

Community Health Days

One-stop shopping for health and wellness



PHOTO BY OVERTOUN MAZUNDA FOR CRS

HIV testing reliably draws a crowd at a Community Health Day.

“Community Health Days provided services to people whom we could not otherwise have reached, such as the elderly and those who are shy to attend facilities.”

—Harrison Tembo,
District ART/PMTCT
Coordinator, Zomba
District Health Office

Reaching the hard-to-reach

Getting tested for HIV and screened for non-communicable diseases is rarely a priority when you live far from a health facility. **Community Health Days (CHDs) (Tsiku la umoyo)** can make all the difference, as they bring health services and positive living messages to Malawi’s rural communities. From 2011–2014, the USAID and PEPFAR-funded IMPACT program implemented CHDs in collaboration with the Ministry of Health and community leaders in hard-to-reach areas. CHDs attracted large and diverse crowds of all ages and created opportunities for mass access to services and exposure to new ideas.

Building an integrated platform for health services delivery and awareness raising

IMPACT used CHDs to bring to the community a wide array of health services, including HIV testing and counseling; hypertension and tuberculosis screening; growth monitoring, malnutrition screening and immunization updates for children under five; and other services prioritized according needs in the geographic area. Individuals who tested positive for HIV or required additional follow-up were referred to the nearest appropriate health facility. This “whole family” approach targeted adults and children, tailoring services to local priorities identified by the District Health Officer (DHO) and community leaders.

Poetry, songs, drama, quizzes, health talks and personal testimonies relayed information on nutrition, health, hygiene, sanitation, HIV and child rights and protection services. Community members and interest group representatives shared information on village



“CHDs provide a mix of different services as one-stop shopping for all. There was something for everyone.”

—Kenneth Glosi,
Clinical Officer, Matiya Health
Center, Zomba District

“The number of people assisted during the CHD was huge as compared to the daily attendance at the health facility.”

—Steven Magileta,
HSA, Machinjiri Health Center,
Zomba district



Community Health Days bring CD4 testing to remote communities, allowing PLHIV to monitor their progression and start ART at the optimal time.

savings and lending, nutrition throughout the lifespan, health concerns, conservation farming and agribusiness. Others demonstrated tippy taps, fuel-efficient stoves and a range of locally constructed home and garden improvements.

Confronting stigma using multiple methods

Self-stigma and fear of being stigmatized by others still discourage many people from undergoing HIV testing and counselling (HTC), so IMPACT CHDs confronted stigma on multiple fronts:

- **Integration with other activities** served to “normalize” testing, encouraging participants to undergo HTC because “everyone is doing it.”
- **Testimonies, dramas and other edutainment led by Expert Clients¹** and PLHIV support group members attracted a diverse crowd and gave participants opportunities to interact with healthy, productive PLHIV role models from their own communities.
- **Encouragement from traditional leaders** who spoke out publicly against stigma and urged people to get tested for HIV was especially influential when traditional leaders led by example, getting tested themselves at CHDs.
- **Pre- and post-test counseling from health facility staff and Expert Clients** helped participants discuss stigma, including self-stigma, and begin to think differently about it.

Learning through implementation

IMPACT partners learned from their early experiences and adapted and improved CHD implementation, attracting increasing numbers of participants over the course of the four-year program. While CHDs initially focused heavily on mobilizing communities for HTC and HIV stigma reduction, integrated services attracted a larger and more diverse population than HIV-specific events. By actively engaging DHOs, clinical facility staff and community leaders, CHDs provided a vehicle to sensitize communities on delicate topics such as intellectual disability, child rights and child protection services. They also provided growth monitoring and child health services, broadened edutainment offerings and, in some locations, provided basic out-patient services.

¹ The IMPACT program’s peer-based adherence support program trained and placed HIV-positive men and women (Expert Clients) in health facilities, where they use their own experiences of living with HIV to help others overcome the many challenges inherent in being HIV-positive.

“We have hope in the coming generation because, through programs like IMPACT, more information and support services are available and people are learning the importance of being tested. We have hope that this will set them free.”

—William Ali,

Group Village Headman,
Mchisa village, Machinga
district



PHOTO BY DON CRAFT FOR CRS

Community Health Day dramas promote the value of early HIV testing.

