

Malawi Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

Questionnaires were developed for the key informant interviews and focus group discussions as well as the desk review were conducted to provide required data for the NCPI and the progress reporting. A desk review was conducted on essential documents including but not limited to; annual reports, Ministry of Health reports, Civil society organizations reports, bilateral partners, vulnerable populations' reports among other HIV related reports Stakeholders selected and accessed for required information were - high-level policy and planning personnel from Government, Civil Society, Private Sector, and Development Partners, Service providers in various thematic areas at national and district levels, Focus Group discussions with key groups (e.g. PLHIV support groups) and Most-at-Risk Populations and Vulnerable Groups (Sex Workers and Men who have Sex with Men). A joint NCPI and progress report validation meetings were conducted with stakeholders involved in the national HIV and AIDS response program.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Disagreements with respect to issues in the draft legislation and HIV and AIDS policy and by-laws were resolved during stakeholders validation and consultative meetings through discussion. These were complemented by written reports by other agencies, such as the Human Rights Consultative Committee and the Malawi Human Rights Commission, the Office of the President Department of Nutrition and HIV/AIDS (OPC-DNHA).

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

Need for discussion of the report from the Centre for Human Rights and Rehabilitation (CHRR) Universal periodic Review (UPR) that was submitted to the UN in Dec 2010. Most of the information presented in this report were issues of concern from 20 representatives of civil society groups expressed at a CSO meeting on the UPR which was held on 25th March 2010. Potential misrepresentations were as much as possible ironed out during the validation as well as consultative meetings before the final report was submitted.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Office of President and Cabinet (OPC), Department of Nutrition HIV and AIDS (DNHA)	Dr. Mary Shawa, Principal Secretary	Yes	Yes	Yes	Yes	No	No
NAC	Christopher Teleka, Ag Head of Behaviour Change Interventions	Yes	No	No	Yes	No	Yes
NAC	Davie Kalomba, Head of Planning, Monitoring, Evaluation and Research	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Chimwemwe Mablekisi, planning Officer	Yes	No	No	No	No	Yes
NAC	Chimango Jere, Head of Procurement	Yes	No	No	Yes	Yes	Yes
Central Medical Stores	Ivy Zingano	No	Yes	No	Yes	Yes	No
National Youth Council	Chisomo Zileni, Programme Officer - SRH/HIV	No	Yes	Yes	Yes	No	No

Ministry of Youth	Wilfred Lichapa, Director	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Youth	Alick Kalima, Deputy Director	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health - HIV and AIDS Unit	Frank Chibandwire, Director	Yes	Yes	No	Yes	Yes	No
Ministry of Health - HIV and AIDS Unit	Augustine Mnthambala, Deputy Director	Yes	Yes	No	Yes	Yes	No
Ministry of Health - HIV and AIDS Unit	Lyson Tenthani, Monitoring and Evaluation Officer	No	No	No	Yes	Yes	Yes
Ministry of Health - HIV and AIDS Unit	Andreas Jahn, M&E Technical Expert	No	No	No	Yes	Yes	Yes
Ministry of Health - HIV and AIDS Unit	Libby Levison, Supply Chain Management Consultant	No	No	No	Yes	Yes	Yes
Mchinji District Council	Gasten Macheka, District Commissioner	No	Yes	Yes	No	No	No
Mchinji District Council	Patrick Mulenga, District AIDS Coordinator	Yes	Yes	Yes	Yes	Yes	Yes
Mchinji District Council	Emmanuel Sohaya, District M&E Officer	No	No	No	Yes	Yes	Yes
MoH –Mchinji District Hospital	Chiyanjano Gondwe, PMTCT Coordinator	No	No	Yes	Yes	Yes	No
MoH –Mchinji District Hospital	Edda Sani, CHBC Coordinator	Yes	No	No	Yes	Yes	No
MoH –Mchinji District Hospital	Eric Mitochi, ART Coordinator	No	No	No	No	Yes	No
MoH –Mchinji District Hospital	Esnat Chirambo, STI Provider	No	No	No	Yes	Yes	No
MoH –Mchinji District Hospital	George Chimadzum, Coordinator	No	No	No	Yes	Yes	No
MoH –Mchinji District Hospital	Edson Kamba, Clinician	No	No	No	Yes	Yes	No
NAC - Districts Coordination	Petros Mazunda, Grants Officer	Yes	No	No	Yes	Yes	No
NAC - Districts Coordination (South)	Ken Chisanga, Districts Coordination Officer	Yes	No	No	Yes	Yes	Yes
Chiradzulu District Council	Robert Mangani, Senior Chief Kadewere	No	Yes	Yes	No	Yes	No
Chiradzulu District Council	Chriss Nawata, District AIDS Coordinator	Yes	Yes	Yes	Yes	Yes	Yes
Chiradzulu District Council	Chrissie Kamtsitsi, Chairperson, District AIDS Coordinating Committee	Yes	No	No	Yes	Yes	No
Chiradzulu District Council	Mercy Chisuwo Banda, Human Resource Management Officer	No	Yes	No	Yes	No	No
Chiradzulu District Council -Labour	Wilson A.M Chanza, Ass. District Labour Officer	No	No	No	Yes	No	No
Chiradzulu District Council - Trade	Regnald Nakhomwa, Ass. District Trade Officer	No	No	No	Yes	No	No
Chiradzulu District Council	Chifuniro Mbozi, Environmental District Officer	No	No	No	Yes	No	No
Chiradzulu District Council	Alice Nyalugwe, District Education Officer	No	No	No	Yes	No	No
Chiradzulu District Council	C. Chatha, District Information Officer	No	No	No	Yes	No	No
Chiradzulu District Council	T. Immani, Community Child Protection Officer	No	No	No	Yes	No	No
Chiradzulu District Council	Anderson Selemani, Senior Community Development Assistant	No	No	No	Yes	No	No
District Council - Health	Janet Banda, HTC Coordinator	No	No	No	Yes	Yes	No
Chiradzulu Police	Witson Ngalugwe, AIDS Coordinator	No	Yes	Yes	Yes	No	No
Chiradzulu District Health Office	1 Health Surveillance Assistant	No	No	No	Yes	Yes	Yes

