

Malawi HIV/AIDS Toolkit

Welcome to the HIV and AIDS Toolkit for Malawi ? your one stop source of HIV and AIDS information in Malawi developed by a task force drawn from various organizations implementing HIV and AIDS interventions in Malawi.

The toolkit provides background information for planning, implementing, monitoring and evaluating various HIV and AIDS programs in Malawi. Specifically, the toolkit provides valuable information on HIV Prevention, Treatment Care and Support, Impact Mitigation, HIV, Gender and Human Rights, Resource Mobilization, Monitoring, and Evaluation.

We invite you to contribute by suggesting resources to include in the toolkit and by posting your comments and feedback through the feedback form. The intended audience is policy makers, practitioners, health management teams, and health professionals interested in the concerted effort to prioritize HIV and AIDS and integrate HIV and AIDS with other programs.

The Toolkit has been developed with a collaborative effort by The Ministry of Health ? Health Education Unit, USAID, Malawi Bridge Project, The National AIDS Commission, UNAIDS, Management Sciences for Health, and the National Health Council of Malawi.

You may also want to visit other toolkits developed by the Reproductive Health Toolkit Taskforce. Please visit the Malawi Maternal and Neonatal Health Toolkit, Malawi Young People in Reproductive Health Toolkit and Malawi Family Planning Toolkit.

You may also want to visit other Malawi HIV and AIDS websites i.e. Malawi National AIDS Commission, HIV and AIDS Unit, Malawi Bridge Project.

All photos in the Toolkit are courtesy of Community Based Family Planning and HIV Project (CFPHS), unless otherwise noted.

Who developed this toolkit?

The Malawi HIV/AIDS Toolkit was developed collaboratively by The Ministry of Health ? Health Education Unit, USAID, Malawi Bridge Project, The National AIDS Commission, UNAIDS, Management Sciences for Health, and the National Health Council of Malawi.

What are K4Health Toolkits?

K4Health Toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. Toolkits are based on a continuous publishing principle that allows them to evolve after publication to capture

additional resources and to identify and fill remaining information gaps.

What types of resources are included?

This Malawi HIV/AIDS Toolkit provides background information for planning, implementing, monitoring and evaluating various HIV/AIDS programs in Malawi. It covers the following topics:

- HIV Prevention
- Treatment Care and Support
- Impact Mitigation
- HIV
- Gender and Human Rights
- Resource Mobilization
- Monitoring and Evaluation

Who are the intended audiences?

The toolkit is intended for use by policy makers, practitioners, health management teams, and health professionals interested in the concerted effort to prioritize HIV and AIDS and integrate HIV and AIDS with other programs.

How can I suggest a resource to include in this toolkit?

We invite you to contribute to improving this toolkit. If you have developed or use quality resources that you think should be included in the toolkit, please use the [feedback form](#) to suggest them. The toolkit collaborators will review and consider your suggestions.

How can I make a comment or give feedback?

If you have comments about the toolkit, please use the [feedback form](#). Your feedback will help to ensure the toolkit remains up-to-date and is continually improved. For example, you can share ideas about how you have used the toolkit in your work so that others can learn from and adapt your experiences.

Prevention

Welcome to the HIV prevention section for Malawi. While you look through the various toolkits and health communication materials that are currently being used in Malawi for HIV prevention strategies on this page, remember that while each program is unique, all share the one goal of

reducing new HIV infections.



The HIV prevention programs in Malawi recognize the distinction between biomedical and non biomedical interventions. They also take into account the combination prevention approach. The biomedical HIV prevention programs include **HIV testing and counseling (HTC), Prevention of Mother to Child Transmission (PMTCT), Anti ?Retro Viral Treatment (ART) and Pre- ART programs, Treatment and Management of Sexually Transmitted Infections (STI), Medical Male Circumcision (MMC), Blood Safety Program and the Post Exposure Prophylaxis (PEP)**. The non biomedical HIV prevention program largely encompasses the social and behavioural change programs. Most of the HIV biomedical prevention programs interface with the behavioral interventions through the design of effective tools and information media to promote uptake, adherence, and the general understanding of the important information for a particular program or intervention.

Specifically in this section, you will have the opportunity to look at different tools and health communication materials that are used in various HIV prevention programs i.e. HIV Testing and counseling, Behavior Change Interventions, Advocacy, IEC and Community Mobilization Condom Programming, Prevention of Mother to Child Transmission (PMTCT), Prevention for Young People and the overall HIV Prevention strategy and HIV Prevention operational plan for Malawi. The documents available on this page are intended to provide a comprehensive understanding of the HIV prevention programs for Malawi and current areas of focus. Ideally, this will eventually assist other program designers to focus in areas where there is less emphasis. Take your time in looking at these documents. Together, they offer a comprehensive understanding of the different HIV preventions programs and interventions. If you have any suggested resources or want to post a comment or question, please contact the HIV and AIDS toolkit task force through the toolkit discussion board. You can also visit other Malawi HIV and AIDS websites i.e. National AIDS Commission, HIV and AIDS Unit, Malawi Bridge Project.

Resources:

- **BCI Strategy**

tbd

- **My Goal is Life : Play Safe, Prevent HIV**

Photograph of English football players cheering with a group of youth, courtesy of the English Football Association. Photo text reads, "My Goals is Life!" and "Play Safe, Prevent HIV"

- **Cholinga changa ndikukhala ndi moyo!**

Photographs of 3 Malawian youth playing football with Chichewa text, "Cholinga changa ndikukhala ndi moyo!" and "Nditha kupewa HIV pochita chisankho choyenera lero". Photo captions read, "Ndimalimbikira suku", "Ndimateteza tsogolo langa", and "Ndimadziletsa". (file too big to upload ... 4mb limit)

- **Support Your Friends to Prevent HIV**

Photograph of a Malawian youth speaking with an English footballer. Caption reads, "Support your friends to prevent HIV."

- **Kodi mwabwera kudzayamba sikelo ya amayi apakati? (PMTCT ANC Flipchart)**

Flipchart on PMTCT and the benefits of antenatal care. Text is in Chichewa and English.

- **Kodi muli ndi pakati? (PMTCT poster)**

Poster of a Malawian woman at a VCT Centre. Chichewa text reads "Kodi muli ndi pakati?" and "Pitani ku sikelo ya amayi apakati kuti mukaphunzire mmene mungapewere kupatsira mwana wanu HIV."

- **My goal poster**

This poster displays three images of young Malawian football players.

- **AIDS Candlelight Memorial (posters)**

tbd

HTC TO PREVENTION

Resources:

- **Main Committee Meeting 2005 Minutes-- Launch and Commemoration of Safe Motherhood**

Minutes of the Main Committee Meeting on The Launch and Commemoration of Safe Motherhood, held at RHU Conference room, September 16 2005.

- **Preparation for Phased HIV Media Planning Meeting with Media Stakeholders**

tbd

- **Policymaker Workshop to support National SRH/HIV/AIDS Behavior Change Strategy (PowerPoint)**

tbd

- **HIV and Health TWG Meeting- Update on HIV Communications Development (PowerPoint)**

tbd

- **Media Briefing Document for Make Every Woman and Child Count**

tbd

- **Logo: Kayezetseni HIV**

The logo reads: Kayezetseni HIV lero kuti mukanze tsogolo lanu!

- **List of Media Organizations for Second Training Session**

tbd

- **Mother's Day T-Shirt 1**

tbd

- **Mother's Day T-shirt 2**

Picture displays a husband and wife riding a bicycle. The message reads: "Men who care, always prepare. Plan for your wife's safe pregnancy and delivery"

- **Mother's Day T-shirt 3**

Image displays a husband and wife riding a bicycle with the message written below: "Men who care, always prepare. Plan for your wife's safe pregnancy and delivery."

- **Prevention of Mother to Child Transmission (PMTCT)**

(PowerPoint)

tbd

Behavior Change Interventions

Resources:

- **National HIV Prevention Strategy 2009-2013**

tbd

Advocacy, IEC and Community Mobilisation

Resources:

- **Community Dialogue Guide final**

The National HIV/AIDS Commission in collaboration with partners has developed this Community Dialogue Guide as a tool to assist stakeholders to plan and conduct dialogue sessions in HIV and AIDS efficiently and effectively. All CBOs, assemblies and NGOs are requested to use the guide so that we all improve the way we reach out to communities.

- **HIV/AIDS Documentation and Communication Skills**

In line with the above regional strategic directions, a five-day training course was conducted for representatives from 14 SADC Member States in South Africa in December 2008. Representatives from various National AIDS Councils and Ministries of Health were selected to attend the training. The training was designed and facilitated by the Southern Africa HIV and AIDS Information Dissemination Service. This report documents the best practices learned at the training.

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Social Mobilization Implementation Plan For Working With Six Key Social Groups

tbd

- **National Behavior Change Interventions Strategies for HIV/AIDS and Sexual Reproductive Health**

The National BCI Strategy is a planning tool to guide ministries, district planners, NGOs, CBOs, DACCs, learning institutions, faith institutions, and employers on effective HIV/AIDS and SRH behavior change problems. The strategy is also intended to guide donors on areas of support and interventions that require national resources.

- **IEC Implementation Plan in Malawi 2003**

The Consolidated Information, Education, and Communication Implementation Plan pulls out key IEC-related strategic objectives, activities, and set of indicators from the main BCI strategy document which NAC and the Ministry of Health and Population in collaboration with partners produced to address unsafe sex practices and inconsistent health seeking behaviors among Malawians.

Leaflets and Posters

Resources:

- **VCT Booklet (Chichewa)**

tbd

- **VCT for Young Couples (poster; Chichewa)**

tbd

- **ARV Chichewa**

Leaflet for ARVs written in Chichewa (native Malawian language)

- **Dziwani za Kondomu ya amayi**

Leaflet for female condoms written in Chichewa (native Malawian language)

- **National AIDS Commission Flyer**

Informational leaflet about the Malawi National AIDS Commission: Objectives, Activities, Implementation Approach, Management and Institutional Framework, Umbrella Mechanism, and Sources of Funding

- **Female Condom Brochure**

Leaflet on female condoms

- **DZIWANI ZA ABAMBO FINAL**

Leaflet on male condoms in Chichewa (native Malawian language)

- **Male Condom Brochure**

Leaflet on male condoms in English

- **HIV Testing & Counseling Brochure**

Leaflet on HIV testing and counseling

- **Go for VCT (poster- Chichewa)**

tbd

- **Man with child BO**

Poster in Chichewa (native Malawian language)

- **Go for VCT (poster: Tumbuka)**

tbd

- **Man with family**

Poster in Chichewa (native Malawian language)

- **Nditha**

Poster in Chichewa (native Malawian language)

- **HTC Theme (poster)**

tbd

- **Man with Kids**

Poster in Chichewa (native Malawian language)

-

Infection Prevention (poster: Chichewa)

tbd

- **Romance on Bike**

Poster in Chichewa (native Malawian language)

- **Candlelight (poster)**

Poster features woman holding a candle and reads: "Love is power for positive living."

- **Youth with Parents**

Poster in Chichewa (native Malawian language)

- **VCT for Older Couples (poster; Chichewa)**

tbd

- **VCT for Older Couples (poster; Tumbuka)**

tbd

Condom Programming

Resources:

-

National condom strategy final 03 October 2008

This strategy is a product of a review of various national and international documents, interviews with stakeholders involved in condom procurement, distribution and promotion, with district health providers, as well as with the public. The strategy identifies mechanisms for financing the procurement of condoms; effective delivery of quality condoms through all partners; strengthening coordination and participation in monitoring and utilization; effectively exhausting all channels of distribution; increasing condom demand and proper utilization through a multi-sectoral response.

- ## **National Condom Strategy**

The strategy identifies mechanisms for financing the procurement of condoms; effective delivery of quality condoms through all partners; strengthening coordination and participation in monitoring and utilization; effectively exhausting all channels of distribution; increasing condom demand; and proper utilization through a multi-sectoral response.

HIV Testing and Counselling

Resources:

- ### **InfoBrief HTC Week 2**

A newsletter on Malawi's second national HIV testing and counseling week (16-21 July 2007)

- ### **Malawi HIV Testing and Counseling Week 16-21 July 2007**

Report of the second national HIV testing and counseling week that took place from 16-21 July 2007. The theme for the week was "Plan your future, go for HIV testing today". The overall goal of the week was to offer a greater access to HIV testing and counseling services to members of the public who do not ordinarily have access to HIV testing.

