Survey Response Details

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Response Details

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1) **Country**

Malawi (0)

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

Mr Davie Kalomba Head of Planning, Monitoring, Evaluation and Research National AIDS Commission

3) **Postal address:**

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7) **Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

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8) **Describe the process used for NCPI data gathering and validation:**

Technical oversight for the UNGASS process was undertaken by a broadbased UNGASS/NASA Task Force which decided to adopt the following changes to improve the data collection and validation process for this reporting round in Malawi: (a) For a more accurate and useful report,

greater balance must be achieved at all stages of the NCPI data collection between: -High-level policy and planning personnel from central offices; -Direct service providers at local level, especially in rural areas; and -Users of Services:General Population and Most-at-Risk Populations and Vulnerable Groups (b) Inorder to achieve this balance, focus groups were included in the interview stage. (c) The validation meetings were planned to include a balance of the above three categories of people/respondents. The following consultative process was used for NCPI data collection and validation: 1. Official letters were distributed with the NCPI questionnaire by mail and email inviting participants to take part in the NCPI process and requesting that they fill out the questionnaire prior to the scheduled interview. 2. Introductory visits were conducted to hand-deliver the letter and questionnaire to key partners with a copy of the previous UNGASS report. 3. A desk review was conducted to inform the tailoring of follow-up questions in the Key Informant Interviews and Focus Group Discussions. 4. Key Informant Interviews and Focus Group Discussions were conducted to expand on the data entered on the questionnaire by the respondent. The respondents spanned: -18 Government and 14 Civil Society Key Informant Interviews,each with 1-7 Respondents -11 Focus Group Discussions, each with 7-18 Participants The respondents included a balance of: -High-Level Policy and Planning Personnel from Central Offices (Government, Civil Society, Private Sector, and Development Partners) -Health Service Providers at District Level (Government and Civil Society) -Users of Services—General Population and Most-at-Risk Populations and Vulnerable Groups (Sex Workers and Men who have Sex with Men) 5. All responses were compiled to form one comprehensive version of the NCPI. 6. An NCPI Validation Meeting was held in two parts: Part A: Government, and, Part B: Civil Society, Bilateral Agencies, and UN Organisations.

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

Substantial discrepancies in responses within a given Part of the NCPI were resolved within each NCPI Validation Meeting through consensus (separately for Part A and Part B), noting any areas were differences of perspective persisted. Issues of existing and draft legislation featured prominently in the NCPI responses and validation meetings, as an HIV bill has been drafted in the two-year reporting period. Thus, some clarification is in order regarding the responses in the NCPI. Closed-ended questions about HIV laws and policies have been answered based on existing laws and policies that are in effect. Draft HIV laws and policies are discussed in the text boxes. There was some discussion as to whether it is appropriate to review draft legislation in the NCPI and in the UNGASS Report in general. It was determined that in accordance with the UNGASS Guidelines, countries are requested to provide explanation regarding draft laws and policies in the open text boxes of the NCPI. Most importantly, it was determined that if we neglect to base recommendations on a review of the draft legislation, the consequence could be that we would have to report in two years a retrogression of progress due to some elements of the bill that were in need of revision.

10)

