW

In an effort to improve knowledge among AGYW, the project utilized the existing community structures to promote HIV/SRH and GBV prevention information to AGYWs and to provide adherence support and referral to services

4.1.2.1 UTILIZATION OF INTERACTIVE HEALTH TALKS

Prior to initiating service provision, the service delivery teams engaged AGYW and ABYM through interactive health talks. These talks served to comprehensively inform and engage them on pertinent issues, ensuring that they are well-informed before making any decisions.

4.1.3 IR3: IMPROVED ACCESS AND ADHERENCE TO PRE-EXPOSURE PROPHYLAXIS (PREP) BY AGYW WHO MEET NATIONAL CRITERIA

4.1.3.1: ENHANCING AWARENESS AND ACCEPTANCE OF PrEP

CHAM remained dedicated to fostering the uptake of PrEP among eligible AGYW through mobile outreach clinics. The service delivery team provided comprehensive health education to promote understanding and dispel any myths or misconceptions surrounding its usage. Our efforts included a thorough review of all AGYW reached by YCBDAs to identify those at risk. We then compiled a targeted list filtered by age to ensure precise targeting of the right demographic.

Furthermore, we compiled UICs (Unique Identification Codes) for eligible AGYW and shared them with all DREAMS Club Facilitators to mobilize those deemed suitable for PrEP. A targeted mini-campaign was launched to reach AGYW on the list, providing screening and referrals for initiation. Special emphasis was placed on PrEP Continuity of Care (PrEP_CT) during the quarter, ensuring that all AGYW initially initiated by The APA program were also offered this vital service.

4.1.3.2: IDENTIFYING OPPORTUNITIES FOR PrEP PROVISION

CHAM seized opportunities to extend its services primarily to new AGYW across various clubs during the quarter, with PrEP services being an integral component of the services offered. Throughout the quarter, CHAM conducted screenings for PrEP eligibility, assessing a total of 393 AGYW, all of whom met the criteria. Out of these, 128 AGYW were initiated on PrEP, while 266 continued their PrEP regimen.

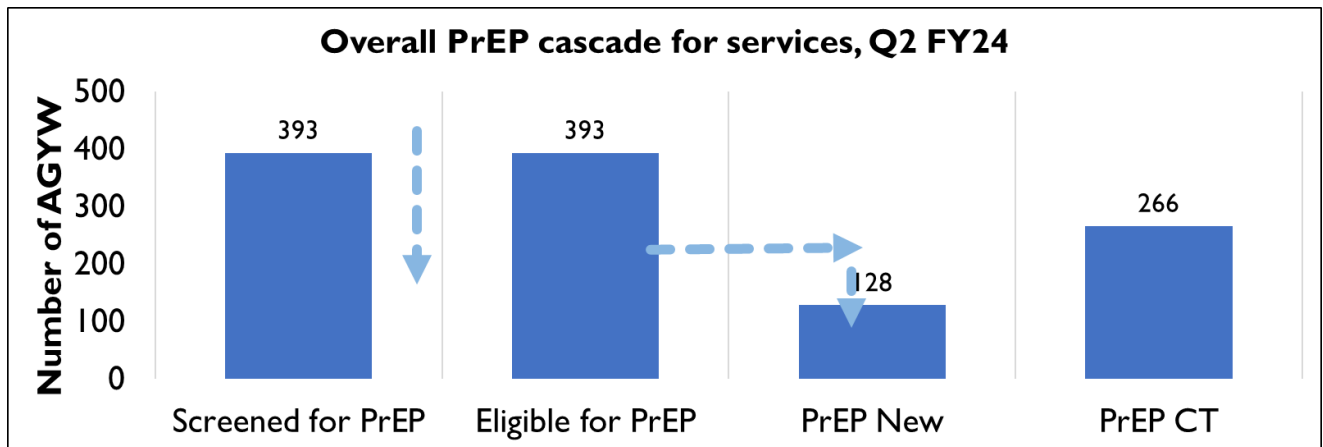


Figure 11: PrEP Cascade

Figure 11 above provides a visual representation of the total number of AGYW screened for PrEP compared to those who received PrEP services during the quarter. Despite all the efforts, CHAM fell short of targets for both PrEP_New and PrEP_CT indicators.

4.1.4 IR4: Maintaining a shared database to track layering of services for DREAMS beneficiaries

EMPOWER relies on a shared DREAMS database hosted by PSI Malawi to effectively track and manage services for beneficiaries. Every individual enrolled in DREAMS clubs is meticulously registered within this system. As EMPOWER delivers various services to AGYW in their clubs, these interventions are meticulously recorded in the database, categorized based on their primary or secondary nature. Our diligent Monitoring and Evaluation (M&E) team ensures the accuracy of data entry, conducts thorough cleaning processes, and ensures

proper filing and documentation. This database operates in real-time, providing invaluable insights to inform programmatic decisions swiftly and effectively.