-

HTC Scale-Up Plan 2006-2010 - Final 8.06

This 5 year HIV Testing and Counselling Scale Up Plan [2006-2010] is a planning tool setting out the framework and strategies within which HIV testing and counselling services will be scaled up. This plan has formulated eight strategies that if realised, could lead to nearly three million Malawians being tested for HIV from 2006 to 2010. The eight strategies are:

1. Enhancing equitable access to HIV Testing and Counselling by all Malawians
2. Scale Up Provision of HIV Testing and Counselling services
3. Strengthen Quality of HIV Testing and Counselling Services
4. Development of Human Resource Capacity for delivery of HIV Testing Services
5. Creation of Demand for HIV Testing Services
6. Development and Dissemination of HIV Testing and Counselling Resource Materials
7. Operational Research
8. Exchange of Experiences

- ### **Malawi HIV Testing and Counseling Week 17-22 July 2006**

Report of the first national HIV testing and counseling week that took place from 17-22 July 2006. The theme for the week was "Plan your future, go for HIV testing today". The overall goal of the week was to offer a greater access to HIV testing and counseling services to members of the public who do not ordinarily have access to HIV testing.

PMTCT

Resources:

- ### **Final PMTCT Second Edition Guidelines 6 May 2008**

Second edition of the guidelines for preventing mother-to-child transmission of HIV. Chapters include:

- Introduction to PMTCT
- HIV Testing and Counseling
- Interventions for Prevention of Mother-to-Child Transmission
- ARV Drugs Used in the PMTCT
- Follow-up of HIV Exposed Infants

- **PMTCT Five-Year Scale Up Plan, 29 May 2009**

This Five-Year PMTCT Scale-Up Plan 2008-2013, while promoting provision of integrated MCH and HIV services, it also reflects renewed commitment by the MOH and its partners to scale-up PMTCT services nationwide. This will be achieved through sustained decentralization of service delivery to the districts, strong coordination of the program at all levels, aiming for both impact and equity; and ensuring that exposed/positive infants/children, pregnant women, mothers, adolescents, and HIV positive family members access care and treatment as early as possible. This plan will further increase the participation of men in HIV prevention, care, and treatment services, particularly to reduce HIV infection in children and improve maternal health and child survival through the family-centered care, which is being promoted in Malawi. The goals, objectives, strategies, and activities in this plan assure implementation of a comprehensive quality PMTCT program for pregnant women, mothers, spouses, exposed infants, children, and families who need HIV services.

PMTCT Participant Manual May 2007

Resources:

- **j_ Module 7**

Module 7 of PMTCT Manual: Comprehensive Support and Care for Mothers and Families with HIV Infection

- **k_ Module 8**

Module 8 of PMTCT Manual: Referral for Treatment, Care, and Supportive Services

- **l_ Module 9**

Module 9 of PMTCT Manual: Safety and Supportive Care in the Work Setting

- **m_Module 10**

Module 10 of PMTCT Manual: Management of PMTCT Services

- **n_Glossary**

Glossary of PMTCT Manual

- **o_Frequently Asked Questions**

Frequently asked questions section of PMTCT Manual

- **c_Course Overview**

Intro to the PMTCT Participant Manual

- **d_Module 1**

Module 1 to the PMTCT Participant Manual: Introduction to HIV and AIDS

- **b_Intro**

Intro to PMTCT Participant Manual

- **e_Module 2**

Module 2 of PMTCT Manual: Overview of HIV Prevention in Mothers, Infants, and Young Children

- **f_Module 3**

Module 3 of PMTCT Manual: Specific Interventions to Prevent Mother-to-Child Transmission of HIV

- **g_Module 4**

Module 4 of PMTCT Manual: Infant Feeding in the Context of HIV Infection

- **h_Module 5**

Module 5 of PMTCT Manual: Stigma and Discrimination Associated with HIV

- **i_Module 6**

Module 6 of PMTCT Manual: Testing and Counseling

PMTCT Presentation Booklet May 2007

Resources:

- **i_Module 6**

Module 6 of National PMTCT Training Package: Testing and Counseling

- **j_Module 7**

Module 7 of National PMTCT Training Package: Comprehensive Support and Care for Mothers and Families with HIV Infection

- **k_Module 8**

Module 8 of National PMTCT Training Package: Referral for Treatment, Care, and Supportive Services

- **l_Module 9**

Module 9 of National PMTCT Training Package: Safety and Supportive Care in the Work Setting

- **m_Module 10**

Module 10 of National PMTCT Training Package: Management of PMTCT Services

- **n_Glossary**

Glossary of the PMTCT Trainer Manual

- **a_Cover**

Cover page to National PMTCT Training Package

- **b_Dividers**

Dividers to National PMTCT Training Package

- **c_Course Overview**

Course Overview slides to National PMTCT Training Package

- **d_Module 1**

Module 1 to National PMTCT Training Package: Introduction to HIV and AIDS

- **e_Module 2**

Module 2 to National PMTCT Training Package: Overview of HIV Prevention in Mothers, Infants, and Young Children

- **f_Module 3**

Module 3 to National PMTCT Training Package: Specific Interventions to Prevent Mother-to-Child Transmission of HIV

- **g_Module 4**

Module 4 to National PMTCT Training Package: Infant Feeding in the Context of HIV Infection

- **h_Module 5**

Module 5 of National PMTCT Training Package: Stigma and Discrimination Associated with HIV

PMTCT Trainer Manual - May 2007

Resources:

- **h_Module 5**

Module 5 of the PMTCT Trainer Manual: Stigma and Discrimination Associated with HIV

- **i_Module 6**

Module 6 of the PMTCT Trainer Manual: Testing and Counseling

- **j_Module 7**

Module 7 of the PMTCT Trainer Manual: Comprehensive Support and Care for Mothers and Families with HIV Infection

- **k_Module 8**

Module 8 of the PMTCT Trainer Manual: Referral for Treatment, Care, and Supportive Services

- **l_Module 9**

Module 9 of the PMTCT Trainer Manual: Safety and Supportive Care in the Work Setting

- **m_Module 10**

Module 10 of the PMTCT Trainer Manual: Management of PMTCT Services

- **o_Frequently Asked Questions**

Frequently asked questions in the PMTCT Training Manual

- **aa_Cover**

Cover of the PMTCT Trainer Manual

- **a_Intro**

Intro of the PMTCT Trainer Manual

- **b_Concepts and Principles**

Course overview of the PMTCT Trainer Manual

- **c_Course Overview**

Course overview of the PMTCT Trainer Manual

- **d_Module 1**

Module 1 of the PMTCT Trainer Manual: Introduction to HIV and AIDS

- **e_Module 2**

Module 2 of the PMTCT Trainer Manual: Overview of HIV Prevention in Mothers, Infants, and Young Children

- **f_Module 3**

Module 3 of the PMTCT Trainer Manual: Specific Interventions to Prevent Mother-to-Child Transmission of HIV

- **g_Module 4**

Planting Our Tree of Hope

Resources:

- **Toolkit on Positive Prevention, English**

A toolkit on positive prevention for people living with HIV, designed to be used with the facilitator guide with a story that follows a theme per session, questions related to the story (in facilitator guide), and activities for each thematic session.

- **Cover pages Positive Prevention, Chichewa**

cover pages

- **Positive Prevention User's Guide, English**

The Planting Out Tree of Hope Toolkit provides relevant information to support groups and promotes discussion around positive prevention, discordance, PMTCT issues, treatment, stigma, and discrimination so that individuals and their families can take appropriate action to live positively and prevent HIV transmission. Specifically, this package will help PLHIV to:

1. Identify do-able actions that will help them, their partners, and families to live healthy and productive lives
2. Develop interpersonal communication skills to address issues as a couple living with HIV including discordance, and protecting oneself and one's partner
3. Learn to share decision-making about family planning issues
4. Recognize the importance of PMTCT through uptake of ANC service and safe feeding practices which can reduce the risk of MTCT
5. Identify strategies and build skills to overcome obstacles to treatment adherence and dealing with stigma and discrimination
6. Believe that they can make individual, familial, and/or community changes

- **Positive Prevention User's Guide, Chichewa**

The Planting Out Tree of Hope Toolkit provides relevant information to support groups and promotes discussion around positive prevention, discordance, PMTCT issues, treatment, stigma, and discrimination so that individuals and their families can take appropriate action to live positively and prevent HIV transmission. Specifically, this package will help PLHIV to:

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4. Recognize the importance of PMTCT through uptake of ANC service and safe feeding practices which can reduce the risk of MTCT
5. Identify strategies and build skills to overcome obstacles to treatment adherence and dealing with stigma and discrimination
6. Believe that they can make individual, familial, and/or community changes

- **Summary-Planting Our Tree of Hope**

One page summary about what the Planting Our Treat of Hope Toolkit is, the vision, and the objectives

Planting Our Tree of Hope Posters

Resources:

- **Feeding Option**

Pictorial series of feeding options

- **Contraceptives Chart, Chichewa**

Pictorial chart of contraceptive options

- **PMTCT-Delivering Poster**

Pictorial representation of pregnancy, birth, and breastfeeding

- **Tipite kukayezetsa**

2-page poster in Chichewa language

- **Unborn Child in Womb**

Diagram of female anatomy and baby in womb, eight months, English

Planting Our Tree of Hope Food Cards

Resources:

- **Pigeon peas**

Picture of Pigeon peas

- **Carrots**

Picture of Carrots

- **Pineapple**

Picture of Pineapple

- **Cassava**

Picture of Cassava

- **Pumpkin**

Picture of Pumpkin

- **Catepillars**

Picture of Catepillars

- **Rice**

Picture of Rice

- **Chicken**

Picture of Chicken

- **Sweet potatoes**

Picture of Sweet potatoes

- **Cooking oil**

Picture of Cooking oil

- **Tomatoes**

Picture of Tomatoes

-

Eggs in a tray

Picture of Eggs in a tray

-

Fish

Picture of Fish

-

Flying ants

Picture of Flying ants

-

An apple

Picture of An apple

-

Fresh milk

Picture of Fresh milk

-

An orange

Picture of An orange

-

Groundnuts

Picture of Groundnuts

-

Irish Potatoes

Picture of Irish Potatoes

- **Avocado pear**

Picture of Avocado pear

- **Mangoes**

Picture of Mangoes

- **Bananas**

Picture of Bananas

- **Mustard-leafy vegetables**

Picture of Mustard-leafy vegetables

- **Bean leaves**

Picture of Bean leaves

- **Nsima**

Picture of Nsima

- **Beans**

Picture of Beans

-

Pawpaw

Picture of Pawpaw

-

Bread

Picture of Bread

-

Peanut butter

Picture of Peanut butter

-

Cabbage

Picture of Cabbage

Planting Our Tree of Hope Profile Photos

Resources:

-

Steven & his wife Agness

Picture of Steven & his wife Agness

-

Charles & his wife Eliza

Picture of Charles & his wife Eliza

-

Steven & wife proudly holding their child

Picture of Steven & wife proudly holding their child

- ## **Charles and Eliza chatting**

Picture of Charles and Eliza chatting

- ## **Steven helping in household chores**

Picture of Steven helping in household chores

- ## **Charles and Eliza showing how they protect each other**

Picture of Charles and Eliza showing how they protect each other

- ## **Steven showing how much he loves his wife Agness**

Picture of Steven showing how much he loves his wife Agness

- ## **Charles and Eliza with their support group members**

Picture of Charles and Eliza with their support group members

- ## **Reverend Gilbert counselling a youth**

Picture of Reverend Gilbert counselling a youth

- ## **Reverend Gilbert Momora**

Picture of Reverend Gilbert Momora

- **Reverend Gilbert preaching**

Picture of Reverend Gilbert preaching

- **Reverend Gilbert showing a condom for protection**

Picture of Reverend Gilbert showing a condom for protection

- **Agness taking ARV tablets**

Picture of Agness taking ARV tablets

- **Reverend Gilbert with his family**

Picture of Reverend Gilbert with his family

- **Austin & Family**

Picture of Austin & Family

- **Reverend Gilbert with his support group members**

Picture of Reverend Gilbert with his support group members

- **Ruth & her husband Sandy**

Picture of Ruth & her husband Sandy

-

Austin in his vegetable garden

Picture of Austin in his vegetable garden

- **Ruth chatting with her husband Sandy**

Picture of Ruth chatting with her husband Sandy

- **Austin plucking a fruit from his tree he planted**

Picture of Austin plucking a fruit from his tree he planted

- **Ruth cooking**

Picture of Ruth cooking

- **Austin reading newspaper about himself**

Picture of Austin reading newspaper about himself

- **Ruth getting advice from her doctor**

Picture of Ruth getting advice from her doctor

- **Austin with garlic in his hands**

Picture of Austin with garlic in his hands

- **Sandy giving Ruth ARV tablets**

Picture of Sandy giving Ruth ARV tablets

- **Austin with his daughter**

Picture of Austin with his daughter

- **Steven & his family**

Picture of Steven & his family

- **Charles 7 eliza with their adopted child**

Picture of Charles 7 eliza with their adopted child

Prevention for Young People

Resources:

- **Malawi Coverage Report report on Youth Programmes**

A Coverage Exercise (CE) is a data collection tool used by program managers for monitoring and evaluating youth services in order to identify vulnerable subgroups in need. The CE is a basic monitoring and evaluation tool that can help implementers and donors to focus their activities and funding so that it reaches those with greatest need. The exercise was conducted as part of collective efforts to generate reliable evidence for advocacy and appropriate program interventions on youth programs in Malawi.