NAC	Levi Lwanda, Monitoring and Evaluation Officer	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Marriam Mangochi, Director of Programmes	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Wellington Kafakalawa, Monitoring and Evaluation Officer	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Washington Kaimvi, Director of Finance and Administration	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Dr. Mwai Makoka, Ag. Head of Policy Support and Development	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Mahara Longwe, Ag. Head of Partnership and Liaison	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Jonathan Vumu, District Coordination Officer	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Ellious Chasukwa	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Moses Chikowi, Monitoring and Evaluation Officer	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Yohane Chamgwira, Head of District Coordination	Yes	Yes	Yes	Yes	Yes	Yes
NAC	Blackson Matatiyo, Research Officer	Yes	Yes	Yes	Yes	Yes	Yes
Lilongwe City Council	Daisy Chizomola, City AIDS Coordinator	Yes	Yes	Yes	Yes	Yes	Yes
Malawi Police Service	Edward Chatsalira, HIV and AIDS Coordinator	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Agriculture	Margaret Lwanda, Deputy Director	Yes	Yes	Yes	Yes	Yes	Yes
Department of Public Sector Management	Dr. Dafter Khembo, Programme Manager	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health - HIV and AIDS Unit	Mtemwa Nyangulu, HTC Coordinator	Yes	Yes	Yes	Yes	Yes	Yes
Malawi Defense Force	Laureen Mkupu, M&E Officer	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Education	Maxwell Dzikanyanga, SHN Coordinator	Yes	Yes	Yes	Yes	Yes	Yes
Office of President and Cabinet (OPC), Department of Nutrition HIV and AIDS (DNHA)	Doreen Kumwenda, Planning Officer	Yes	Yes	Yes	Yes	Yes	Yes
Office of President and Cabinet (OPC), Department of Nutrition HIV and AIDS (DNHA)	Sylvesyter Gawamadzi, Chief Planning Officer	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]							
Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V	
UNAIDS	Patrick Brenny, Country Coordinator	Yes	Yes	Yes	Yes	Yes	
UNAIDS	Pepukai Chikukwa, M&E Advisor	Yes	Yes	Yes	Yes	Yes	
Malawi AIDS Counselling and Resource Organisation (MACRO)	Wellington Limbe, Executive Director	Yes	Yes	Yes	Yes	No	
Malawi Network of People Living with HIV (MANET +)	Safari Mbewe, Executive Director	Yes	Yes	Yes	Yes	Yes	
Malawi Interfaith AIDS Association (MIAA)	Robert Ngaiyaye, Executive Director	Yes	Yes	Yes	Yes	Yes	
Malawi Global Fund Coordinating Committee (MGFCC)	Victor Chayamba, Programme Development Specialist	No	No	No	Yes	Yes	
Save the Children	Irene Banda, Programme Manager - Bridge II Project	Yes	No	Yes	Yes	Yes	