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

Regarding international comparability of the data, it should be noted that Malawi has taken a courageous step of including not only high-level policy-makers as respondents to the NCPI, but also implementers and users of services. This has led to a much more accurate and comprehensive picture of the implementation of national HIV policies, strategies and laws. This clearer reflection of successes and challenges will be much more informative in decision-making and planning to address gaps.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Office of the President and Cabinet (Department of Nutrition, HIV and AIDS)	Dr Mary Shawa, Principal Secretary	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	National AIDS Commission	Dr Biziwick Mwale, Executive Director	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Ministry of Health (HIV Directorate)	Dr Erik Schouten, TA HIV Coordination	A.I, A.II, A.III, A.IV, A.V
Respondent 4	National AIDS Commission	Ms Bridget Chibwana, Director of Policy and Programmes (now Acting Executive Director)	A.I, A.II, A.III, A.IV, A.V
Respondent 5	National AIDS Commission	Ms Florence Kayambo, Head of Policy Support and Development	A.I, A.II, A.III, A.IV, A.V
Respondent 6	National AIDS Commission	Mr Davie Kalomba, Head of Planning, Monitoring, Evaluation and Research	A.I, A.II, A.III, A.IV, A.V
Respondent 7	National AIDS Commission	Mr Robert Chizimba, Head of Behavioural Change Interventions	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Ministry of Health (HIV Directorate)	Dr Zengani Chirwa, TA ART Programme	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Ministry of Health (HIV Directorate)	Dr Peggy Chibuye, TA PMTCT	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Ministry of Health (HIV Directorate/Central Monitoring & Evaluation Division)	Dr Andreas Jahn, TA M&E	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Ministry of Health (HIV Directorate)	Dr Mwai Makoka, HIV Fellow	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Ministry of Health (HIV Directorate)	Mr Lucious Ng'omang'oma, HTC Programme Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Ministry of Health (HIV Directorate)	Ms Mtemwa Nyangulu, HTC Programme Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Ministry of Health (HIV Directorate)	Mr Simon Makombe, ART Programme Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Office of the President and Cabinet (Department of Human Resource Management and Development)	Dr Khembo, HIV Programme Manager	A.I, A.II, A.III, A.IV, A.V
Respondent 16	The Malawi Law Commission	Mr William Y. Msiska, Assistant Law Reform Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 17	Ministry of Youth & Sports Development	Mr W. Lichapa, Principal Youth Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 18	Malawi Human Rights Commission	Mr Crispin Sibande, Principal Legal Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 19	Malawi Police Service	Mr Chatsalira, Deputy Commissioner of Police (HIV and	A.I, A.II, A.III, A.IV, A.V

19		AIDS Coordinator)	A.V
Respondent 20	Malawi Defence Force	Lt. Colonel F. Nkhoma, HIV & AIDS Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 21	National Youth Council	Mr A. Chibwana, Executive Director	A.I, A.II, A.III, A.IV, A.V
Respondent 22	Ministry of Gender, Child Development and Community Services	Ms Linley Kantengeni, Gender Expert	A.I, A.II, A.III, A.IV, A.V
Respondent 23	Malawi Prison Services	Dr Henry Ndindi, Chief Medical Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 24	Ministry of Health (National TB Control Programme)	Mr H. Kanyerere, TB/HIV Programme Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 25	Ministry of Finance	Ms Madalo Nyambose	A.I, A.II, A.III, A.IV, A.V

13) **If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.**

26. Ministry of Development Planning and Cooperation,Mr H Phiri, Chief Economist. 27.Ministry of Local Government, Mr Grace Chinamale, Nutrition, HIV and AIDS Officer 28. Blantyre District Assembly, Mr Henry Kaumi, District AIDS Coordinator 29. Ministry of Education, Science and Technology, Mr Charles Mazinga, Deputy Director for Nutrition HIV and AIDS.

14)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Malawi Interfaith AIDS Association (MIAA)	Mr Robert Ngaiyaye Executive Director	B.I, B.II, B.III, B.IV

15)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Malawi Interfaith AIDS Association (MIAA)	Ms Edwina Hanjahanja, M&E Officer	B.I, B.II, B.III, B.IV
Respondent 3	Malawi Network of People living with HIV (MANET+)	Mr Safari Mbewe, Executive Director	B.I, B.II, B.III, B.IV
Respondent 4	Malawi Network of People living with HIV (MANET+)	Mr Victor Kamanga, Programme Officer	B.I, B.II, B.III, B.IV
Respondent 5	National Association of People Living with HIV and AIDS in Malawi (NAPHAM)	Ms Amanda Manjolo, Executive Director	B.I, B.II, B.III, B.IV
Respondent 6	Family Planning Association of Malawi (FPAM)	Ms E. Perekamoyo, Executive Director	B.I, B.II, B.III, B.IV
Respondent 7	Family Planning Association of Malawi (FPAM)	Mr M. Chatuluka, Programme Director	B.I, B.II, B.III, B.IV
Respondent 8	Family Planning Association of Malawi (FPAM)	Mr Ignatio Wachepa, M&E Officer	B.I, B.II, B.III, B.IV
Respondent	Family Planning Association of Malawi	Ms Ireen Kamanga, Service	B.I, B.II, B.III, B.IV

