



RVLT # CAMPAIGN IN MALAWI

Presentation

By

The Malawi Network of Religious Leaders Living with/Personally Affected by HIV/AIDS

3rd March, 2022

Presentation Outline

- Project overview
 - √ Background
 - ✓ Target audience
 - ✓ platforms
- Outcomes/Achievements
 - ✓ Reach
 - ✓ What worked well
- Changes/Impact stories
- Lessons learnt
- Challenges and Recommendations

RVLT Hash-Tag Campaign In Malawi

- The RVLT campaign was done from June to November 2021
- Lead by MANERELA+ in collaboration with COWLHA and Y+
- Target audience were: WLHIV;
 YPLHIV and Religious Leaders
- Social media platforms prioritized: Watsapp; Peer Educators/Support and facebook
- Spill Over Platforms: Radio;
 Support groups and teen clubs;
 Posters/Flyers and Text messages

- # Be Healthy Know your Viral load!
- Viral load matters to women because they are pillars to their family and society # Know your viral load!
- It is important to know my viral load as it informs me how well the treatment is working # be healthy # get tested!
- As a leader it is my duty to mobilize my congregants for viral load testing # Know your viral load # achieve your dreams

Achievements/Outcomes

- The campaign helped increase peoples (RoC) knowledge on RVLT
- Increased understanding of RVLT guidelines (when; where; how and interpretation of results)
- Introduced the concept and understanding of U=U to the PLHIV community
- Motivated RoC to seek VL testing and demand for their results
- Helped promote Treatment adherence among RoC to achieve viral suppression

People Reached with Campaign	
Watsapp	4308
Facebook	3616
Peer Support	3715
WLHIV	4118
YPLHIV	5045
Faith Leaders	2926
Total	12089

Lessons Learnt

- Social media platforms for communication and raising awareness work well during the Covid Pandemic (Elite/ Urban and rural)
- Facebook and Wats app are ideal platforms for reaching out to the Youth/ YPLHIV
- Peer led support through mentor mothers/ peer educators/ changes agents create a deeper connection in reaching out RVLT campaign messages to the target audiences as most of the target audience were comfortable asking questions and sharing their experiences with their peers.
- Most of the Target audience were not aware of U=U until the campaign and there is a misconception on the definition of U=U hence the need to do more on this
- Working in collaboration with other partners within the PLHIV sector helped to reach more people (using already existing structures: CSO social media platform/ Faith based structures etc)

Challenges and Recommendations

- Covid 19
 - ✓ Affected availability of RVLT services at facilities
 - ✓ Limitations in Physical meetings/ mobilisation activities (Support groups)
- Most of the PLHIV clients are not aware of the guidelines on RVLT as such they feel less empowered to demand and go for RVLT/ access results.
- Duration and resources
- Delayed Launch of U=U messaging by MoH

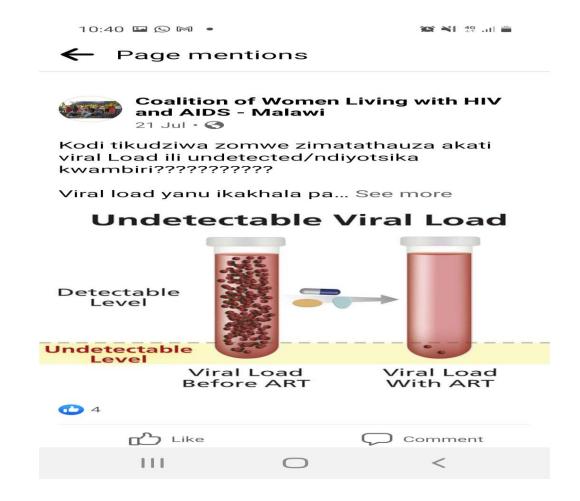
- There is need for continued engagement of Recipients of care as well as HCWs on issues of RVLT
- Continued Capacity building for recipients of care so that they are fully empowered to demand RVLT and access results
- MoH to fast track the launch of U=U and create awareness to RoC
- MOH and other service delivery partners to ensure availability of RVLT services amidst the Covid 19 pandemic (Scale up RVLT testing Labs)
- HCWs ensure timely and thorough communication of RVLT results

Pictorial Focus of the RVLT # Campaign

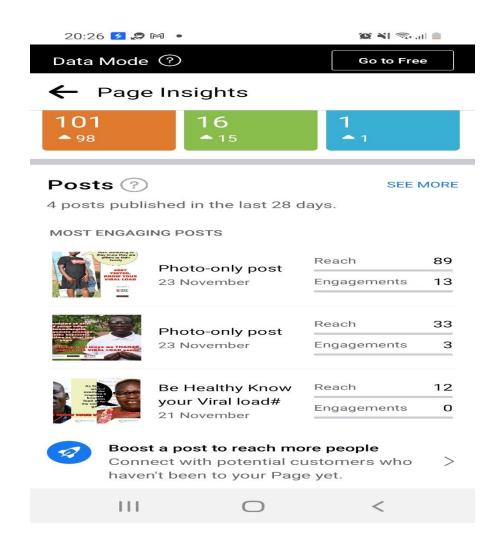


Our adherence might be 100%,, everything might seem to be working all good but we must not forget to go for Viral Load tasting... It's good to know,, good for our own health.





Pictorial Focus of the RVLT # Campaign





Pictorial Focus of RVLT # Campaign