The Malawi CE investigated the subgroups and characteristics of beneficiaries reached by respective programs currently under implementation by the government agencies, NGO (youth-serving), and youth organizations. The overall aim was to profile recipients of youth services in Malawi, so as to determine whether youth services offered were reaching the intended beneficiaries. The fundamental goal was that of providing an evidence base for advocacy and appropriate program interventions for young people in Malawi with a view of

ascertaining the nature of programs and the extent of reach and coverage.

- **National Plan of Action for Scaling up SRH and HIV Prevention Initiatives for Young People**

This plan is the culmination of collaborative effort by youth development stakeholders, and provides a framework for improving the sexual reproductive health of young people, and protecting them from HIV. The plan provides a framework and overarching coordination mechanism, in line with the accountability of the youth sector under the National Three Ones structure as it relates to young people and HIV and SRH. The plan seeks to facilitate the participation of young people in the acceleration of a multi-sectoral response that addresses diverse needs of young people, female and male, urban and rural; advantaged and disadvantaged. The coordination mechanisms proposed in the plan are designed to assist all national institutions, civil society organizations, youth groups and donors to scale up and intensify SRH and HIV prevention-related programs being implemented in Malawi. The plan consists of five sections: background, policy and programming, goals and guiding principles, institutional framework and monitoring and evaluation. A detailed list of likely activities and budgets is proposed.

- **Abstinence Strategy**

The National Abstinence Strategy is a planning tool to guide implementers, ministries, non governmental organizations, faith based institutions, learning institutions, parents, teachers, traditional counsellors , extension workers and all those that work with young people on effective HIV prevention using abstinence. It sets out key strategic interventions which all the players have agreed upon to follow in the delivery of abstinence interventions in the prevention of HIV among young people. It is intended for all organizations including FBOs that are taking part in the national response to HIV and AIDS through promotion of both primary and secondary abstinence.

The strategy was developed through a consultative process which involved review of several national documents including policies. Various stakeholders working with young people including young people themselves were involved throughout the process of developing this strategy. Evidence from various research studies and best practices from projects/and programmes such as ?Why Wait? and ?Nditha campaign? informed the strategy.

Prevention Strategy

Resources:

- **HIV Prevention Strategy Operational Plan**

The Government of Malawi, in collaboration with partners, developed the National HIV Prevention Strategy that will guide HIV prevention interventions for the period September 2009 to December 2013. The national strategy addresses key gaps in prevention programming in Malawi's national HIV response. It calls for a strategic focus on the main drivers of the HIV epidemic to reduce sexual transmission of the virus. This includes a concerted effort to reduce concurrent and multiple sexual partnerships and identifying discordant couples and reducing HIV transmission between them.

- **National HIV Prevention Strategy**

The National HIV Prevention Strategy (2009-2013) is a guiding tool for planning, implementation, monitoring and evaluating, and resource mobilization for HIV prevention interventions. The strategy will provide practical guidance for improving current HIV prevention programming for maximum impact. The goal of the strategy is to reduce new HIV infections in order to further mitigate the burden and impact of HIV and AIDS in Malawi.

Testing & Counseling

Resources:

- **HTC theme poster**

This poster advertises a national HIV testing & counselling event held in Malawi.

- **VCT for couples leaflet (Chichewa)**

This leaflet provides information on voluntary counseling and testing (VCT) for couples and is in the Chichewa language.

- **VCT for couples leaflet (Tumbuka)**

This leaflet provides information on voluntary counseling and testing (VCT) for couples and is in the Tumbuka language.

- **VCT provider poster (Tumbuka)**

This poster shows a female health worker outside of a VCT center and provides information on providing care at a VCT center. The poster is in the Tumbuka language.

- **VCT booklet (Chichewa)**

This booklet focuses on voluntary counseling and testing (VCT) and is in the Chichewa language.

- **VCT flipchart (Chichewa)**

This flipchart provides information on voluntary counseling and testing (VCT) and is in the Chichewa language.

- **VCT for couples poster (Chichewa)**

This poster shows a smiling family preparing corn. The poster is in the Chichewa language.

- **VCT for couples poster- young (Chichewa)**

This poster shows a couple on a bicycle in front of a VCT centre. The poster is in the Chichewa language.

- **VCT for couples poster - young (Tumbuka)**

This poster shows a couple on a bicycle in front of a VCT centre. The poster is in the Tumbuka language.

-

Go for VCT poster (Chichewa)

This poster shows a group of men and women standing in front of a VCT centre. The poster is in the language, Chichewa.

- ## **VCT provider poster (Chichewa)**

This poster displays a health worker in front of a VCT centre and is in the Chichewa language.

- ## **Go for VCT poster (Tumbuka)**

This poster shows a group of men and women standing in front of a VCT centre. The poster is in the language of Tumbuka.

- ## **PMTCT poster**

This poster displays a pregnant woman in front of a VCT Centre.

- ## **VCT for couples poster - older (Tumbuka)**

This poster shows a group of men and women standing in front of a VCT centre. The poster is in the Tumbuka language.

- ## **VCT poster on prevention (Tumbuka)**

This poster displays a man and a woman smiling at each other and is in the Tumbuka language.

- ## **VCT poster on prevention**

This poster displays a man and a woman smiling at each other.

- **Infection prevention poster (Chichewa)**

This poster displays a Malawian man outside of a VCT centre. It also includes several pictures of the man suffering from different things.

Monitoring and Evaluation

Malawi HIV and AIDS Monitoring and Evaluation are key components of the "3 Ones" principle that guides the national HIV response. The "3 Ones" principle encourages One Coordinating Body, One National Strategy, and One Monitoring and Evaluation Framework.



This section includes various documents such as the Malawi National Monitoring and Evaluation plans, and reports of projections and progress of various HIV and AIDS responses. Specific resources available here: Status of the national response, Malawi HIV and AIDS M&E Reports, Malawi HIV and AIDS M&E plans, Media Monitoring reports, Sentinel Surveillance reports, HIV Prevalence estimates and Projections, United Nations General Assembly Special Session reports.

If you have any suggested resources or want to post a comment or question please contact the HIV and AIDS toolkit task force through the toolkit feedback form. You can also visit other Malawi HIV and AIDS websites i.e. National AIDS Commission, HIV and AIDS Unit, Malawi Bridge Project.

Resources:

- **Monitoring and Evaluation Report Report 2008-2009**

tbd

- **Extended National Action Framework (NAF) 2010-2012**

tbd

- **Budget Summary for Revised NAC Work Plan 2009/2010**

tbd

- **Budget Summary for 2009/2010 Integrated Work Plan (Partner Implemented)**

tbd

Annual Reports

Resources:

- **Monitoring and Evaluation Report 2007-2008**

The 2007 HIV Sentinel Surveillance Survey estimates HIV prevalence rate in the 15-49 age-group to be

12%. Estimates from the 2005 Sentinel Surveillance Survey had put prevalence rate at 14%. The total number of people estimated to be living with HIV in 2007 was 898,888 out of which 381,462

were estimated to be males and 517,427 were females. The total estimated number of children (aged 0-14)

living with HIV was 89,056 of which 44,977 were male children and 44,079 were female children.

As a consequence of the HIV epidemic, the number of orphans continues to be on the increase. It is

estimated that the total number of orphans in 2007 was 1,164,939 of which 436,503 were due

to AIDS

related deaths, representing 37% of the entire estimated number of orphans in the country. Guided by the National Action Framework (2005-2009) and its annual operational tool, the Integrated

Annual Work Plan (IAWP), a number of priority areas have registered commendable progress even though

there were some challenges which hindered achievement on others. The achievement registered on most

indicators calls for a revision of the Universal Access Targets for 2010.

This report therefore synthesizes progress made in the national response to HIV and AIDS in the July

2007 to June 2008 Fiscal Year. Where impact is presented, the report heavily relies on population-based

surveys as data sources, whilst for output data, the report is largely based on the NAC Activity Reporting

System (ARS).

- **Status of the National Response to HIV and AIDS in Malawi - Info Brief**

This is a two-page brief on the overall HIV demographic, program coverage, impact mitigation, antiretroviral therapy, condom distribution, HIV testing, positive behavior change, and HIV prevalence trends.

- **Malawi HIV and AIDS Monitoring and Evaluation Report 2007-2008**

This report synthesizes progress made in the national response to HIV and AIDS in the July 2007 and June 2008 Fiscal Year. Where impact is presented, the report heavily relies on population-based surveys as data sources, whilst for output data, the report is largely based on the NAC Activity Reporting System.

- **Status Of The National Response To HIV/AIDS In Malawi**

Status Of The National Response To HIV/AIDS In Malawi

-

Financial Year 2006 Monitoring and Evaluation Report

HIV and AIDS profile

HIV prevalence

Estimates from the 2005 Sentinel Surveillance Survey indicated that 14% of Malawians aged 15 to 49

years were living with HIV and AIDS in 2005. The 2004 Malawi Demographic and Health Survey

(MDHS) revealed that HIV prevalence was 12% among persons aged 15 to 49 years in 2004. The

confidence interval of the MDHS prevalence point estimate overlaps with the range of the sentinel

surveillance point estimate. This illustrates that results from the two surveys are in agreement.

MDHS results are very useful in understanding HIV prevalence and associated factors. On the other

hand, sentinel surveillance results are handy in monitoring HIV prevalence trends.

Based on the Demographic and Health Survey (MDHS), HIV prevalence was higher among women

(13%) compared to men (10%). At regional level, the Southern Region recorded the highest prevalence (18%) compared to Northern Region (8%) and Central Region (7%). HIV prevalence

was higher in urban areas (17%) compared to rural areas (11%).

HIV estimates and implications

About a million people were living with HIV and AIDS in Malawi in 2005. A total of 187,336 people were estimated to be in need of ART in 2005. By the end of 2010, about 233,675 persons

would be in need of ART. In 2005, about 87,000 people died of HIV and AIDS related illnesses.

These deaths resulted into another problem- orphan-hood. In 2005, Malawi was estimated to have

501,963 maternal/paternal and dual orphans as a direct result of AIDS deaths. Overall, the country

is estimated to have slightly over a million orphans.

As a result of AIDS key public sector institutions including health, education and home affairs are

facing a huge human resource crisis. For example, there has been a high teacher attrition rate in the

education sector between 1999 and 2005. Over 6,000 teachers are estimated to have died of HIV

and AIDS related conditions in the specified period.

2. Impact of the HIV and AIDS National Response

The national response is having a positive impact on sexual behaviour. Implementation of the National Strategic Framework 2000-2004 and partly the NAF 2005-2009 has yielded

encouraging

results, notwithstanding various problems continuously counteracting gains in the fight against HIV

and AIDS. High levels of poverty, low literacy rate, gender imbalances and a wide range of socialcultural

issues undermine the national response.

5

Trends in behaviour change

Impact of the national response has been demonstrated by positive changes in sexual behaviour

between the year 2000 and 2004. Some of the indicators showing positive behaviour change in the

four-year period are; a decrease in proportion of men having sex with multiple partners from 33% to

12%, a tremendous decrease in the proportion of men paying for sex from 21% to 5%, and an increase in the proportion of male youth using condoms at last high risk sex from 47% to 59%. It

was also interesting to note that age at sex debut has increased among youth aged 15-24 years. In the

same vein the proportion of youth aged 15-19 abstaining from sex increased over the four-year

period from 39% to 48% among boys and from 43% to 48% among girls. After stratifying behaviour data by location it was observed that rural areas are still lagging behind in terms of harmful sexual practices. Information on programme coverage clearly shows disparities in coverage

of intervention programmes with higher coverage rates in urban areas compared to rural areas.

Trends in STI prevalence

Positive changes in sexual behaviour have resulted into a decline of syphilis prevalence from 7% in

1996 to 2% in 2005, similarly prevalence of self-reported STI related conditions has gone down

from 2000 to 2005 among male youth.

Trends in HIV prevalence

HIV prevalence is declining in urban areas of the country. Prevalence among antenatal clinic attendees aged 20 to 24 years decreased from about 30% in 1999 to 16% in semi urban sites¹, and

from 25% to 19% in urban sites². Prevalence is however stable in rural Central Region and rural

Southern Region, and increasing in rural Northern Region.

Stigma and discrimination

There is no concrete evidence of reduction in stigma and discrimination. Stigma and discrimination

are still widespread in various settings of the Malawi society. Only about 30% persons aged 15-49

years expressed accepting attitudes towards people living with AIDS (PLWA) in 2004. Such

high

levels of stigma negatively affect access to HIV and AIDS services, especially counseling and testing,

PMTCT and ART among others.

3. Prevention and Social Mobilization

Communications and social mobilization

Knowledge on HIV and AIDS is lower in rural areas compared to urban areas, higher in Southern

Region compared to the other two Regions and lower among women compared to men.

