

# **The role of Community Based Organizations (CBOs) in implementing HIVST interventions; a case of social harms monitoring in four southern districts in Malawi.**

**Authors:** W. Sibande<sup>1</sup> M. Kumwenda<sup>1</sup> M. Sambo<sup>1</sup> L. Kayira<sup>1</sup> R. Chilongosi<sup>4</sup> P. Indravudh<sup>1</sup> W. Lora<sup>1,3</sup> E. Corbett<sup>1,2</sup> N. Desmond<sup>1,2</sup>

**Affiliation:** 1. Malawi-Liverpool-Wellcome Trust, Clinical Research Programme; 2. London School Hygiene and Tropical Medicine 3. Liverpool School of Tropical Medicine; 4. Population Services International – Malawi.

**Introduction:** In Malawi, adult HIV prevalence remains high (9%), with pronounced social and economic inequity in HIV testing and linkage to onward services. Self-testing for HIV (HIVST) is becoming an established option for providing highly accurate results when used by lay clients. This study aimed at monitoring social harms by CBOs as a result of introducing self-testing and finding out their roles in supporting successful HIVST interventions. Social harms are defined as intended or unintended cause of physical, economic or psychological hurt or injury.

**Methodology:** A situation analysis was conducted for a period of four months across four rural districts in southern Malawi where mixed qualitative methods were used to collect data. Two village heads (1 male and 1 female) were interviewed, 22 group discussions with community members (of which 123 were males and 132 were females) and five participatory workshops with community stakeholders (70 males and 90 females) were conducted. Data was analyzed manually using a thematic framework as data was being collected.

**Key Findings:** CBOs are key in HIVST implementation. The study reveals that CBOs can be responsible for receiving and resolving cases (Intimate Partner Violence, attempted suicide, verbal abuse) which are potential harms in HIVST. They also provide referral assistance to the victims of any social harm at community level since they already exist as reporting structures known in the communities. CBOs also provide a vital link between implementers or researchers and the communities they work with. This is especially the case in reporting sensitive data since they are embedded in the communities they serve. The CBOs also play an important role in addressing possible negative rumors about the new testing technology. There is pre-existing trust between communities and CBOs which reinforces the CBOs task of linkage provision. Notable challenges faced by these CBOs include inadequate resources, and inadequate capacity of the organizations.

**Conclusion:** There is a positive response from CBOs in supporting HIVST interventions and research at community level. With this response, these institutions can also be engaged beyond HIVST in other prevention, treatment and care interventions, and their involvement through participatory approaches fulfill an important role in achieving the 90:90:90 goals.