Key results

Nine IMPACT partners in nine districts conducted 129 CHDs over the life of the project, during which time:

- **95,937 people participated in 129 CHDs:** A total of 39,860 (41.5%) were children under 15 and 56,077 (58.5%) were adults. 58% of all participants were female and 42% were male.
- **12,442 people underwent HTC:** Of these, 1,344 were children under 15 years (55% girls and 45% boys) and 11,098 were adults (66% women and 34% men).
- **730 couples underwent HTC together:** Couples’ testing was increasingly well received, growing from three per CHD in the first year of implementation to 16 couples per CHD in the last six months of project implementation.
- **656 people tested positive for HIV and were referred:** A total of 41 children (4% of all girls tested and 2% of all boys tested) and 615 adults (6% of all women tested and 5% of all men tested) were referred to health facilities for confirmatory testing and ART eligibility assessment.
- **3,081 people were referred for follow-up care:** Referrals were made to local health facilities, most commonly for hypertension (1,440 or 47%), followed by HIV, TB and malnutrition.

Success story: Headmen rally men for HIV testing at CHD

Typically, men in Malawi resist HIV testing, while women generally are aware of their status due to opt-out testing during pregnancy. As a result, men often do not receive the services and support that women do to help them cope with the infection. At a CHD hosted in partnership with the Machinga District Health Office, Group Village Headmen (GVHs) William Ali, 43, of Mchisa Village, and Borniface Bwanali, 42, of Chowe Village, demonstrated exemplary leadership by volunteering to be tested for HIV at the CHD. Using their status as GVHs, the men helped draw attention to the issue and break through cultural skepticism and resistance. Their actions were reinforced throughout the CHD by dance, drama and comedy routines designed to teach HIV awareness and reduce stigma.



Implementation challenges

- **Addressing male involvement in HTC:** Men still lag behind women in testing uptake, accounting for only 30% of total HTC clients.
- **Meeting demand during CHDs:** Most CHDs experienced a shortage of HIV test kits in spite of considerable efforts to secure sufficient resources.
- **Balancing the clinical staff availability to provide services at CHDs against the needs of the local health facility:** In spite of being committed to the CHD concept, staff members were understandably reluctant to leave the facility short-handed.

Tips for implementation

- **Focus on hard-to-reach areas** with limited access to health facilities where the need is the greatest, demand creation is easier and it is possible to reach populations that would not otherwise be reached.
- **Tailor CHD frequency, services and content** to local health priorities, human resources available and the number of participants anticipated. The frequency of CHDs (quarterly, annually) should reflect a deliberate response to the needs of selected communities. Additional services could be included to meet local needs such as providing ART for pregnant women, nutrition supplements for undernourished children and cervical cancer sensitization and screening.
- **Underpin services offered** with clear promotional and educational messages. Clearly connect the edutainment to the services on offer.
- **Use interactive edutainment** to encourage dynamic community involvement in order to increase understanding of and participation in key CHD health services.
- **Provide hands-on opportunities** to learn about community-made home improvements such as tippy taps, solar dryers, fireless cookers and energy-efficient stoves.
- **Meet the demand created** by knowing the needs of targeted participants and securing test kits, drugs and the right mix of service providers.
- **Design deliberate strategies to boost male involvement**, including targeting influential men such as GVHs to persuade men to participate. Maximize the visibility of men in the edutainment.

Looking forward

CHDs are an effective vehicle for reaching sizable and diverse populations in hard-to-reach communities with a variety of integrated health services and messages. Implementers can tailor CHDs to different geographic areas and scale them up or down depending on the resources available and the priority health needs of targeted communities. DHOs have learned from their experience implementing CHDs under IMPACT, and they could work with other government departments and local NGOs like the National Association of People Living with HIV in Malawi to expand CHDs to new areas. Some DHOs have already planned to undertake “open day” programs (often linked to Child Health Day or World AIDS Day), but they are constrained by inadequate budgets.

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Integrated (HIV Effect) Mitigation and Positive Action for Community Transformation

(IMPACT) is a four-year USAID-supported Global Development Alliance program that aims to improve the quality of life for orphans and vulnerable children (OVC) and people living with HIV (PLHIV). As lead agency of the IMPACT Program, Catholic Relief Services Malawi brings together twelve consortium partners to expand service access and relevance in partnership with the Government of Malawi.

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