Communications materials were distributed equitably in all the regions, however mass media was

more accessible in urban areas compared to rural areas. The 2005-2006 HIV and AIDS Integrated

Annual Work Plan (IAWP) milestones for mass media and communications were achieved.

1 District hospitals

2 Health facilities in the 3 cities of Malawi

6

However the milestone for life skills based HIV and AIDS education exposure to youth (1.5 million)

was not accomplished. About 914,622 youth were reached with HIV and AIDS education programmes.

HIV counseling and testing (HCT) and PMTCT (prevention of mother to child transmission)

The 2005-2006 IAWP milestone of reaching 350,000 persons with counseling and testing programmes was reached. It is encouraging to note that there is no sex difference in proportions of

persons were counseled and tested in the 2005-2006 financial year. It is worrisome however, to note

that persons living in urban areas were 2 times more likely to access HCT than rural counterparts.

HCT and PMTCT were equitably provided across all the three regions of the country.

The 2005-2006 IAWP milestone of reaching 35% HIV positive pregnant women with PMTCT prophylaxis was far from being met, only 5% of HIV positive pregnant women accessed Nevirapine.

Worse still, PMTCT is offered largely in district and central hospitals. This implies that rural masses

are at a bigger disadvantage in accessing PMTCT services compared to women residing in urban

areas. Looking at regional distribution access to PMTCT was much better in central region and

worst in Southern Region.

Condom distribution

The 2005-2006 IAWP milestone was almost reached; roughly 27 million condoms were distributed

in 2005. Condoms were equitably distributed in all the three regions of the country.

Information

from Populations Services International (PSI), Banja La Mtsogolo (BLM) and Ministry of

Health

(MOH) indicate that condoms were distributed in all the districts in the country.

Reaching vulnerable populations

Dialogue sessions were initiated with sex workers and owners of entertainment places in Blantyre,

Lilongwe, Mzuzu, Mwanza, Karonga, Mulanje in the reporting period. Video shows are being used

as an entry point for dialogue. This programme is expected to expand to busy points in all districts.

BLM is supporting work place programmes in the transport sector to assist institutions and firms

with condom distribution to Truck Drivers. Communications materials including vehicle stickers are

provided. NAC is also working with Ministry of information (RPU) and World Vision International

to promote community dialogue with fishing communities.

Human Rights Campaigns

The Centre for Human Rights and Rehabilitation was engaged to conduct community sensitization

campaigns in all cities and some districts in the reporting period. The organization has also conducted sensitization meetings on stigma and discrimination with PLWAS organisations and

support groups, including PLWA umbrella bodies, that is, NAPHAM and MANET.

7

Gender issues

Information from the Education Management Information System indicates that significant numbers of girls are dropping out of primary school due to early marriages and pregnancies.

Girls

are more vulnerable to early marriages and pregnancies in the Northern Region and Southern Region of the country.

Women were economically empowered through FINCA and other small scale lending institutions.

Various women groups have been economically empowered to do some small business in order to

avoid them from joining sex work, through district and city assemblies.

4. HIV and AIDS Treatment, Care and Support

ART scale up

The ART programme is progressing very well. The only shortfall is the lower proportion (6%) of

children aged 0-14 years receiving ART. About 25% of those in need of ART are children age between 0 to 14 years. Efforts are underway, however, to roll out paediatric ART. Another challenge

in ART scaling up is reaching out to rural areas. Due to human resource crisis most clinicians trained

in ART are based in hospitals, as a result peripheral health facilities, which already have shortage of

clinical staff have no capacity to run ART programmes.

TB Control Programme

This programme is running very well as evidenced by sustained high cure rate in all the districts.

Evaluation of a cohort of smear positive TB cases in 2005 revealed a 76% cure rate. The target of

achieving a 75% cure rate was met. It is also encouraging to note that TB case fatality rate decreased

from 19% in 2003 to 15% in 2005.

Community Home Based Care and Support

Over 181 thousand households that are caring for chronically ill patients received external assistance.

This figure surpasses the milestone set in the 2005-2006 IAWP. Despite high levels of stigma and

discrimination, 18,000 chronically ill patients enrolled with PLWA organizations and support groups

in the reporting period. Again, this figure exceeds the milestone set in the 2005-2006 IAWP.

STI and OI drug stocks

Milestones for STI and OI drug stock outs were not achieved. Large proportions of health centers

and hospital had stock outs of various essential STI and OI drugs. The medical supply chain management system needs to be strengthened especially in the areas of coordination,

networking

and procurement.

8

5. HIV and AIDS Impact Mitigation

Orphans

About 359 thousand orphans were provided with some kind of support in the 2005-2006 Financial

Year, exceeding a target of 120 thousand orphans. The number of organizations caring for orphans

has also increased. By June 2006, six hundred community based organizations received support from

the NAC Grants Facility alone.

6. Mainstreaming and Capacity Building

The number of public and private institutions that have developed work place policies has increased.

The 2005-6 milestone of ensuring that at least 55% large private companies and 80% public institutions was more or less reached. By June 2006 about 65% of large private companies and about

72% of public institutions had work place policies. To ensure that work place programmes are effectively implemented HIV and AIDS coordinators in all sectors were trained. In addition HIV and AIDS mainstreaming committees were set up in all sectors. After all these efforts it is expected

that more employees and spouses will be reached with work place programmes at both national and

district level. In 2005-6 Financial Year only about 50 thousand employees were reached with work place programmes.

7. Programme Management

Malawi has put in place adequate structures for coordination and implementation of the national response. The country has a sound HIV policy and a comprehensive action framework (NAF) for guiding programme implementation. Financial resources have been mobilized from multilateral and bilateral donors for managing the national response. By June 2006, NAC had disbursed roughly MK4.5 billion.

The Malawi Government also contributes towards HIV and AIDS pool funds. Although the contribution has been increasing in the past 2 years, the proportion coming from the Government is still too low. Government contribution towards funding for HIV and AIDS programmes need to increase for sustainability and predictability of programme financing. In the 2004-2005 financial year the Government contributed only 20% towards HIV and AIDS funding. Donors contributed 73%.

8. Research, Monitoring, and Evaluation

The country has a functional HIV and AIDS monitoring and evaluation system, which includes routine Monitoring and Evaluation, national level participatory bi-annual reviews, participatory annual reviews and independent evaluations. The M&E system is complemented by research studies

earmarked in the HIV and AIDS Research Strategy. Studies have been conducted to determine HIV

prevalence levels and to understand trends in behaviour and practices at national level.

Efforts are

currently underway to devolve research and M&E responsibilities to the local level.

9

Successes

1. Noticeable decline in HIV prevalence in some urban areas as evidenced by a decline in prevalence among young pregnant women aged 15-24 years. This finding is complemented with

evidence of positive behaviour change in urban areas.

2. Remarkable decline in STI prevalence especially in men. Based on self-reported signs and symptoms of STI, the DHS has also revealed a decline in STI prevalence among male youth from 2000 to 2004. Syphilis prevalence among pregnant women has declined since 2001.

3. Positive changes in sexual behaviour. Primary abstinence among adolescents and youth aged 15-

19 years has increased. Proportions of married men engaging in high-risk sex and those having

sex with multiple partners have decreased. The proportion of sexually active persons using a condom at last high-risk sex has increased significantly. The proportion of men paying for sex

has drastically gone down.

4. Sustained high awareness levels on HIV and AIDS.

5. Effective structures for coordination of the national response have been put in place. Major steps include establishment of the Malawi Interfaith AIDS Association, MBCA and engagement

of the Department of the Human Resource Department in the fight against HIV and AIDS.

6. Successful mobilisation and effective management of resources from a wide-range of bilateral

and multilateral donors.

7. Significant increase in coverage of HIV counseling and testing and ART services.

8. Sustained high TB cure rate since 2002.

Challenges

1. There is no evidence of HIV prevalence decline in rural areas. The prevalence and occurrence

of new infections remain highest in rural Southern Region, and increasing in rural Northern Region.

2. Gaps in behaviour change still exist for instance condom use at last high-risk sex remains relatively low in rural areas compared to urban areas, and in Southern Region compared to the

other two regions.

3. Stigma and discrimination are still widespread in Malawi.

4. Nationally, PMTCT coverage is still very low.

5. Programme coverage remains lower in rural areas compared to urban areas. Such programmes include HIV counseling and testing, ART, mass media and condom distribution.

6. Decentralised district-based responses that are truly multi-sector are not yet fully-fledged.

7. Mechanisms are not yet in place to mobilize resources locally to support and sustain a rapidly

expanding response.

8. The number of months taken to process HIV and AIDS grants proposals are still very high to entice would be a grant applicant.

9. Lack of legal mandate at national and district assembly levels to enforce reporting by partners.

10

Major Recommendations

Following the experience that has been gained and lessons learnt in the areas of programme planning, implementation, coordination, monitoring and evaluation of HIV and AIDS activities through implementation of the NSF and NAF, it is recommended that the following should be implemented: -

1. Conduct studies to understand social-cultural and social-economic issues influencing the spread of HIV in rural and urban areas at all level.

2. Scale up implementation of targeted and evidence based preventive and behaviour change interventions.

3. Evaluate the impact of existing youth programmes including life skills education, and consequently roll out implementation of evidence based youth friendly programmes.

4. Support the health sector to beef up its human resource base to effectively scale-up

biomedical HIV interventions in rural areas.

5. Decentralise the HIV and AIDS Grants facility system

6. Explore mechanisms for mobilizing financial resources locally.

7. Enhance capacity building efforts at district level to effectively manage HIV and AIDS interventions based on local data.

8. Establish legal requirements for all implementing agencies of HIV and AIDS activities to report to district assemblies, in a timely manner, using harmonised formats, to ease consolidation of data at national level.

Malawi HIV and AIDS Monitoring and Evaluation Report 2005-2006

This report discusses the HIV and AIDS profile in Malawi (12% and 14% aged 15 to 49 years old were living with HIV and AIDS in 2004 and 2005, respectively); impact of the HIV and AIDS national response, prevention and social mobilization; HIV and AIDS treatment, care, and support; HIV and AIDS impact mitigation; mainstreaming and capacity building; program management; and research, monitoring, and evaluation.

2003 HIV Estimates Technical Report

A technical working group organized by the National AIDS Commission (NAC) has used the latest sentinel surveillance results for 2003 to estimate national HIV prevalence in Malawi using internationally recommended methods; antenatal clinic data and the modeling computer software Estimation and Projection Package (EPP) and Spectrum. This report describes the methodology, assumptions and results of that work.

The estimated HIV/AIDS prevalence in adults (15 to 49 years) in Malawi in 2003 is 14.4%, with a range from 12 to 17%. The analysis indicates that levels of HIV infection in the adult population of Malawi have remained constant for the last seven years. The level of HIV infection among adults in urban areas is over 20 percent. HIV prevalence is about twice as high in the South as in the North and Centre.

The stable prevalence at 12 to 17 percent does not mean the HIV/AIDS problem has gone away. Every year at least 80,000 people are dying from AIDS and as many as 110,000 new infections occur.

There are some hopeful signs. The infection level among young women (15-24 years old) attending antenatal clinics (ANC) in Lilongwe has declined from about 26 percent in 1996 to 16 percent today. For all ANC attendees (15-49) in Lilongwe the level of infection has declined from 26 percent in 1998 to 17 percent in 2003.

Unfortunately, the indications are not positive elsewhere. Infection levels are above 10 percent in all sentinel sites except some rural sites in the Central Region. HIV prevalence is

very high, 20-35 percent, in Blantyre, Mzuzu City and several semi-urban sites. The total number of people infected with HIV is estimated to be between 750,000 and one million people in 2003. This figure includes 60,000 ? 80,000 children under the age of 15 who are infected. One-third of those infected live in urban areas and two-thirds in rural areas. The implications of the epidemic are very serious. They include: Over 840 000 children under the age of 18 are orphans, with 45% due to AIDS. The death rate for adults 15-49 has tripled since 1990. The number of tuberculosis cases is three times higher than it would be without AIDS. The estimates also indicate that the need for expanded services is large. For example, 170,000 people are in need of anti-retroviral therapy. An even larger number need voluntary counseling and testing to learn their HIV status. Almost 950,000 orphans and vulnerable children need support. About 500,000 pregnant women need good antenatal care including HIV counseling and testing. About 80,000 need anti-retroviral therapy to prevent passing the infection to their newborn children.