9	(FPAM)	Delivery Manager	B.I, B.II, B.III, B.IV
Respondent 10	Family Planning Association of Malawi (FPAM)	Mr L. Kumchenga, IEC Advocacy & Public Relations Officer	B.I, B.II, B.III, B.IV
Respondent 11	Center for the Development of People	Mr Gift Trapence, Executive Director	B.I, B.II, B.III, B.IV
Respondent 12	Malawi Network of AIDS Service Organisations (MANASO)	Ms Francina Nyirenda, Executive Director	B.I, B.II, B.III, B.IV
Respondent 13	Malawi Network of AIDS Service Organisations (MANASO)	Mr Donald Makwakwa, M&E Officer	B.I, B.II, B.III, B.IV
Respondent 14	Malawi Network of AIDS Service Organisations (MANASO)	Mr Ishmael Nkosi , Policy and Advocacy Officer	B.I, B.II, B.III, B.IV
Respondent 15	ActionAID	Ms Alepha Mwimba, Programme Officer	B.I, B.II, B.III, B.IV
Respondent 16	World Vision International	Ms Ethel Kapyepye, Senior Manager, HIV&AIDS	B.I, B.II, B.III, B.IV
Respondent 17	Save the Children	Mr Chris Mzembe, Programme Manager	B.I, B.II, B.III, B.IV
Respondent 18	PACT Malawi	Mr Rolex Tolani, M&E Manager	B.I, B.II, B.III, B.IV
Respondent 19	World Health Organisation (on behalf of the HIV and AIDS Development Group)	Dr Eddie Limbambala,	B.I, B.II, B.III, B.IV
Respondent 20	PEPFAR/USG	Dr Mamadi Yilla, Country Coordinator	B.I, B.II, B.III, B.IV
Respondent 21	UNAIDS	Mr Patrick Brenny, Country Coordinator	B.I, B.II, B.III, B.IV
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

16) **If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.**

Focus Group Discussions Local level Service Delivery: 10 participants Users of Services (general): 26 participants Users of Services (Sex Workers:30 participants; Men who have Sex with Men: 14 participants)

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17)

Part A, Section 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 (0)

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18)

Part A, Section I: STRATEGIC PLAN

Question 1 (continued)
Period covered:

2010-2012

19)

1.1 How long has the country had a multisectoral strategy?

Number of Years

9

20)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	No
Labour	Yes	No
Transportation	Yes	No
Military/Police	Yes	No
Women	Yes	No
Young people	Yes	Yes
Other*	Yes	No

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21)

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?

With the exception of the health sector and the youth sub-sector which have guaranteed funding through the Global Fund support, the other sectors get their support from the Grants Facility by expressing their interest for support to clearly outlined areas that draw from the National Action Framework, which is Malawi's strategic framework for HIV and AIDS activities. Some sectors also benefit from discrete support from agencies that give direct support outside the grants facility.

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22)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

23)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

24)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2004

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25)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

The official target population in Malawi in the national response to HIV and AIDS is the 15 – 49 years age group, as this is the sexually active age group. It has been recognised that there is a need for specific attention to programmes for women and girls, especially young women in stable relationships; men and women in concurrent sexual relationships; armed forces; PLHIV; MTCT; sex workers, clients of sex workers, and partners of clients of sex workers; men who have sex with men; young people,10-24 year olds in and out of school, and orphans and other vulnerable children. It is also recognised that there may be some groups that should be included here but have not yet

been identified, such as domestic workers. In the past, the BSS has collected specific data on female sex workers, truck drivers, male and female police, male and female estate workers, male and female primary school teachers, and male and female secondary school teachers, female border traders, male vendors, fishermen. The groups indicated above have been identified through the Know Your Epidemic Study, PLACE study, BSS and DHS studies,Triangulation studies, and UNAIDS Modes of Transmission study.

26)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

27)

1.7 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?	Yes
e. A monitoring and evaluation framework?	Yes

28)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

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29)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Civil Society participates in a number of thematic Technical Working Groups (TWGs), which provided input, reviewed and validated the strategy at various stages. For People living with HIV, the Umbrella Network is the Malawi Network of People living with HIV (MANET). The coordinating body for all Non-Governmental Organisations (NGOs)in the national response to HIV and AIDS is the Malawi Network of AIDS Service Organisations (MANASO).

30)

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

Yes (0)

31)

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

Yes, all partners (0)

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32)

Part A, Section I: STRATEGIC PLAN

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 (0)

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33)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	

34)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Youth have become a key priority area in the Malawi Growth and Development Strategy	Yes

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35)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

36)

Part A, Section I: STRATEGIC PLAN

3.1 *IF YES*, to what extent has it informed resource allocation decisions?