Emmanuel Zenzengwe, Save the

Save the Children	Emmanuel Zengegeya, Save the Children - Bridge II Project	Yes	No	Yes	Yes	Yes
Centre for Development of People (CEDEP)	Rodney Chalara, Programme Officer	Yes	Yes	Yes	Yes	Yes
Centre for Development of People (CEDEP)	Chifundo Chikaonda, Programme Officer	Yes	Yes	Yes	Yes	Yes
Malawi Human Rights Commission (MHRC)	Frank Chisambula, Chief Human Rights Resource Officer	Yes	Yes	Yes	No	No
Human Rights Consultative Committee (HRCC)	Rev. MacDonald Sembereka, Acting National Coordinator	Yes	Yes	Yes	No	No
Lighthouse Trust Clinic	Sam Phiri, Executive Director	Yes	No	No	Yes	Yes
Centre for Development of People (CEDEP)	Six (6) MSM	Yes	No	Yes	Yes	Yes
Mchinji AIDS Support Organisation	PLHIV - Eight (8) women and Five (5) Men	Yes	No	Yes	Yes	Yes
Badilika Foundation	Forbes Msiska, Founder Researcher and Trainer	Yes	No	Yes	Yes	Yes
Badilika Foundation	Harold Zengegeya, Volunteer	Yes	No	Yes	Yes	Yes
Badilika Foundation	Purity Msiska, Director	Yes	No	Yes	Yes	Yes
Badilika Foundation	Carolyn Wadi, Project Coordinator	Yes	No	No	Yes	Yes
Badilika Foundation	Irene Makwinja, Volunteer	Yes	No	Yes	Yes	Yes
Malawi Blood Transfusion Service (MBTS)	Bridon M'baya, Medical Director	Yes	Yes	No	Yes	Yes
Malawi Blood Transfusion Service (MBTS)	Macklay Ndileke, Senior Lab. Technician	Yes	No	No	Yes	Yes
Banja La Mtsogolo (BLM)	Angela Chipeta Khonje, Innovation and Best Practices Manager	Yes	No	No	Yes	Yes
Malawi Business Coalition Against HIV and AIDS (MBCA)	Andrew Chikopa, Executive Director	Yes	Yes	Yes	Yes	Yes
Malawi Business Coalition Against HIV and AIDS (MBCA)	Veronica Chikapa, Capacity Building Coordinator	Yes	Yes	Yes	Yes	Yes
Malawi Business Coalition Against HIV and AIDS (MBCA)	Gift Mwamlima, M&E Coordinator	Yes	Yes	Yes	Yes	Yes
Malawi Business Coalition Against HIV and AIDS (MBCA)	Lyness Soko, Communications and Advocacy Coordinator	Yes	Yes	Yes	Yes	Yes
Commercial Sex Workers	Seven (7) Sex Workers	Yes	No	Yes	Yes	Yes
Chiradzulu PLHIV Support Group	Twenty One (21) PLHIV - 16 females, 5 males	Yes	No	No	Yes	Yes
National Association of People Living with HIV and AIDS in Malawi (NAPHAM)	1 NAPHAM Member and 4 HBC Members	Yes	No	No	Yes	Yes
World Health Organisation (WHO)	Ishmael Nyasulu, TB/HIV National Professional Officer	Yes	Yes	Yes	Yes	Yes
Southern Africa AIDS Trust (SAAT)	Robert Phiri, Country Program Manager	Yes	Yes	Yes	Yes	Yes
UNAIDS	Roberto Campos, Partnership Advisor	Yes	Yes	Yes	Yes	Yes
UNAIDS	Tanya Nystedt Coelho, Programme Analyst	Yes	Yes	Yes	Yes	Yes
Catholic Relief Service (CRS)/IMPACT	Cynthia Mambo, M&E Technical Quality Coordinator	Yes	Yes	Yes	Yes	Yes
Malawi Congress of Trade Union (MCTU)	Jessie Ching'oma, HIV and AIDS Coordinator	Yes	Yes	Yes	Yes	Yes
Malawi Human Rights Commission (MHRC)	George Chiusiwa, Investigations Officer	Yes	Yes	Yes	Yes	Yes
National Youth Council	Patrick Makono, Program Officer	Yes	Yes	Yes	Yes	Yes

Family Planning Association of Malawi (FPAM)	Mathias Ghatsa Chatuluka, Executive Director	Yes	Yes	Yes	Yes	Yes
Theatre for a A Change	Claire Walsh, M&E manager	Yes	Yes	Yes	Yes	Yes
National Youth Council	Amanda Sefu, Intern	Yes	Yes	Yes	Yes	Yes
Centre for Development of People (CEDEP)	Maxi Haler, Intern	Yes	Yes	Yes	Yes	Yes
Malawi Network of Religious Leaders Living with or Affected by HIV and AIDS (MANERELA)	Catherine Chirwa, Programme Support Associate	Yes	Yes	Yes	Yes	Yes
Family Health International (FHI 360)	Malla Mabona, Ag. Country Director	Yes	Yes	Yes	Yes	Yes
Malawi Network of AIDS Service Organisations (MANASO)	Milward Chanza, Regional Coordinator	Yes	Yes	Yes	Yes	Yes
Mother 2 Mothers (M2M)	Ellen Thom, Country Manager	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2010-2012

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

The strategy NAF (2005-2009) was extended for 2010-2012 period. The new 2012-2016 NSP development is still in progress with a situation analysis done and the strategies in place. The 2010-2012 NAF and the 2012-2016 have the same goal, and same priority areas. The strategies and activities are similar to the previous strategy 2005-2009 to prevent HIV transmission, and also improve treatment care and support to infected and affected population.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Dept, Nutrition and HIV and AIDS under OPC; NAC, MoH, Local councils and other govt ministries and Civil society

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy Earmarked Budget

Yes Yes

Yes Yes

Yes Yes

Yes Yes

Yes Yes

Yes Yes

Yes Yes

Other [write in]:

-

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes
People who inject drugs:
 No
Sex workers:
 Yes
Transgendered people:
 No
Women and girls:
 Yes
Young women/young men:
 Yes
Other specific vulnerable subpopulations:
 -
Prisons:
 Yes
Schools:
 Yes
Workplace:
 Yes
Addressing stigma and discrimination:
 Yes
Gender empowerment and/or gender equality:
 Yes
HIV and poverty:
 Yes
Human rights protection:
 Yes
Involvement of people living with HIV:
 Yes

IF NO, explain how key populations were identified?:

Injected Drug Users (IDU) is a very negligible population in terms of magnitude in Malawi. MSM and Transgendered populations are considered to be illegal practices hence implementation of interventions is tricky as they may be against the laws of the country.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

PLHIV, Youth, Sex workers, Prisoners, Mobile Populations/Cross border traders, Orphans and Vulnerable Children

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

Civil Society participates in development of the multisector strategic plan, and implementation of the plans to support people living with HIV, for care, and awareness creation and training of communities, out of school youth and vulnerable populations. The civil society supports the development of the M&E framework and costing of the plan.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

3

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

Male and female Adults Aged 15yrs + Male and female Children aged 0-14yrs Pregnant women People living with HIV and AIDS Vulnerable populations Orphans

Briefly explain how this information is used:

The information is used for programming of interventions in various thematic areas particularly with reference to achievements and challenges (i.e. prevention programmes/behavioural change to reduce risks for HIV infection; treatment care and support for HIV effected and affected people; reduction of morbidity and mortality for people living with HIV.