• **2003 HIV Estimates Technical Report**

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M&E Plan

Resources:

- **Malawi HIV and AIDS Monitoring and Evaluation Report 2006-2010**

This document provides the framework for the monitoring of HIV and AIDS policies and programs in the country. It serves as a guideline for HIV and AIDS monitoring and evaluation for programme officers and M&E officers on essential data to be collected, utilized, and reported to local and national level authorities. The plan is a product of a participatory M&E review process that ran from September 2006 to August 2007. The Plan was developed based on lessons learnt through implementation of the 2003 HIV and AIDS M&E Plan

- **National HIV/AIDS M&E Plan**

National HIV/AIDS M&E Plan

Media Monitoring Report

Resources:

- **March Media Monitoring Report**

The Government of Malawi, through the National AIDS Commission received financial assistance from various donors to fund the implementation of activities within the context of the National HIV and AIDS Action Framework. The overall goal is to reduce the incidence of HIV and other sexually transmitted infections and improve the quality of life of people infected and affected by the epidemic which will be achieved by intensifying the development and dissemination of targeted and interactive communication initiatives for HIV prevention and behaviour change, treatment, care and support and other areas in the national response. As such, part of these funds were set aside to be used to support monitoring of HIV and AIDS programmes and spots on radio and television and newspaper articles in the print media. Footprints, research and monitoring consultants were therefore appointed to provide media

monitoring of HIV and AIDS programmes on Radio and Television and articles in the print media. The purpose of the assignment is to monitor HIV and AIDS programmes and spots on radio and television; and newspaper articles and assess them based on content, quality, adequacy, prominence, relevance and adherence to schedules. This includes all HIV and AIDS media interventions funded by the National AIDS Commission, partners and those by media houses as their contribution in the national response.

April Media Monitoring Report

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February Media Monitoring Report

The Government of Malawi, through the National AIDS Commission received financial assistance from various donors to fund the implementation of activities within the context of the National HIV and AIDS Action Framework. The overall goal is to reduce the incidence of HIV and other sexually transmitted infections and improve the quality of life of people infected and affected by the epidemic which will be achieved by intensifying the development and dissemination of targeted and interactive communication initiatives for HIV prevention and behaviour change, treatment, care and support and other areas in the national response. As such, part of these funds were set aside to be used to support monitoring of HIV and AIDS programmes and spots on radio and television and newspaper articles in the print media.

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quality, adequacy, prominence, relevance and adherence to schedules. This includes all HIV and AIDS media interventions funded by the National AIDS Commission, partners and those by media houses as their contribution in the national response.

Sentinel Surveillance

Resources:

- **Sentinel Surveillance Report for 2007**

Surveillance in antenatal clinics has been the primary source of data for monitoring trends of HIV and syphilis to provide estimates for tracking the epidemic in Malawi. The 2007 sentinel surveillance sites were increased from 19 to 54 so as to ensure district representation in the country's HIV prevalence estimates. The main objective of the sentinel surveillance was to monitor HIV and Syphilis prevalence trends in Malawi.

Between 20th August and 15th October 2007, women attending routine antenatal services in the selected 54 sentinel sites were consecutively sampled. Dried blood spots were prepared from the residual blood samples of the routine syphilis testing of the sampled ANC clients. These were sent to the Central Reference Laboratory at CHSU for HIV testing, using Vironostika HIV Uni-Form II Ag/Ab (Biomerieux, Boxtel - Netherlands) EIA test kit, which detects antigens and antibodies to HIV.

The overall median HIV prevalence in 54 sites was 12.6% and in the 19 original sites was 13.5% which is lower than the 15% in 2005. In the 54 sites, HIV prevalence ranged from 2% to 38.0% at Nthalire health centre in Chitipa district and Thyolo District Hospital respectively. Whereas, in the 19 sites it ranged from 5.9% to 26.7% at Thonje Health centre in Dowa district and Mianga health centre in Thyolo district respectively. Pooled HIV prevalence was high in the Southern Region at 20.5% (19.7 - 21.3%) followed by Central Region at 10.7% (10 - 11.4%) and the Northern Region was the lowest at 10.2% (9.4 - 11.2%). HIV prevalence in the urban sites continues to be high at 17.1% (15.9 ? 18.4%) followed by the semi-urban sites at 16.4% (15.8 ? 17.1%) and rural sites at 12.1% (11.4 ? 12.9%).

Overall, there is a downward trend in HIV median prevalence from 22.8% in 1999 to 13.5% in 2007 in the original 19 sites. Similarly, urban and semi-urban sites showed declining trends in HIV prevalence. However, in the rural sites HIV prevalence remained stable. Overall syphilis prevalence in 2007 was estimated at 1.1% which is lower than 1.9% in 2005. It ranged from 0% to 12.7%.

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Final Sentinel Surveillance Report 2005

This report presents findings from the Malawi 2005 antenatal clinic (ANC) sentinel surveillance and results of the National HIV Prevalence Estimates and Projections workshop. The primary objective of ANC sentinel surveillance was to provide data on the occurrence and distribution of HIV infection among women attending antenatal clinics. HIV sentinel surveillance data are not representative of the general population. However, sentinel surveillance data have been used as input to develop estimates of HIV prevalence in the general population.

The 2005 ANC sentinel surveillance was carried out in nineteen sites distributed across all three regions of the country, as it has been since 1994. A total of 8,953 pregnant women were captured in the survey from 1st August 2005 through end September 2005. Over 80% of the women sampled were less than 30 years of age and about 60% aged less than 25 years. The age pattern of the women recruited in the survey is very similar to the previous surveys done since 1998.

The overall HIV prevalence for all antenatal attendees in 2005, was 16.9%. The median HIV prevalence in 2005 was 15.0%, and has declined from 2003 (17.0 %), 2001 (16.9%) and in 1999 (22.8%). Median prevalence is a better figure to compare to previous years since it is not affected by changes in site sample size, and is less effected by extreme site results. Site-specific HIV prevalence ranged from 6.3% at Thonje Health Centre, a rural site in the central region to 27.0% at Limbe Health Centre, an urban site in the southern region of the country. HIV prevalence in the southern region (21.7%) remains higher than in the northern (14.0%) and central (14.3%) regions. Overall HIV prevalence in the urban (20.4%) areas continued to be high and significantly different from semi urban (17.0%) and rural areas (13.0%)

HIV prevalence was significantly higher among women with post secondary school education (33.3%) as compared to women with no education (17.9%) and those reporting to have gone up to std 1-5 (16.1%) and std 6-8 (15.4%).

Overall syphilis prevalence was 1.9%. Prevalence of syphilis ranged from 0% in Gawanani, Kasina Thonje and Mzuzu Health Centres to 10.8% in Nsanje. There was a direct relationship between age and syphilis infection from 15 to 44 years of age. Syphilis prevalence rates among women by age group were as follows; 15-19 (1.1%), 20-24(1.5%) 25-29 (2.3%) 30-34 (2.7%) 35-39 (3.8) and 40-44 (5.1%). The observed syphilis prevalence rates across regions are not statistically different. However, syphilis prevalence in the southern region (2.4%) remains higher than the central (1.8%) and northern (1.6%) regions. Overall, there appears to be a decline in syphilis prevalence over the years.

- ## HIV Prevalence Estimates and Projections 2001

Sentinel surveillance systems for HIV are designed to provide information on trends to policy makers and program planners. The data are useful for understanding the magnitude of the

HIV/AIDS problem in certain geographic areas and among special populations and for monitoring the impact of interventions. These data also can be used to prepare estimates of national HIV prevalence suitable for advocacy purposes and district planning. This paper describes the approach used in Malawi to develop an estimate of adult HIV prevalence. The methodology and assumptions reported here were developed during a workshop organized by the National AIDS Control Programme (NACP) in Lilongwe in September 1999 and updated for 2001 during a workshop in Lilongwe in May 2001. Participants represented the NACP, National Statistical Office, MACRO, College of Medicine, Ministry of Health and Population, University of Malawi, Department of Human Resources Management and Development, CDC and the POLICY Project.

- **HIV Prevalence Estimates and Projections 1999**

Sentinel surveillance systems for HIV are designed to provide information on trends to policy makers and program planners. The data are useful for understanding the magnitude of the HIV/AIDS problem in certain geographic areas and among special populations and for monitoring the impact of interventions. These data also can be used to prepare estimates of national HIV prevalence suitable for advocacy purposes and district planning. This paper describes the approach used in Malawi to develop an estimate of adult HIV prevalence. The methodology and assumptions reported here were developed during a workshop organized by the NACP in Lilongwe in September 1999. Participants represented the NACP, College of Medicine, Ministry of Health and Population, National Statistics Office, University of Malawi, Johns Hopkins Project, Department of Human Resources Management and Development, USAID, International Centre for Migration and Health and the POLICY Project.

United Nations General Assembly Special Session

Resources:

- **Malawi HIV and AIDS Monitoring and Revaluation Report 2007 - Edited UNGASS Report**

Since the submission of the 2005 UNGASS report, Malawi has continued to make commendable progress in the national response to HIV and AIDS epidemic. The conducive Government policies and commitment, couple with generous technical and financial support from development partners, have facilitated this progress. This compilation of the 2007

National Monitoring and Evaluation Report for Malawi was highly consultative. One major development in 2006 was the setting up of the targets for universal access to HIV and AIDS services, which should be achieved by 2010. The number of sentinel surveillance sites, which are used to estimate HIV prevalence for the 15-49 years age group increased from 19 to 54. HIV prevalence in the 15-49 years old age group has been estimated at 12%. This implies that the universal access target of 12.8% by 2010 as set in 2006 has been achieved. HIV prevalence rate among the high risk groups, namely teachers, female cross border traders, estate workers, police officers, fishermen, truck drivers, and female sex workers, is however above the national HIV prevalence rate with an exception of male vendors, among whom prevalence rate was estimated at 7%. While surveys continue showing that HIV and AIDS knowledge is almost universal, comprehensive knowledge is still low. Disparities exist in access to information using various media with more men and urban dwellers being more exposed to HIV and AIDS messages compare to women and rural residents, respectively. Over the period of 2005 to 2006, there has been an increase in the number of information, education, and communication materials disseminated to the end users. The number of radio and television programs also increased. There is, however, inadequate comprehensive data collection mechanisms for some indicators, such as the number of peer educators trained and retrained and the number of sensitization meetings conducted, among others.

• **UNGASS Report for Malawi 2002**

Implicit in Malawi being a signatory of the Declaration of Commitment, developed at the United Nations General Assembly's Special Session on HIV/AIDS (UNGASS) in June 2001, was the need to report back on a set of internationally agreed upon indicators on a periodic basis (as per the reporting schedule defined in a set of guidelines).

This document constitutes Malawi's 2003 UNGASS report, and provides details as to the following categories of indicators.

Category 1: Two indicators on national commitment and action

Category 2: Nine indicators on national programmes and behaviour trends

Category 3: Two indicators on impact.

In addition to providing summative information about these indicators, this report also provides a narrative description of each of the indicators. Finally, and as per requirements, four annexes have been attached to the national report:

- (1) the consultation/preparation process for the national report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS form;
- (2) the National Composite Policy Index Questionnaire;
- (3) the nine forms related to the National Programme and Behaviour Indicators;
- (4) the country M&E sheet.

Research

Welcome to the research section of the Malawi HIV and AIDS Toolkit. The Government of Malawi recognizes the relevance of research in HIV and AIDS to inform the design, programming and impact of HIV and AIDS Interventions. Various information sharing mechanisms exist at all levels. At the national level the Annual Research and Best Practices Dissemination Conference acts as a significant forum for sharing HIV and AIDS research findings as well as other best practices information.



This section includes documents on various research studies on HIV and

AIDS conducted in Malawi to inform the best practice. Specific documents include Surveillance Surveys, National HIV and AIDS Best Practices Conference Reports, National HIV and AIDS Research Strategy, Demographic and Health Surveys, Malawi Prevalence studies, Male Circumcision Analysis Report, and Multiple Indicator Cluster Surveys.

If you have any suggested resources or want to post a comment or question, please contact the HIV and AIDS toolkit task force through the toolkit feedback form. You can also visit other Malawi HIV and AIDS websites, i.e. National AIDS Commission, HIV and AIDS Unit, or Malawi Bridge Project.

Resources:

- **National HIV/AIDS Research and Best Practices Conference**

tbd

-

HIV/AIDS Research Strategy 2005-2007

tbd

- **Behavioural Surveillance Survey Report (BSS)**

tbd

- **Biological and Behavioral Surveillance Survey (BBSS) 2006; 2004 BBS and 2006 BBSS Comparative Analysis**

tbd

Demographic and Health Survey

Resources:

- **2004 Malawi DHS Preliminary Report**

This report summarizes the findings of the 2004 Malawi Demographic and Health Survey carried out by the Malawi National Statistical Office.

Malawi Prevalence Study

Resources:

- **Malawi Prevalence Study Final Report**

This report assessed whether the difference in HIV prevalence is real or only an artifact of the surveillance population or protocol. The study concluded there is a difference in prevalence between the two cities that is confirmed by other sources of HIV prevalence data and not easily explained away by clinic choice, by the age or parity of the clinic population, or protocol implementation. Next the study reviewed available data to identify the most likely causes for the difference in prevalence.