3 (3)

37)

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 (0)

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38)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: The element of uniformed forces has been built into an overall strategy for SADC with firm commitments on testing and counselling for the armed forces. Specific strategies may have been developed for armed forces as part of workplace programmes.	Yes

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39)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV Testing is mandatory as a precondittion for entry into the Armed Forces Cadres (i.e. recruitment). Whilst in employment, testing is not mandatory (but voluntary) except when one is being considered for deployment to Peacekeeping services abroad.

40)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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41)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	No
g. Migrants/mobile populations	
Other: Please specify	

42)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

There is some degree of awareness-raising and sensitisation of Most-at-risk Populations (men who have sex with men and sex workers), but this is limited to a few activities by organisations such as the Family Planning Association of Malawi (FPAM) and the Center for the Development of People (CEDEP). There is need to strengthen sensitisation of law enforcement and justice delivery personnel.

43)

Briefly comment on the degree to which these laws are currently implemented:

Any discrimination is outlawed in Malawi. However, 'No' has been indicated on some questions because the groups highlighted are not specifically mentioned.

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44)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

6.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	No
Other: Please specify	

46)

IF YES, briefly describe the content of these laws, regulations or policies:

1. Young people: No laws present obstacles, however, the draft bill states that minors under the age of 13 must have guardian or caretaker's consent for testing unless married, pregnant, or engaged in sexual behaviour. In practice, this is followed at the health service provider's discretion. 2. Injecting drug users: The possession of drugs is illegal. 3. Men who have sex with men: The Penal Code criminalises carnal knowledge against the order of nature, interpreted as sodomy. Thus, homosexuality is illegal in Malawi. 4. Sex workers: The penal code criminalises running a brothel, but the rogue and vagabond charge is used for loitering aimlessly in the night. Usually, this is meant to be applied when there is a suspicion of criminal activity for the person to be arrested (loitering for criminal purposes, with intention to commit offence). 5. Prison inmates: For prevention, the answer is that yes, there are policies that present an obstacle, since condom distribution is not allowed as this would entail legalising homosexuality which is illegal. For treatment and care, the answer is no.

47)

Briefly comment on how they pose barriers:

See above.

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48)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

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49)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

50)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

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51)

Part A, Section I: STRATEGIC PLAN

7.3 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 (0)

52)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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53)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

54)

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

No (0)

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55) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

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56)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Provincial(regional) and to some extent district.

57)

Briefly explain how this information is used:

Information is mainly used for resource allocation and programming.

58)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

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59)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

60)

Since 2007, what have been key achievements in this area:

Successes include: (a)Mid-term review of the NAF; and (b) Development of the Extended NAF and its alignment with the MGDS.

61)

What are remaining challenges in this area:

A key remaining challenge is the estimation of available and projected funding from all partners.

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62)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

63)

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

Yes (0)

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64)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2001

65)

2.2 IF YES, who is the Chair?

Name	Dr Benard Malango
Position/title	His Grace ArchBishop Emeritus

66)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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67)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

11

68)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

3

69)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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70)

Part A, Section II: POLITICAL SUPPORT

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 (0)

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71)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

Malawi can boast of strong partnerships at all levels of the national response. The partnerships are multisectoral and broadbased encouraging a crossfertilisation of ideas for the good of the response.

72)

Briefly describe the main challenges:

Feedback to some constituencies is limited.

73)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

74)

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

Yes (0)

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75)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

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76)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

Some reviews are underway: Within the last two years, a draft HIV bill has been developed. The consultative process for the UNGASS Report Development has included a review of the draft HIV Bill and its implications for the National Response. The National AIDS Policy is under review. The age for youth has been re-defined as 10-29.

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77)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

8 (8)

78)

Since 2007, what have been key achievements in this area:

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.