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

Regional and district levels as well as urban and rural areas.

Briefly explain how this information is used:

The geographical levels provide information on prevalence rates, population size, number of health facilities and human resource capacities among other for implementation of the national response vital for programming of interventions.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

Increased ART sites, and PMTCT sites and increased trained service providers has increased access to better quality services to the general populations; efficiency in forecasting and quantification of required logistics and medications is also anticipated to improve.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

Increased ART sites for treatment of PLHIV, and increased implementation of PMTCT to reduce mother to child transmission. The health systems have also increased human resources capacity for HIV management by service providers in the health facilities, including provider initiated counselling and testing and changes in the firstline drugs for treatment of HIV.

What challenges remain in this area:

Financial sources for the new regimen of ARVs, Stock-outs of test-kits, reagents; condoms scarcity particularly in rural areas; increased numbers of PLHIV being treated for opportunistic infections and Side effects of the ARVs. Inadequate resources for the national response in general due to dwindling funding from the donors.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

The President has been/and still is the Minister responsible for HIV and AIDS. HIV is a priority area in the Malawi Growth and Development Strategy and has further been included in the Government's priorities within priorities of the MGDS as Priority number 7. Head of State has participated in Candlelight memorial services as well as World AIDS day commemorations as the guest of honour.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Dr Bernad Malango (His Grace ArchBishop Emeritus)

Have a defined membership?:

Yes

IF YES, how many members?:

11

Include civil society representatives?:

Yes

IF YES, how many?:

5

Include people living with HIV?:

Yes

IF YES, how many?:

1

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

Effective collaboration of Government, civil society organizations and private sector and the partnerships are multi-sectoral and broad-based. The main achievements are the collaboration in development of strategies and implementation of the HIV and AIDS national response to reduce new HIV infections, by risk reduction and also treatment care and support services to reduce morbidity and mortality from HIV and AIDS; and annual reviews of the achievements and challenges of the proposed interventions as information sharing forum among stakeholders.

What challenges remain in this area:

Gaps in availability of required financial resources for all organization and all sectors. Lack of full and timely sharing of information on HIV programmes of government Civil societies and private sector

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

Reviews of policies and legislations are underway. Within the last two years, a report on HIV has been developed highlighting issues and their implications for the national Response upon which the HIV bill will be developed . The National AIDS Policy is also under review with draft amendments on criminalization and discrimination. The final draft is waiting for cabinet and parliament approvals.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

An inconsistency that remains between policies and laws is the illegality of Men having sex with Men.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

9

Since 2009, what have been key achievements in this area:

Key achievements in this area include the HIV section in the Malawi Growth and Development strategy, and the support by DHNA which is dedicated to HIV and AIDS program in Malawi and the effectiveness of National AIDS commission as a coordinating body of the HIV and AIDS national response. There has also been political support for non discrimination which has started reducing the high levels of stigma and discrimination

What challenges remain in this area:

Delay in approval of the amendments in the HIV policy among other legislations by Cabinet and Parliament. Persistent criminalization of Men having Sex with Men and sex workers still being discriminated as vagabonds and several arrested and penalized.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

The Malawi Constitution contains a bill of rights, including the right to gender equality, the right to privacy, the right to security, the right to health, the right to information and the right to work, amongst others. The Constitution also mandates the state to enact laws and develop policies that meet the health needs of Malawians. Thus the constitution broadly protects citizens of Malawi, including PLHIVs and key populations, against human rights violations.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

The HIV AIDS response has non discrimination on gender basis and the background and status of religions. The Civil Society organisations mechanise and ensure the relevant non discrimination and non criminalization through flagging and preaching to the population to avoid human rights violation.

Briefly comment on the degree to which they are currently implemented:

There is implementation non discrimination principles at different levels of the national response although more still needs to be done in this area.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

No

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No
Young women/young men:
No
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:

The HIV report recommended compulsory testing of persons charged with sexual offences, sex workers, persons in polygamous unions, pregnant women and their sexual partners or spouses, and blood and tissue donors. The law governing sex work is primarily contained in the Penal Code (Cap.7:01) of the laws of Malawi. In spite of the common view that prostitution or sex work is illegal in Malawi, the law does not expressly criminalize sex work i.e. it is silent on the issue of prostitution. The 2009-2013 Malawi National Prevention Strategy has included MSM as one of the target groups to be reached with prevention programmes. Briefly comment on how they pose barriers:

Briefly comment on how they pose barriers:

The legislation, results in the discrimination, prosecution and punishment of people solely for their sexual orientation or gender identity. There were widespread accusations by interviewed sex workers of police officers forcing the workers to have sex with them to buy their freedom since prostitution was criminalized. The illegal homosexuality presents hostility and resentment for Lesbian, Gay, Bisexual and Transgender people. MSM indicators in national reports do not reflect the realities on the ground and there is low MSM access to health care and HIV related information.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

No

Avoid commercial sex:

No

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

Increase delayed sex, and safer sex among young people 1. MoE and partners to provide life skills education and assess behavioural impact 2. MoYSD and partners to provide life skills one-on-one to out of school youth More effective communication methods for behaviour change, e.g. peer education and interpersonal Education. a. NAC to commission a communication strategy specifically targeting couples b. NGOs, MIAA and companies to provide one-on-one sex education to couples

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	No	Yes	Yes	Yes	-
No	No	No	No	No	N/A
No	Yes	Yes	Yes	Yes	-
No	No	No	No	No	N/A
No	Yes	Yes	Yes	Yes	-
No	No	No	No	Yes	-
No	No	Yes	Yes	Yes	-
No	No	Yes	Yes	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

High level of awareness of HIV modes of transmission and negative effects to key populations including school children and out of school youth Reduction of early sexual debut. High level of Condom use for safer sex Attendance of facilities by pregnant women to reduce MTCT

What challenges remain in this area:

High risk due to poverty eg. Sex workers with multiple partners due to poverty. condom scarcity in some areas especially in rural Stock outs of test kits for HTC Stigma and discrimination

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

By use of M and E progress reports, DHS and BSS as well as Sentinel Surveillance Survey (SSS) on different thematic areas.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Strongly Agree

Risk reduction for men who have sex with men:

N/A

Risk reduction for sex workers:

Strongly Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Change of the ART first line regimen to Option B+ Initiation of ART at earlier level changed from CD4 count below 250 to CD4 count greater than or equal to 350 HIV positive Pregnant women are initiated on ART regardless of their CD4 count level and continue treatment for life (the option B+)

Briefly identify how HIV treatment, care and support services are being scaled-up?:

1. TB Patients screened and HIV positive individuals are immediately initiated on ART 2. Increased ART sites including mobile ones to reduce distances which have to be covered for individuals to access ART. 3. Increased trained service providers to improve quality in ART, PMTCT, STI and OI 4. Increased supply management and procurement of ARV for timely provision of ARV

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Global Fund grants and contributions from other donor funds are provided to implement home and community based care, providing home care kits, palliative care, and nutritional support for people with HIV. Psychosocial support, education, legal and material support interventions are largely undertaken by households, communities, CBOs, NGOs, FBOs and the government with funding support from donor partners. A GFATM grant supports the OVC programmes with bursaries to attend secondary schools and a school feeding programme in primary schools. Community based child care centres are provided food support to orphans. Some Communities have been provided funds to establish communal gardens to provide food for CBCC as well as other vulnerable population groups using a social cash transfer for OVCs and young people for technical & vocational skills training and training in Income Generating Activities.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

In December 2009 there were 377 ART sites and by June 2011 there were 449 ART clinics, owned by government, mission, NGOs and the private sector (303 static clinics and 146 outreach / mobile clinics). Out of these 58 were for the private sector. Again by December 2009, a total of 271,105 patients ever initiated on ART and by June 2011, the figure had increased to 382,953 clients. An effective health sector response to HIV based on increased ART has dramatically reduced death from HIV. In 2009, AIDS mortality was at 53,000 and 46,000 died in 2011. The survival of people after 12 months on ART has also improved. In December 2009, 198,846 patients were alive on ART and in June 2011 276,897 at 80% survival rate after 12 month on ART. An alternative ARV first line regimen has been introduced for patients with drug side effects

What challenges remain in this area:

Inadequate stocks of test kits, condoms and some OI drugs. Inadequate CD4 testing machines. Side effects of the ARVs.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

5%

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

3

Since 2009, what have been key achievements in this area:

Some OVC have been accessing education bursary, social cash transfers and other support services.

What challenges remain in this area:

Too many OVC vs fewer resources available to effectively support them all.

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

The current NAF (2010-2012) is not comprehensively designed to follow a results based matrix showing the logical and chronological flow of outputs leading to achieve the outcomes. Another critical observation is that the NAF and the M&E Plan are not synchronized through an Indicator framework that describes process indicators between input and outputs, to measure activities against the program outcome indicator. Regarding Mainstreaming HIV and AIDS into the MGDS it has been observed that there are no direct linear linkages to the NAF programme outcomes and outputs.

1.1 IF YES, years covered:

2006-2010

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, some partners

Briefly describe what the issues are:

Key partners such as UNAIDS with the 2010 Universal Access have the M&E requirements and indicators included in the M&E plan. Based on the major resource contributor GFTAM the indicators in the Global funds Rounds and RCC proposals have indicators and M&E requirements harmonized into the National M&E plan. However, other partners are dictated upon by their funders and these may not align their M and E plan to the National one at local level.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

7%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

High attrition rate of trained M&E officers.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Planning Officer	Fulltime	-	2004
Research Officer	Fulltime	-	2006
Monitoring & Evaluation Officer	Fulltime	-	2007

Monitoring & Evaluation	Fulltime	-	2008
Monitoring and Evaluation Officer	Fulltime	-	2008
Planning Officer	Fulltime	-	2005

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes
Briefly describe the data-sharing mechanisms:
 Ministry of Health quarterly HIV programme reports with data , achievements and challenges on ART, PMTCT, HTC and STI. Ministry of Gender quarterly reports on financial and programmatic details Memorandum of understanding between NAC and HIV and AIDS implementing partners is in place to ensure reporting on quarterly basis. Local Councils collect M& E data monthly and reports quarterly from all partners involved in HIV programs (CBOs FBOs Gov't Sector, CSO) for submission to the National M&E unit.