Male Circumcission Situation Analysis

Resources:

- **Situation Analysis of Male Circumcision in Malawi**

This report documents existing status of male circumcision in Malawi. The analysis specifically sought to: review what are the key determinants of male circumcision in Malawi; determine the prevalence and socio-demographic distribution of male circumcision in Malawi; review and document previous studies conducted on male circumcision in Malawi; describe existing service packages, uptake and determinants of uptake of male circumcision in Malawi, explore the knowledge, attitudes and perceptions about male circumcision in Malawi, assess acceptability of introducing male circumcision amongst circumcising and non circumcising communities, document the associated costs of procuring male circumcision and document the socio-political environment that impact on male circumcision in Malawi.

Multiple indicator Cluster Survey

Resources:

- **Malawi Multiple Indicator Cluster Survey 2006 Preliminary Report**

This report summarizes the findings of the 2006 Multiple Indicator Cluster Survey carried out by the National Statistical Office in collaboration with the United Nations Children's Fund. The survey aims at providing statistically valid estimates at district level on a number of indicators related to the well-being of children and women in Malawi.

PLACE Study

Resources:

- **Assessment of Risk, Practices, and Sites in Nsanje District**

The National AIDS Commission (NAC), Centres for Disease Prevention and Control (CDC) and Centre for Social Research conducted a PLACE study in Nsanje district so as to identify sites, events or locations where risky behaviours take place i.e. where people meet new sexual partners and to assess the reach of HIV prevention interventions in these places. Preliminary meetings were held with members of DACC, CBOs and other district officials to identify larger locations and trading centres which have high risk activities.

While HIV prevalence has continued to be very high, the district has generally lagged behind on access to information on HIV and AIDS. Less than half (46%) of the 62 sites where people meet new sexual partners had an HIV prevention intervention in the 12 months prior to the survey, free condoms had been distributed in less than a third of the sites (30%), peer educators had visited 13% of the sites and pamphlets or brochures on HIV/AIDS had been accessed in about a fifth of the sites (21%). In terms of patronage, diverse age groups visit the sites including young children (<15 years) and oftentimes, the patrons are members of the same community except in night clubs and bottle stores which are at the major trading centres. This has implications on the nature of interventions that need to be brought to these sites.

- **Assessment of Risk, Practices, and Sites in Urban Lilongwe and Blantyre Districts**

The Priorities in Local AIDS Control Efforts (PLACE) method is a rapid assessment method for identifying areas likely to have sexual partnership formation patterns capable of spreading and maintaining HIV infection. The method provides indications of the extent to which HIV prevention programs and condoms are reaching these sites and provides data for future

intervention programs at these sites. The PLACE studies were commissioned to generate information on the nature and type of sites where people meet new sexual partners in these two urban areas and to explore the sexual networks that operate in those sites and finally, to assess the reach of HIV prevention interventions in those sites. In the last decade, HIV prevalence in Lilongwe has been declining whereas in Blantyre, the prevalence has remained very high. It was therefore thought that through the PLACE protocol, some pointers would start to be derived especially those concerning reach of HIV prevention efforts in sites where risk behaviors take place, nature of sexual partnerships, condom use, and people's social behaviors.

Research Dissemination

Resources:

- **National HIV and AIDS Research and Best Practices Conference 2010**

This Track looks at research into prevention strategies, experiences and questions of the social and bio-medical nature [HIV testing, prevention of mother to child transmission of HIV] and HIV prevention programs that have demonstrated innovation and impact. The Track also highlights research and program designs relating to community advocacy and social mobilization.

- **National HIV and AIDS Research and Best Practices Conference 2008**

This Track looks at research into prevention strategies, experiences and questions of the social and bio-medical nature [HIV testing, prevention of mother to child transmission of HIV] and HIV prevention programs that have demonstrated innovation and impact. The Track also highlights research and program designs relating to community advocacy and social mobilization.

- **National HIV and AIDS Research and Best Practices Conference 2007**

This Track looks at research into prevention strategies, experiences and questions of the social and bio-medical nature [HIV testing, prevention of mother to child transmission of HIV] and HIV prevention programs that have demonstrated innovation and impact. The Track also highlights research and program designs relating to community advocacy and social mobilization.

- **National HIV and AIDS Research and Best Practices Conference 2006**

This Track looks at research into prevention strategies, experiences and questions of the social and bio-medical nature [HIV testing, prevention of mother to child transmission of HIV] and HIV prevention programs that have demonstrated innovation and impact. The Track also highlights research and program designs relating to community advocacy and social mobilization.

Research Strategy

Resources:

- **HIV-AIDS Research Strategy 2005-2006**

The outline of this HIV/AIDS Research Strategy document provides guiding principles of HIV/AIDS research; identifies gaps in HIV/AIDS research and key priority areas in HIV/AIDS research as categorized under epidemiology, socio-cultural issues, prevention, treatment, care and support and mitigation in Malawi. The document also provides for capacity building for HIV/AIDS research in terms of training, infrastructure, institutional support, networking and collaboration. It further outlines proper HIV/AIDS research practices, ethics, and mechanisms for monitoring and evaluation, as well as dissemination of research results at various levels of society, and how documentation and publication of research results should be done. The document finally provides for financing arrangements for HIV/AIDS research in Malawi.

Sero Status Study

Resources:

- ## Are People Aware of Their Positive HIV Serostatus Responsible for Transmitting the Virus in Malawi?

The study was commissioned in order to find out if people who are aware of their positive serostatus are indeed largely responsible for the spread of HIV/AIDS in Malawi. The study was conducted in Blantyre, Chiradzulu and Thyolo in the southern region; Lilongwe in the central region and Mzimba, Nkhata Bay and Karonga in the northern region. A total of 915 people comprising 499 serostatus aware and 416 serostatus unaware were sampled. However, in line with the goals of the study, 327 positive serostatus aware and 416 serostatus unaware were used in the analysis.

Findings from this study also show that positive serostatus aware people are significantly more knowledgeable and aware of HIV/AIDS issues as well as more positive towards HIV/AIDS in general and in prevention, treatment and care in particular. However, negative attitudes were also noted among the serostatus aware and serostatus unaware. Some of the negative attitudes and beliefs included, 'HIV is deliberately spread by people who know their positive serostatus?', 'Whether I get infected with HIV or not is predestined by God/Allah?', 'HIV was deliberately manufactured by the whites from the West?' and 'Condoms should only be used for first time partners?'. The positive serostatus aware people have also been found to be significantly more health seeking than their counterparts. Although, a higher proportion of positive serostatus aware people were involved in cultural practices that promote the transmission of HIV as compared to the serostatus unaware, this difference was not statistically significant at $p=0.05$.

Triangulation Report

Resources:

- ### Malawi Triangulation Report

The Malawi Triangulation Project was carried out from April to September 2006. The project was launched with a stakeholders' meeting to prioritize questions relevant to Malawi, identify sources of data, and create a task force. Four months were devoted compiling and analyzing data. Over 100 independent sources of information on the HIV epidemic in Malawi were found, including surveillance data, quantitative and qualitative research studies, and programmatic reports. A final workshop was held in Lilongwe in September to interpret the data, conduct training on the methods of triangulation, and make recommendations. National data indicate a decline in the HIV epidemic in Malawi and an increase in the reach

and intensity of prevention efforts from 2000 to 2005. This assessment is based on overall improving trends in HIV prevalence and prevalent syphilis, sexual risk behavior (abstinence, risky behavior, and condom use), and scale-up of prevention programs. However, HIV prevalence appears to be decreasing primarily in semi-urban areas while there is no concomitant decrease in urban and rural areas. Given the majority of Malawians resides in rural areas, a relative shift in the epidemic towards the rural areas may ultimately spell an increase in HIV infections overall. Moreover, any declines in HIV prevalence appear to be recently slowing.

Policies

Welcome to the HIV and AIDS Policy and Guidelines Toolkit for Malawi. Take time to look at the policies existing in Malawi that guide HIV and AIDS programming. Most of the HIV and AIDS policies are developed at a national level but with comprehensive consultations with implementers and other affected groups. Some policies and guidelines are also an adaptation of other international recommendations on specific areas or themes. Such recommendations are provided by UNAIDS, World Health Organization, research results or other regionally agreed proposals.



This section contains the HIV and AIDS policy for Malawi and also a draft of the HIV and AIDS bill developed with support from the Malawi Law Commission, Policy of Equity Access to ART. Malawi's HIV and AIDS programming is guided by the existing policies; any implementation of new activities on HIV and AIDS must be aligned with the related policies and guidelines. The policies and guidelines are intended for program designers and implementers and those conducting different research in the field of HIV and AIDS.

If you have any suggested resources or want to post a comment or question? Please contact the HIV and AIDS toolkit task force through the toolkit feedback form. You can also visit other Malawi HIV and AIDS websites i.e. National AIDS Commission, HIV and AIDS Unit, Malawi Bridge Project.

Resources:

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Law Commission HIV and AIDS - Final Draft Malawi

This document contains the Report of the Law Commission, which was appointed under section 133 of the Constitution to develop legislation on HIV and AIDS in Malawi. The report is on the development of HIV and AIDS legislation.

- **Policy on Equity Access to ART**

This policy sets out the position of the National AIDS Commission on equity in access to ART. Equity comprises elements of an assessment of vulnerability (in terms of HIV infection and illness) and disadvantage in terms of access to care and treatment or ability to cope with the impact of the illness. Furthermore, in a health system where resources are severely limited, provision of ART will also impact on "equity" for the provision of essential health services.

- **Malawi National HIV and AIDS Policy**

tbd

- **National HIV/AIDS Policy Summary**

tbd

Planning and Resource Mobilization

Welcome to the Planning and Resource Mobilization section of the HIV and AIDS toolkit. The Government of Malawi recognizes that implementing various interventions in HIV and AIDS requires adequate resources in terms of Human Resources and Finance and Infrastructure. Apart from the Malawi Government's contribution towards various HIV and AIDS Programmes, different partners such as The Global Fund, USAID, PEPFAR, UNAIDS, WHO, UNICEF and others make substantial contributions towards HIV and AIDS programmes.



This section includes documents on various operational procedures for HIV and AIDS resource mobilization in Malawi. Leadership in development of these documents has been taken by the Department of National AIDS Commission. The resources include: NAC Grants Operational Manual, Expression of Interest for Grant Support, Expression of Interest for IGA Activity Assessment Reports, Grants Facility Procurement Guidelines, NAC Grant Facility Framework Document, and NAC Procurement Manual.

If you have any suggested resources or want to post a comment or question? Please contact the HIV and AIDS toolkit task force through the toolkit feedback form. You can also visit other Malawi HIV and AIDS websites i.e. National AIDS Commission, HIV and AIDS Unit, Malawi Bridge Project.

Resources:

- **Assessment of the effectiveness of the Income Generating Activities for HIV and AIDS Mitigation**

tbd

- **Grants Facility Procurement Guidelines**

tbd

- **Expression of Interest for Income Generating Activities Assessment**

tbd

- **NAC Grant Facility Framework Document**

tbd

- **NAC Grants Operational Manual**

tbd

- **NAC Procurement Manual (Chapters 1-4)**

tbd

- **Expression of Interest for Grant Support (form)**

tbd

Strategic Frameworks

Resources:

- **Malawi HIV and AIDS Extended National Action Framework 2010-2012**

The Malawi Extended National HIV and AIDS Action Framework (NAF) for the period 2010 to 2012 follows the NAF 2005 to 2009, and harmonises the national HIV and AIDS response with the Malawi Growth and Development Strategy (MGDS). The Extended NAF has been developed on the basis of several studies, including the Mid Term Review (MTR) of the NAF, which provided an updated analysis of the epidemic and the response. Development of the extended NAF benefited from broad participation of implementing partners, communities

affected by HIV and AIDS and development partners.

In Malawi, the HIV prevalence among adults aged 15 ? 49 years seems to have stabilized at 12%; this is higher among women (13.3%) than men (10.2%); and in (semi)-urban populations (urban ? 17.1%, rural ? 10.8%). While the highest HIV prevalence exists among vulnerable groups like sex workers (70.7%) and their clients, the majority of new infections occur in sero-discordant, monogamous couples and among partners of people who have multiple concurrent partners. Mother to child transmission is estimated to account for almost a quarter of new infections. Around one million people are estimated to live with HIV, 10% of them are children. Analysis of the data reveals the important point that the prevalence of HIV in Malawi is not uniformly distributed: 78% of HIV-positive individuals live in rural areas and 69% in the Southern region of the country.

Universal Access Targets

Resources:

- **The Road to Universal Access: Scaling up access 2006-2010**

The process of setting targets, as recommended by UNAIDS, comprises of several components namely establishing the current state of the national response (baseline), the identification of challenges and solutions to implementation of HIV and AIDS activities and then the actual setting of targets and agreement on indicators with which to measure progress. A number of challenges to the implementation of HIV and AIDS activities were identified and these include: the lack of the legal and regulatory frameworks essential to ensure non-discrimination and protection of the rights of people living with HIV and AIDS and special groups; the non-finalisation of the National AIDS Trust Deed; the Public Health Act being too old and hence the need for revision to incorporate new developments in area of HIV and AIDS; some key funding partners such as Global Fund, UN Agencies and US Government having not yet joined the Pool Funding; critical shortage of human resource; untimely disbursement of funds to local level implementers; and the existence of separate reporting and accounting mechanisms for major funding initiatives.