4.1.4.1 Building capacity of LP and staff in the use and management of DREAMS database

Weekly Situation Room Meeting

Throughout the reporting period, CHAM's M&E Officer and M&E Assistants took charge of weekly internal situation room meetings. These sessions served as dynamic forums for discussing indicator performance progress and trends. Through collaborative efforts, the team designed quality improvement plans complete with actionable timelines. This proactive approach proved instrumental in swiftly addressing any identified gaps and ensuring timely interventions.

4.1.5 IR5: Strengthen linkage and referrals for AGYW to other DREAMS services implemented by other partners

4.1.5.1: STRENGTHENING THE EXISTING REFERRAL SYSTEM FOR AGYW AND DREAMS SERVICES

In line with DREAMS programming requirements, CHAM prioritized the reinforcement of its referral system to ensure the seamless layering of services. It was imperative that partners demonstrate a robust ability to refer AGYW to appropriate service providers when needed. Whenever a service wasn't within CHAM's scope, a prompt referral was initiated to another partner capable of providing the required service. Importantly, these referrals were diligently tracked and closed within the DREAMS database to maintain comprehensive records.

CHAM's service delivery teams meticulously followed up on all referrals made, ensuring that every referred AGYW received the services they were directed to. Additionally, community cadres actively engaged in referring AGYW to the nearest health facilities for services not available at the community level. This concerted effort aimed to ensure that AGYW received comprehensive care and support tailored to their individual needs.

5.0 ENVIRONMENTAL MITIGATION ACTIVITIES (PER EMMP MONITORING PLAN)

During outreach clinics conducted by CHAM, various types of clinical waste, including hazardous and non-hazardous materials, are inevitably generated. Given that these clinics often operate in remote areas, far from health facilities, it became imperative for CHAM's outreach teams to adopt meticulous waste management practices. Accordingly, all waste generated during the outreach sessions was diligently collected and transported to the nearest health facility.

At these health facilities, stringent measures were taken to ensure proper disposal in accordance with the Waste Disposal guidelines stipulated by the Ministry of Health (MOH). Notably, all infectious waste underwent safe incineration processes to mitigate any potential environmental risks.

CHAM is committed to strengthening its waste management protocols to ensure strict adherence to standard operating procedures by outreach staff at all times. This proactive approach underscores CHAM's unwavering dedication to environmental stewardship and public health safety.

6.0 COLLABORATION AND COORDINATION

While no collaboration meetings were convened during the quarter, Machinga and Zomba Multi-disciplinary teams upheld their commitment to coordination through ongoing district-specific meetings. These regular gatherings enabled each district to comprehensively review its performance and collectively chart a course forward on a weekly basis. By prioritizing district-level engagement, CHAM ensured effective collaboration and coordination, fostering synergy among team members to address challenges and capitalize on opportunities for program enhancement.

7.0 CHALLENGES AND MITIGATION STRATEGIES

Challenge: Limited Clinics Conducted in the Quarter. During the quarter, CHAM faced the challenge of conducting fewer clinics than anticipated.

Strategies to Address Challenges: Regrettably, no specific strategies were implemented to mitigate this issue, as the project was in the process of scaling down due to funding constraints. Despite this limitation, CHAM remained committed to optimizing the clinics conducted within the available resources, prioritizing efficiency and impact within the prevailing constraints.

8.0 LESSONS LEARNED

No novel insights were gained during the quarter.

9.0 SUCCESS STORY

Unfortunately, no notable success stories were documented during this quarter.

10.0 CONCLUSION

CHAM's steadfast commitment to delivering integrated Sexual and Reproductive Health (SRH)/HIV services to Adolescent Girls and Young Women (AGYW) within DREAMS operational districts during FY24 Q2 is commendable, despite encountering various challenges. Although falling short of some quarterly targets, the organization has showcased unwavering dedication and perseverance in reaching AGYW with essential services.

Factors such as a reduced implementation period and transitions in funding approaches may have contributed to performance gaps, yet CHAM's determination to provide crucial services like HIV testing, PrEP services, and addressing Gender-Based Violence remains unmistakable.

CHAM's proactive measures, including strengthening referral systems, enhancing PrEP awareness, and meticulous data management, underscore its resilience and unwavering commitment to improving access to high-quality SRH/HIV services for AGYW.

Looking ahead, fostering continued collaboration, strategic planning, and adaptability to evolving circumstances will be pivotal in optimizing service delivery and achieving targets in future programs thereby empowering AGYW and advancing public health goals.