What are the major challenges in this area:
 Delayed and erratic reporting by partners still a challenge and poor quality data.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes
6. Is there a central national database with HIV- related data?:
 Yes

IF YES, briefly describe the national database and who manages it.:
 National HIV and AIDS database consolidating the data from all local councils in the national response is managed by an M&E officers at NAC. The district database on HIV/AIDS prevention care and support is managed by the district AIDS coordinators and district M and E Officers. Biomedical data is managed by the under MOH through Health Management Information system (HMIS) and (DHIS).

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above
 6.2. Is there a functional Health Information System?

At national level: Yes At subnational level: Yes IF YES, at what level(s)?: National and district level.

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used? For programme improvement?: Yes In developing / revising the national HIV response?: Yes For resource allocation?: Yes Other [write in]: -

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
 Development of workplans for programme implementation at national as well as at local level including the districts. Main challenges 1. Routine data collection and analysis capacity at district level and among civil society is not adequate.

9. In the last year, was training in M&E conducted

At national level?: Yes IF YES, what was the number trained: 96 At subnational level?: Yes IF YES, what was the number trained:

At service delivery level including civil society?:

Yes

IF YES, how many?:

150

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

Data quality auditing Onsite supervisory monitoring

10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

District staff trained in M and E and reporting through working sessions on database management. Research and M and E information in HIV and AIDS disseminated to partners

What challenges remain in this area:

Late submission of reports, erratic reporting by some partners and high attrition rate of local council data management staff.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

Civil society organizations working in the areas of Human Rights, HIV and gender are contributing to strengthening political commitment to national strategies and policy and legal amendments. They also contribute in conducting advocacy for changes in draft bills and legislation to guarantee the right to liberty, dignity, and security, and prohibition of discrimination and protection on the right to privacy, and Human Rights and People’s Rights. For example they have played an important role in advocating for incorporation of a human rights approach in the delivery of HIV and AIDS services to vulnerable populations such as Men having Sex with Men, sex workers and transgendered people. CSOs have also contributed to the development of the National HIV and AIDS Strategic Plan through membership of different TWGs. They have also played an important role in the development of the National HIV and AIDS Policy and the National Plan of Action for Orphans and other vulnerable children.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

The CSO have participated actively in the development of NSP but they did not participate in budgeting process for this plan. The development of the extended NAF benefited from broad participation of implementing partners, communities affected by HIV and AIDS and development partners and CSOs. CSOs also made contributions to the development of the National Plan of Action for Orphans and other vulnerable children.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

3

c. The national HIV reports?:

3

Comments and examples:

Most of the services provided by the civil society in areas of HIV prevention, treatment, care and support are in the national HIV strategy but very few of these CSOs get funding from the National HIV Budget which in most cases is funded through the National AIDS Commission. CSOs in most cases get their funding from other donors. In terms of reporting, it is mostly CSOs that are funded by the National AIDS Commission that are reporting their activities to NAC. These reports are sometimes incomplete.

4.

a. Developing the national M&E plan?:

5

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

:

4

c. Participate in using data for decision-making?:

3

Comments and examples:

Development of the M and E Plan involved input from various civil society organizations gathered through consultative meetings and through their participation in the TWGs at national level. They also participate in Joint Annual Reviews. Some CSOs are using data for decision making while others are not. It is a big challenge not only among CSOs but also among other stakeholders as well.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

5

Comments and examples:

For enhanced and sustainable HIV and AIDS response and in recognition of the epidemic as a crosscutting and development issue, all sectors of society mainstream and address HIV and AIDS in their plans and programmes. Civil Society sectors collaborate and share activities among stakeholders, including NGOs, religious organisations, traditional institutions and community members with high risk and vulnerable populations in the design and, implementation of multi-sectoral and multi-disciplinary programmes. Only sex workers and MSM are not adequately covered Institutions representing people living with HIV, sex workers and faith based have always participated in different HIV and AIDS meetings where they contribute during decision making. These include Malawi Interfaith AIDS Association (MIAA), NAPHAM, MANASO, MANET+ and CEDEP.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

2

b. Adequate technical support to implement its HIV activities?:

4

Comments and examples:

Financial support is provided by NAC from Global Fund to Civil societies and also from several donor partners. Every implementing partner is encouraged to raise additional resources, either from development partners or locally. Technical support for design and implementation of interventions is provided by several actors. There is often technical support provided in all areas under HIV from development partners and INGOs and also ministries such as MoH, MoE, MOWGD who bring together technical experts and advice on national technical strategy implementation.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

51-75%

Men who have sex with men:

>75%

People who inject drugs:

-

Sex workers:

51-75%

Transgendered people:

<25%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

<25%

Home-based care:

>75%

Programmes for OVC:**

51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

7

Since 2009, what have been key achievements in this area:

Increased participation of civil society in various HIV and AIDS forums where their contributions are taken aboard in decision making. The other achievement has been increased participation of civil society in the implementation of HIV interventions mainly in terms of creating awareness among different interest groups such as MSM, sex workers and other vulnerable groups. Their work is mainly in advocating for behavior change through peer education and other channels. They have also played an important role in linking community-based groups with health services to support both facility and community-based prevention activities

What challenges remain in this area:

Some legal issues like criminalization and discrimination are still outstanding thus affecting implementation of interventions towards some high risk groups such as MSM. Limited coordination among CSOs; being hard for newer CSOs to actively

participate; Limited information sharing efforts among CSOs; and the general challenges in capacity to implement activities as well as limited financial resources to implement programs.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

In 2010 and 2011 during the development process of National Strategic Plan 2011-2016 where civil society were involved in all the processes.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

The Constitution prohibits discrimination in any forms and all persons are, under any law, guaranteed equal and effective protection against discrimination on grounds of race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social origin, disability, property, birth or other status. The Constitution, however, allows for positive discrimination to address inequalities in society and prohibiting discriminatory practices and the propagation of such practices. Any person that propagates discriminatory practices may be amenable to criminal sanctions before the courts of law. The Government, through recommendations of the Malawi Law Commission, is introducing policies that prohibit harmful social and cultural practices that perpetuate the subservice of women and which invoke exploitative sexual relations.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

The law governing sex work is primarily contained in the Penal Code (Cap.7:01) of the laws of Malawi. In spite of the common view that prostitution or sex work is illegal in Malawi, the law does not expressly criminalise sex work i.e. it is silent on the issue of prostitution. The report by the Law Commission on HIV recommends prohibition of HIV-related discrimination in line with the Constitution.

Briefly comment on the degree to which they are currently implemented:

At times, sex workers as well as sex work customers are arrested at night due to roistering around (vulgarbonds).

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

The Malawi penal code which criminalize same sex relationships / homosexuality. The HIV Bill recommended compulsory testing of persons charged with sexual offences, sex workers, persons in polygamous unions, pregnant women and their sexual partners or spouses. Articles 43, 44 and 45 of the HIV Bill criminalize exposure to, or transmission of, HIV.

Briefly comment on how they pose barriers:

Malawi Government through the Ministry of Information and Civic Education issued a press release condemning Homosexuality and organizations fighting for the rights of MSM (men having sex with men). Provisions of the Criminal Code criminalizing same-sex activities violates the Constitution, which guaranteed the right to liberty, dignity, and security and prohibited discrimination on all grounds and protected the right to privacy. There are fundamental flaws in the HIV Bill that may limit its effectiveness and result in human rights violations. Applying criminal law to HIV exposure or transmission does not address the epidemic of gender-based violence or the deep economic, social, and political inequalities of women's and girls' disproportionate vulnerability to HIV even though the criminal law provisions in the HIV Bill may have been driven by a well-intentioned wish to protect women and to respond to serious concerns about the ongoing rapid spread of HIV.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

The constitution provides that women have the right to full and equal protection by the law and have the right not to be discriminated against on the basis of their gender and marital status which include the right to be accorded the same rights as men in civil law. Such provisions are also contained in the Child Care Justice and Protection Act 2011.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Malawi attaches great importance to promotion of human rights as universally shared principles and norms enshrined in the United Nations Charter, the Universal Declaration of Human Rights and other relevant human rights instruments. Malawi has ratified the International Human Rights Treaties and has domesticated these in various legislations and policies for example the National HIV and AIDS Policy.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

The Malawi Human Rights Commission is the primary institution designed to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations. The recording of such cases is also done in the Victims Support Unit which are located in Police stations throughout the country. The Ministry of Women, Children and Community Development also has a ledger book in which cases of abuse are recorded by NGOs.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	No	No
Yes	No	No
No	Yes	No

If applicable, which populations have been identified as priority, and for which services?:

The following populations have been identified as a priority: (i) PLHIVs for ART, (ii) pregnant women (prioritized for prevention services to reduce the risk of mother to child transmission), (iii) all people in the country are entitled to free condoms for prevention but the obstacle is the lack of consistent availability of condoms to all; (iv) Orphans and vulnerable children are provided with support for nutrition and education and (v) PLHIV are supported with Home based care and some but not all with nutrition; (vi) Young people

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes
7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes
8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes
IF YES, Briefly describe the content of this policy/strategy and the populations included:

The strategy for equal access to the whole population for HIV prevention treatment and care includes the most at risk population and vulnerable populations, sex workers and men having sex with men, orphans and vulnerable children and people living with HIV AIDS.

8.1
8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
Yes
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:
The strategy has different types of approaches for different key populations. Pregnant women have Access at the ante natal care , youth have prevention through life skills education in primary and secondary schools, out of school youth have access in youth clubs in the communities. Some Orphans and vulnerable children are supported through social cash transfers, community based childcare centres (CBCC) etc.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No
10. Does the country have the following human rights monitoring and enforcement mechanisms?:
a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

Yes
IF YES on any of the above questions, describe some examples:
There are Human Rights periodic reviews in Malawi.