The National AIDS Commission and stakeholders have also identified priority and key areas that need to be expanded and implemented in order to achieve universal access. These are the adoption and expansion of HIV-based life skills and education to reach more young people with HIV prevention, the scaling up HIV testing services, the mobilization of resources for blood screening and the expanded treatment programme, the protection of infants from acquiring HIV from their mothers and reaching out more orphans and vulnerable children.

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Universal Access Targets Final Report Jan 2007

UNAIDS has set guidelines for countries to determine national targets for moving towards universal access and these are contained in two key documents namely considerations for countries to set their own national targets for AIDS prevention, treatment and care and Setting national targets for moving towards universal access. These guidelines, among other things, promote the participation of civil society and the private sector in setting targets for universal access. The process of setting targets for Malawi largely followed the UNAIDS guidelines as will be evident in this report.

Workplans

Resources:

- **Integrated Annual Work Plan 2009-2010 (Partner Implemented)**

The Integrated Annual Work Plan is the principal tool that operationalizes the National Action Framework (NAF). As a planning and budgeting instrument, it ensures effective allocation and utilization of resources to achieve short to medium term objectives and programmatic targets of the NAF.

The 2009 to 2010 financial year Integrated Annual Work Plan, which is based on the revised and extended NAF, focuses on the following priority areas:

- i) Prevention and behavior change
- ii) Treatment, care, and support
- iii) Impact mitigation
- iv) Mainstreaming and decentralization
- v) Research, monitoring, and evaluation
- vi) Resource mobilization and utilization
- vii) Policy and partnerships

- **Integrated Annual Work Plan 2009-2010 (NAC Initiated)**

The Integrated Annual Work Plan is one of the tools that enhance coordination of the national

response to HIV and AIDS. It is based on the National Action Framework (NAF) 2005-2009, which is a guiding document for all national HIV/AIDS programs, interventions, and activities. The IAWP contains activities and milestones to be achieved in a specified time period. In order to facilitate efficient coordination of the interventions and management of financial resources, the IAWP is split into partner-implemented and NAC initiated work plans. The NAC initiated work plan is based on the last two priority areas of the NAF, which are: resource mobilization and utilization, and national policy coordination and program planning. These activities focus on coordination, networking, technical support to partners, capacity building, resource mobilization, and management. These activities drive the partner implemented work plan.

- **Integrated Annual Work Plan 2008-2009 (NAC Initiated)**

The Integrated Annual Work Plan is one of the tools that enhance coordination of the national response to HIV and AIDS. It is based on the National Action Framework (NAF) 2005-2009, which is a guiding document for all national HIV/AIDS programs, interventions, and activities. The IAWP contains activities and milestones to be achieved in a specified time period. In order to facilitate efficient coordination of the interventions and management of financial resources, the IAWP is split into partner-implemented and NAC initiated work plans. The NAC initiated work plan is based on the last two priority areas of the NAF, which are: resource mobilization and utilization, and national policy coordination and program planning. These activities focus on coordination, networking, technical support to partners, capacity building, resource mobilization, and management. These activities drive the partner implemented work plan.

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Activities in the partner-implemented work plan focuses on the first six priority areas of the NAF, which are: prevention and behavior change; treatment, care, and support; impact mitigation; mainstreaming, partnership, and capacity building; research and development; and monitoring and evaluation.

Treatment, Care and Support

Welcome to the Treatment, Care and Support section of the HIV and AIDS Toolkit. The HIV and AIDS Treatment and Care program in Malawi has been one of the most successful programs in the Southern Africa region. Since the inception of the program in 2003, the number of clients that have been put on treatment has been increasing every year. The treatment regimen has also been changing based on the recommendation from the World Health Organization.



This section includes documents and communication materials on HIV Treatment, Care and Support in Malawi. These communication materials and tools aim to facilitate promotion of treatment uptake and adherence, as well as provide general information on care and support. In this section you will find lots of booklets, posters on HIV treatment (ARV) and management of HIV related stigma.

If you have any suggested resources or want to post a comment or question please contact the HIV and AIDS toolkit task force through the toolkit feedback form. You can also visit other Malawi HIV and AIDS websites i.e. National AIDS Commission, HIV and AIDS Unit, Malawi Bridge Project.

Resources:

- **ARV booklet (Chichewa)**

This booklet provides information on antiretroviral (ARV) therapy and is in the Chichewa language.

- **Stigma leaflet back cover (final)**

This resource includes the back cover of a stigma informational leaflet.

-

Stigma leaflet cover (final)

This resource includes the front cover of a stigma informational leaflet.

- ## **Stigma leaflet inside (final)**

This resource includes information on the stigma informational leaflet.

- ## **Stigma leaflet 02 cover**

This leaflet cover focuses on HIV stigma concerns.

- ## **Stigma leaflet 02 inside**

This resource includes the contents of the inside cover of a stigma informational leaflet.

- ## **Stigma poster**

This poster shows a group of smiling people for the World AIDS Campaign.

- ## **ARV national flip chart for client education**

This flip chart for client education provides information on starting ARV treatment.

- ## **ARV summary leaflet**

This leaflet summarizes antiretroviral (ARV) therapy.

- ## **Caregiver and child booklet**

This booklet provides HIV/AIDS information for the caregiver and child.

- **National paediatric HIV flipchart**

This flipchart discusses the needs of children who are infected with HIV and the role of the caregiver.

- **ARV eligibility poster (Chichewa)**

This poster illustrates a health care worker providing medication to a woman in the Chichewa language.

- **ARV poster adherence (Chichewa)**

This poster shows a woman taking her ARV medication. The poster is in the Chichewa language.

- **Journey of Hope Cover page (Chichewa)**

Cover Page to report

- **VCT couples for treatment poster (Chichewa)**

This poster displays a man and a woman smiling in front of a clinic. The poster is in the Chichewa language.

- **VCT couples for treatment poster (Tumbuka)**

This poster shows a man and a woman smiling in front of a clinic. The poster is in the Tumbuka language.

-

AIDS candlelight poster design

This image shows a group of people lighting candles at the Malawi AIDS Candlelight Memorial.

- **Preferred design with text copy**

This image displays a woman holding a candle with text reading, "Love is power for positive living."

Hope Kit Toolkit - 2009

Colour Poster cards on HIV-AIDS

Resources:

- **Maonekedwe apusitsa - Boy**

Poster

- **Maonekedwe apusitsa - Girl**

Poster

- **Mkazi wanga tikayezetse magazi**

Poster

-

Ulendo wa Chiyembekezo

Poster

- **Achidyamakanda**

Poster

- **Atsikana Umilirani**

Poster

- **Kodi matenda ndi chiyani opatsirana**

Poster

- **Kulandira chithandizo**

Poster

- **Kupewa Edzi**

Poster

- **Kupewa matenda opatsirana pogonana**

Poster

- **Makolo ndi udindo wanu**

Poster

Hope Kit fliers

Resources:

- **Final Hope Kit Sheet-BRIDGE I**

Informational pamphlet on the Hope Kit, which is a package of tools and materials that can assist organizations in the prevention and management of HIV

- **Hope Kit Flier-BRIDGE II**

Informational pamphlet on the Hope Kit, which is a package of tools and materials that can assist organizations in the prevention and management of HIV

JOH Character Cards

Resources:

- **Waitress**

Pictorial card

- **Hippo 2**

Pictorial card

- **Wakhasu**

Pictorial card

- **Hule wa dread**

Pictorial card

- **Wanthochi**

Pictorial card

- **Island**

Pictorial card

- **Wobereka mwana**

Pictorial card

- **Mai wa Cellular**

Pictorial card

- **Woledzera**

Pictorial card

- **Mai wa mimba**

Pictorial card

-

Wophika nsima

Pictorial card

- **Ng'ona 1**

Pictorial card

- **Ng'ona 2**

Pictorial card

- **Nsewa**

Pictorial card

- **Agogo**

Pictorial card

- **Nsewa wa chikwama**

Pictorial card

- **Bambo Wa Jacket**

Pictorial card

- **Preacherman**

Pictorial card

- **School Girl**

Pictorial card

- **Boy wachikwama**

Pictorial card

- **Shehe**

Pictorial card

- **Fatsa**

Pictorial card

- **Sing'anga**

Pictorial cards

- **Fatsa Clothing**

Pictorial card

- **Snake**

Pictorial cards

-

Fatsa Family

Pictorial card

- **Soldier**

Pictorial cards

- **Guitarman**

Pictorial card

- **Wa dustcoat**

Pictorial card

- **Hippo 1**

Pictorial card

Journey of Hope User's Guide

Resources:

- **Journey of Hope Guide 2009 Chichewa**

Journey of Hope Guide, Chichewa

-

JOH-Feedback Form Chichewa

Feedback form for Journey of Hope, Chichewa

Message Guide

Nditha Leaflets

Resources:

- **Leaflet Girl**

1. Girl talking to parents

Front: I can

Back: I can??..

- Talk openly about AIDS
- Talk with my parents about methods of HIV prevention

- **Leaflet Boy**

1. Boys playing basket ball

Front: I can

Back: I can??..

- Abstain from sex
- Help my friend with HIV

Back- Below: Small actions make a big difference

Poster cards - Positive Living

Resources:

- **Paddy Nhlapo**

Profile, Chichewa

- **Valencia Mofokeng**

Profile, Chichewa

- **Brett Anderson-Terry**

Profile, Chichewa

- **Bruce Radebe**

Profile, Chichewa

- **David Patient**

Profile, Chichewa

- **Faghmeda Miller**

Profile, Chichewa

- **Jeanette Ratonono**

Profile, Chichewa

- **Jones Mngomezulu**

Profile, Chichewa

- **Lungisani Biyela**

Profile, Chichewa

- **Mercy Makhaleme**

Profile, Chichewa

Self-adhesive sticker

Resources:

- **My goal is life sticker**

Sticker against HIV

Impact Mitigation

This section contains various documentation guiding the impact mitigation programs for Malawi in relation to HIV and AIDS. The high prevalence of HIV for Malawi has also impacted the livelihood of many Malawians. Many families have faced severe income disruption through the death of one or both parents, children, or other breadwinners in the family. Moreover, some people that are infected with HIV still face problems accessing treatment or maintaining a normal life.



The impact mitigation strategies are important to ensure that the burden of HIV at individual, family, community and national level is lessened. Different organizations with the leadership of the Malawi government through the National Aids Commission (NAC) have developed several guiding documents to assist program implementers and designers to deliberately focus on priority areas, as identified at the national level through comprehensive consultative processes. Orphans and other vulnerable children are the primary audiences for impact mitigation interventions. Some documents available in this section include: IGA Assessment Report, Orphans and Vulnerable Children Apprentice Training Strategy Final Report, Impact Mitigation Conceptual Framework, and the OVC Strategy Final Report.

If you have any suggested resources or want to post a comment or question please contact the HIV and AIDS toolkit task force through the toolkit feedback form. You can also visit other Malawi HIV and AIDS websites i.e. National AIDS Commission, HIV and AIDS Unit, Malawi Bridge Project.

Resources:

- **Chichewa IM Framework Cover**

Chichewa IM Framework Cover

- **Income Generating Activities Assessment Report**

Income Generating Activities Assessment Report

- **Assessment of the Effectiveness of the Income Generating Activities for HIV and AIDS Impact Mitigation**

The Assessment of Effectiveness of Income Generating Activities (IGA) for HIV and AIDS Impact Mitigation study was commissioned by the National AIDS Commission in Malawi with technical support from Jimat Consult (Pvt) Ltd. and had the following objectives: i) assessing the effectiveness of existing income generating activities aimed at mitigating the impact of HIV/AIDS on the infected and affected; ii) identifying capacity needs for individuals, groups, and agents implementing such IGAs; and, iii) recommending appropriate IGAs for various social groups and areas for program monitoring.

The evaluation was conducted in all three regions of Malawi. The study used qualitative and quantitative methods and tools to gather relevant data. These include documentary review, structure questionnaires, focus group discussions, and key informant interviews.

The IGAs in the sampled districts were classified in three categories: agri-business; skills-based; and service provision. The IGAs were funded by various donors and implemented by CBOs/FBOs with technical support from Local Assemblies and NGOs. The assessment established that IGAs were relevant interventions and that they increase the options available for mitigating the economic and psychosocial effects of HIV/AIDS for targeted beneficiaries. The IGAs provided nutrition benefits, skills transfer, and increased income to the beneficiaries. Although the IGAs were found to be relevant, the assessment also established that in some instances weak linkages existed between the IGA and HIV mitigation. This anomaly was attributed mainly to inconsistencies in beneficiary targeting criteria.

• **OVC Strategy Final Report**

The training strategy has been developed to reinforce the livelihood support mechanisms for Orphans and Vulnerable Young Persons (OVYP) by equipping them with technical and vocational skills. The objective is drawn from the realization of the negative effects HIV and AIDS has created on the OVYP. Without any targeted intervention these OVYP have no definite destiny. Hence, empowering public, private institutions and other agencies? to commit themselves in mitigating the effects of the country?s HIV and AIDS on Orphans and other Vulnerable Young Persons (OVYP) is seen as the best option in supporting and improving the livelihood of this group.

However, the main challenge has been the increased number of Orphans and Other Vulnerable Children (OVC) in Malawi. It is estimated that there are over one million Orphans countrywide, of which many of them are vulnerable and lack basic necessities like access to education, food, shelter, clothing and psychosocial support. These result in, among others, early marriages, early school dropouts, early pregnancies and increased risk of HIV infection.

As such, the Government of Malawi and other organisations continue to envision the need to come up with strategic interventions and develop the orphaned and other vulnerable young persons. This entails striving to provide for their livelihood support mechanisms of which technical and vocational education and training (TVET) has proved to be one of the most effective interventions. However, there is no clear-cut strategy that would empower communities to conduct the needs assessment and identify the most vulnerable children for

technical skills training programs as well as their respective training mechanisms and how to access the national accreditation and certification. Therefore, the strategy suggests that alongside normal interventions that Malawi Government and other organisations and NGOs are providing to OVYP, there is need that the OVYP be given an opportunity to an increased access to vocational and technical skills, which will empower them economically. Furthermore the strategy recommends the alignment of interventions put up by various institutions and government agencies towards purportedly to economically empower the OVYP. This will reduce duplications and promote efficiency and effectiveness in service delivery.

As the main focus of the strategy centres on improved access to equitable and cost effective formal and informal vocational and technical apprenticeship training, the crucial issues identified to achieve this include; Improved community participation in vocational skills training of OVYP, leading to a greater participation of the private sector and other stakeholders in implementation and financing of training; Increased OVYP enrolment into the public and private training institutions; Enhanced sustainable livelihood of OVYP graduate trainees; Use of improved curriculum in informal tailor-made programs to necessitate valid certification on successful completion of the course and possible access to upgrading courses. This will be realised by leaning the strategy on; integrating OVYP TVET into the TEVET mainstream programmes. This will entail revision of the recruitment process to allow for increased number of OVYP; coordinated participatory implementation of training programs by all stakeholders, placing greater focus on increased cost-sharing and mobilization of additional resources to achieve quality training; well articulated Accreditation and certification mechanisms which are transparent and ensures sustainability and quality community based vocational training; an enabling environment for a much-enlarged role of the private sector participation in training and supporting OVYP

- **Orphans and Vulnerable Children Apprentice Training Strategy Final Report**

The training strategy has been developed to reinforce the livelihood support mechanisms for Orphans and Vulnerable Young Persons (OVYP) by equipping them with technical and vocational skills. The objective is drawn from the realization of the negative effects HIV and AIDS has created on the OVYP. Without any targeted intervention these OVYP have no definite destiny. Hence, empowering public, private institutions and other agencies? to commit themselves in mitigating the effects of the country?s HIV and AIDS on Orphans and other Vulnerable Young Persons (OVYP) is seen as the best option in supporting and improving the livelihood of this group.

- **Impact Mitigation Conceptual Framwork**

Impact Mitigation Conceptual Framework

The Framework aims at providing a blueprint for planning, implementation and monitoring of IM interventions, as such it does not therefore need to include detailed costing of interventions. This Framework needs to be read in conjunction with the National Policy on HIV and AIDS, the National HIV and AIDS Action Plan, the OVC National Policy, the National Plan of Action for OVC, the MGDS, and the Government of Malawi Policy on Social Protection due by the end of 2006. The Consultant's report provides recommendations on amendments to the NAF to accommodate the various components of this Framework. Following the development of this Framework, a process for the development of a national plan for IM will be initiated. The plan for IM will consist of a process of Local Level Planning (LLP) in each District and Local Assembly and each LA plan will need to have costing. The consolidation of all the local level plans for IM will provide clear indications of the financial commitment required to meet the demand for IM interventions in Malawi.

Gender, Culture and Human Rights

Welcome to the Gender, Culture and Human Rights section of the Malawi HIV and AIDS Toolkit. The National HIV prevention strategy for Malawi identifies Gender, Culture and Human Rights as one of the cross cutting issues that influence HIV transmission. Several interventions have been designed to identify and modify harmful cultural practices. Additionally, Gender and Human rights issues have been mainstreamed in almost all HIV and AIDS interventions such as HIV Testing and Counseling, and Anti-retroviral Treatment.



This section includes documents with guidelines and strategies to deal with various harmful cultural practices that promote the spread of HIV and AIDS i.e. specific documents include those on Gender, Culture and Human Rights. This section also includes the African Transformation Toolkit developed by JHUCCP through the BRIDGE project.

If you have any suggested resources or want to post a comment or question please contact the HIV and AIDS toolkit task force through the toolkit feedback form. You can also visit other Malawi HIV and AIDS websites i.e. National AIDS Commission, HIV and AIDS Unit, Malawi Bridge Project.

Resources:

- **Cultural practices booklet cover**

This image shows men playing instruments at a community gathering and was created as a cover for a cultural practices booklet.

- **Cultural practices manual**

This training guide assists traditional leaders in exploring cultural values and practices influencing sexual and reproductive health practices.

The manual is meant to facilitate problem solving of cultural issues with community leaders in a sensitive

and respectful manner. The manual is divided into the following main sections:

1. Building relationships with communities
2. Examining our role as guardians of culture
3. The importance of culture
4. Fill gaps in knowledge
5. Identification of high risk practices
6. Problem-solving to find safer alternatives
7. Problem-solving for couples
8. Self-evaluation and community owned sustainable change.

African Transformation Tool kit-JHUCCP

Resources:

- **African Transformation Guide- CHICHEWA GUIDE FINAL**

African Transformation provides women and men with the means to explore how gender norms and social roles operate in their lives by offering tools to begin changing norms and roles that are negative, while reinforcing ones seen as positive.

- **AFRICAN TRANSFORMATION ENGLISH USER'S Guide-FINAL**

African Transformation provides women and men with the means to explore how gender norms and social roles operate in their lives by offering tools to begin changing norms and roles that are negative, while reinforcing ones seen as positive.

- **African Transformation bag**

Photo of messenger bag from African Transformation meeting

- **AT Summary-FINAL**

One-pager on what African Transformation is, the vision, objectives, and profiles of role models

- **Gender Activity Cards**

Pictures of gender activities

- **Written Personal Stories - Chichewa version FINAL**

Written personal stories related to African Transformation, Chichewa

Mainstreaming



Mainstreaming HIV and AIDS in various sectors (both public and

private) has been one of the significant interventions to ensure that HIV receives a multisectoral response. One of the primary examples of HIV mainstreaming aspects of HIV and AIDS is the HIV and AIDS workplace program.

This section includes various documents on the mainstreaming of HIV and AIDS in Malawi. Specifically, the section covers how various projects can integrate HIV and AIDS interventions in the design, implementation and monitoring of their core activities. Documents include those on Guidelines for Mainstreaming HIV and AIDS in Malawi, Framework for HIV Mainstreaming in Malawi, and NAC Trainers Manual on Mainstreaming.

If you have any suggested resources or want to post a comment or question please [contact the HIV and AIDS toolkit task force](#) through the toolkit feedback form. You can also visit other Malawi HIV and AIDS websites i.e. National AIDS Commission, HIV and AIDS Unit, Malawi Bridge Project.

Resources:

- **National AIDS Commission Mainstreaming Guidelines**

National AIDS Commission Mainstreaming Guidelines

- **Guideline for Mainstreaming HIV/AIDS in Malawi**

The HIV and AIDS Mainstreaming Guidelines have been developed within the context of the

National HIV and AIDS Policy, the National HIV and AIDS Action Framework, the National Monitoring and Evaluation Framework, and the Malawi HIV and AIDS Mainstreaming Conceptual Framework. The guidelines aim at providing a step-by-step approach to the HIV and AIDS Mainstreaming Process for Public, Private, and Civil Society Organizations. They have been developed taking into consideration the differences in the context and processes at policy and macro level, sectoral level, decentralized level, in private sector, and civil society organizations.

The Mainstreaming Guidelines contain the following sections:

- a) Introduction: This section outlines the background information on HIV and AIDS; the purpose of the guidelines; the intended users of the guidelines; and how the guidelines can be used.
- b) Mainstreaming Definition and Objectives: This section contains the definitions of mainstreaming HIV and AIDS and objectives for mainstreaming HIV and AIDS.
- c) Mainstreaming Guiding Principles: This gives an outline of the steps in the process of mainstreaming, the issues to be considered, and the questions to be asked and addressed.
- d) Mainstreaming at Various Levels: This section looks at Mainstreaming HIV and AIDS at various level - at macro and policy level, line ministry level, local assembly level, private sector level, and civil society organization level.
- e) Monitoring and Evaluation: This section outlines the main questions and issues to be considered in monitoring and evaluating mainstreaming initiatives. These include a proposed mainstreaming process checklist; and output, outcome, and impact indicators for mainstreaming HIV and AIDS.

- ## **Mainstreaming Framework fo Malawi-Trial**

This Conceptual Framework aims at bringing clarity to a subject that has been often misunderstood: HIV and AIDS Mainstreaming. Mainstreaming addresses the important issue of putting HIV and AIDS at the core of the development efforts of developing countries, especially the most affected, i.e. Sub-Saharan African countries.

- ## **National AIDS Commission Trainers Manual**

As part of the Malawi Government commitment to fight the HIV and AIDS problem, the Government established the National AIDS Commission (NAC) in July 2001 to coordinate the national response to the HIV and AIDS epidemic in the country. The NAC is the coordinating body for all HIV and AIDS activities in Malawi with a mandate to providing leadership in planning, organizing, coordinating and setting standards and guidelines for the prevention and control of HIV and AIDS in Malawi. Activities implemented by the Commission follow the National Action Framework (2005-2009), which in turn follows the National Health Plan, which are both part and parcel of the government strategy of economic growth and poverty reduction.

Framework for Mainstreaming HIV/AIDS in Malawi

The Conceptual Framework provides general and theoretical directions on the meaning, the principles, and the process, including issues related to monitoring, for HIV/AIDS Mainstreaming. Out of this Framework guidelines and manuals should be developed and provided to public sector institutions, private sector, and NGOs to guide in details of HIV and AIDS Mainstreaming in the three quite different types of organizations.

The Conceptual Framework consists of the following sections:

1. **Mainstreaming Definition and Objectives:** the definition is fundamental to bring consensus over the concept of mainstreaming. It has to be understood by the major stakeholders, and provide the foundation over which the process of mainstreaming will unfold. Stemming from the definition, the objectives of mainstreaming helps linking the definition to the process and keeps the Framework focused.
2. **Mainstreaming Principles:** the principles set the conditions within which the mainstreaming process will operate. They will stem from the definitions, from the review of the existing literature and the findings from the stakeholders' consultations.
3. **Mainstreaming Process at Different Levels:** mainstreaming can be carried out at different levels: macro level, which entails both the policies (e.g. fiscal, trade, social sector policies) and macroeconomic management (planning, budgeting and expenditure) levels; at sector level (Line Ministry level) distinguishing between mainstreaming in social sector programming, and mainstreaming into economic sectors; at private sector level which consists of Mainstreaming HIV and AIDS into the businesses ranging from large to micro enterprises; and at civil society level which consists of Mainstreaming HIV and AIDS into the work of NGOs, CBOS and other civil society organisations. For each of these levels, the process of mainstreaming differs and takes the policy-makers, planners, managers, implementers from the concept of mainstreaming through to implementation of HIV and AIDS mainstreamed strategies and interventions.
4. **Mainstreaming Tools:** these are the instruments to be used for implementing the mainstreaming process.
5. **Mainstreaming and Evaluation:** this section tackles two questions: how do we know whether we have mainstreamed HIV and AIDS? How successful were we in Mainstreaming HIV and AIDS? The framework will provide a methodology based on checklists and simple indicators.

NAC Trainers Manual - Final

The National AIDS Commission developed this Trainer's Manual as a way to strengthen implementation of the national response to HIV and AIDS. The manual has attempted to

address the gaps that were generated by providing a range of modules on topics that will help users to develop understanding and develop capacity to effectively implement HIV and AIDS programs in the public sector.

This manual is a Trainer's Manual. It is mainly intended for use by HIV and AIDS Trainers in the public sector. But the modular approach to the manual means that the manual can also be adapted and use din thr private and civil society organizations.

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