11. In the last 2 years, have there been the following training and/or capacity-building activities?:
a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

12. Are the following legal support services available in the country?:
a. Legal aid systems for HIV casework:
Yes
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes
IF YES, what types of programmes?:
Programmes for health care workers:
Yes
Programmes for the media:
Yes

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

7

Since 2009, what have been key achievements in this area:

The Government of Malawi is committed to the promotion and protection of Human Rights at the national and International levels. The key areas of concern in human rights awareness are the rights of vulnerable groups and how to exercise them, and the roles of governance institutions in promotion and protection of human rights. Efforts continue to be made to make the public aware of their human rights. This work is done by both government institutions and civil society.

What challenges remain in this area:

There is still much to be done to ensure practical enjoyment of human rights for all Malawians as there is lack of total Public Awareness Inadequate financial, capital and human resources as well as a lack of trained counsellors hampers the implementation of this legislation.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

7

Since 2009, what have been key achievements in this area:

The Malawi Human Rights Commission took concrete steps to implement human rights education and training programmes, in keeping with its current strategic plan (2006-2010) which includes, among its goals, enabling the people of Malawi – vulnerable groups in particular – to know, understand and freely exercise their human rights through human rights education and training. Public health and human rights-based responses are founded in the rights and the responsibilities of both the non-infected and the infected, enabling all people to take responsibility to do their part in protecting themselves from infection and, if infected, from passing infection on to others and accessing treatment, which in turn reduces infectiousness. There is a lot of advocacy being done by UN agencies and CSOs on these issues.

What challenges remain in this area:

Reported cases of sexual abuse and exploitation of women and children had continued to rise to unprecedented numbers posing challenges to the protection, well-being, survival and development of children. Inadequate financial, capital and human resources as well as a lack of trained counsellors hampered the implementation of the Penal Code (Amendment) Bill intended to enhance protection of children, especially the girl child. High prevalence of violence against women and again concern about the lack of adequate services and protection for victims. Poverty is a major factor inhibiting equal opportunities for the women and children of Malawi.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

The specific needs for HIV prevention programs were mainly determined through research as well as M&E data came from different HIV programs.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Programs targeting youth have made significant progress. Youth-friendly services have made a very big difference and this approach of sensitizing health care providers should be taken for all risk groups. Other key achievements include: (a)The development of the National HIV Prevention Strategy; (b)Life skills education becoming examinable; (c)Increases in HIV testing; and (d) provision of free condoms for safe sex.

What challenges remain in this area:

Coverage remains a significant challenge. Essential supplies for prevention are needed in greater quantity and with greater access to improve the availability and marketing of female condoms and lubricants, in particular. General information on prevention needs follow up on practical knowledge on how to actually use protection effectively. It is important to increase communication and openness between couples to talk about sex, maintain healthy relationship and respect for each other to improve communication and mutual responsibility for prevention. Poor interventions for vulnerable groups including sex workers and men who have sex with men. Multiple and concurrent partnership still persists.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Increased HTC to enable early access to ART Pregnant women are all out on ART and continue after delivery Early infant diagnosis after delivery of babies form positive mothers Nutritional support to PLHIV on ART BCC interventions

Briefly identify how HIV treatment, care and support services are being scaled-up?:

One major success has been the scaling up of ART (both the number of sites and the number of people on treatment). In the words of one participant, The HIV infection level for initiating treatment has been upgraded from CD4 250 o to CD4 350. ARV First line regimen has been changed to reduce side effects. The major problem is the lack of resources to implement the new ART policy.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

In Dec. 2009 there were 377 ART sites and by June 2011 there were 449 ART clinics, owned by government, mission, NGOs and the private sector (303 static clinics and 146 outreach / mobile clinics). Out of these 58 were ART facilities in the private sector. By Dec. 2009 patients ever initiated on ART were 271,105 and in Jun 2011 it had increased to 382,953. An effective health sector response to HIV based on increased ART has dramatically reduced death for HIV. In 2009 AIDS mortality was 53,000 and 46,000 died in 2011 so in Dec 2009 198,846 patients were alive on ART and in June 2011 276,897. An alternative ARV first line regimen has been introduced for patients with drug side effects.

What challenges remain in this area:

Due to the current high growth rates of number of people on ART, financial sustainability is a challenge particularly with the dwindling resources from the major donors. Long distance to the nearest health facility is still an issue coupled with inadequate human resources at the facilities. Weak supply chain systems have been a significant barrier for health procurement and supply to deliver a continuous and reliable provision of services and medical supplies. There is under-ascertainment of the true rate of drug side effects from Triomune the first line regimen and budget constraints affect the higher cost of the alternative first line ARV regimen. Weak linkages between HTC and STI services. Generally there has been a decrease in CBHC visits which is most likely attributable to the success of the ART programme.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

17.3%

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

6

Since 2009, what have been key achievements in this area:

Because of the SCTP program, OVC are now able to go to school, have better meals, live healthier lives and have access to better shelter. They also have access to community based child care centres and child care institutions.

What challenges remain in this area:

The major problem is the lack of financial resources for example to scale up the SCTP to other districts and sustain the program in the 7 districts where it is being implemented.

Source URL: <http://aidsreportingtool.unaids.org/137/malawi-report-ncpi>