Page 39

79)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

80)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
g. Avoid commercial sex (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)

m. Males to get circumcised under medical supervision (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

81) **In addition to the above mentioned, please specify other key messages explicitly promoted:**

(a) Harmful cultural practices (b) Role modelling (c) Adherence to treatment

82)

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

Yes (0)

Page 41

83)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

84)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

85)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

86)

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

Yes (0)

87)

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

Yes (0)

Page 42

88)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Stigma and discrimination reduction	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Sex workers
Drug substitution therapy	
Needle & syringe exchange	

Page 43

89)

Part A, III. PREVENTION

Question 3.1 (continued)
You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

PregnantWomen

Page 44

90)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

7 (7)

91)

Since 2007, what have been key achievements in this area:

The development of the HIV Prevention Strategy was a major success.

92)

What are remaining challenges in this area:

Key challenges remaining include: (a) Operationalisation of the strategy; and (b) The capacity of implementers to implement the strategy.

Page 45

93)

Part A, III. PREVENTION

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

Yes (0)

Page 46

94)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

Needs were determined through consultations with stakeholders and population groups (Most at risk Populations and vulnerable groups, etc.).

95)

4.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

Page 47

96)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

97)

Since 2007, what have been key achievements in this area:

Major successes have included: (a) Development of HIV Prevention Strategy; and (b) Scaling up HTC and PMTCT.

98)

What are remaining challenges in this area:

Remaining challenges include: (a) Capacity of implementing partners; and (b) Disclosure of status.

Page 48

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

101)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

102)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

Needs were determined through technical consultations and needs assessments.

104)

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

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

Page 51

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

106)

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

No (0)

Page 53

107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

108)

Since 2007, what have been key achievements in this area:

A major success has been the scaling up of treatment programs.

109)

What are remaining challenges in this area:

Reaching the hard-to-reach areas in the scale-up remains a challenge.

Page 54

110)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

111)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

112)

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

Yes (0)

113)

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

Yes (0)

Page 56

114)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 5.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the rounded percentage (0-100)

31

115)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

6 (6)

116)

Since 2007, what have been key achievements in this area:

Major success have included: (a) Provision of social and educational support; (b) Social cash transfers.

117)

What are remaining challenges in this area:

Remaining challenges include: (a) Identifying OVCs; and (b) Ensuring that support reaches the proper constituents and is used to improve their well-being.

Page 57

118)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

119)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2006

120)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2010

121)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

122)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

123)

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

Yes, most partners (0)

Page 60

124)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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125)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy,

then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

126)

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

Yes (0)

Page 62

127)

Part A, Section V: MONITORING AND EVALUATION

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

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

5

128)

3.2 IF YES, has full funding been secured?

Yes (0)

129)

3.3 IF YES, are M&E expenditures being monitored?

No (0)

Page 64

130)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

131)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

This is usually comprehensively conducted after the expiry of the duration of the plan (5 years) and also routinely through M&E technical working group meetings.

132)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

133)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
in the Ministry of Health?
Elsewhere? (please specify)

134) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

5

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135)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Head of Planning, Monitoring,Evaluation and Research	Full time	2002
Permanent staff 2	Monitoring and Evaluation Officer	Full time	2002
Permanent staff 3	Monitoring and Evaluation Officer	Full time	2008
Permanent staff 4	Monitoring and Evaluation Officer	Full time	2008
Permanent staff 5	Monitoring and Evaluation Officer	Full time	2008
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			

Permanent staff 10

Permanent staff 11

Permanent staff 12

Permanent staff 13

Permanent staff 14

Permanent staff 15

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136)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

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137)

Part A, Section V: MONITORING AND EVALUATION

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

Data sharing and dissemination is through various avenues including the following: (a) Biannual and annual reviews (b) Zonal dissemination meetings (c) Information products are placed in the resource centre

138)

What are the major challenges?

Major challenges relate to data quality, shortage of skilled human resources as well as a lack of full alignment to the national M&E system by some partners.

Page 70

139)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

140)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

141) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

Representatives from various NGOs who are key providers of data are members. The umbrella organisation for PLHIV is the Vice Chair.

142)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

143)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

The database contains all M&E Plan indicators and is managed by NAC.

144)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, but only some of the above (0)

Page 73

145) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

the content of the HIV services (0)
geographical coverage of HIV services (0)
implementing organizations (0)

146)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

147) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

It is functional at all levels of service delivery including health centres, district hospitals,and central hospitals.

148)

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

Yes (0)

149)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

2 (2)

150)

Provide a specific example:

Strategic and operational planning (IAWPs) is one example.

151)

What are the main challenges, if any?

A major challenge includes the need for analytical skills at lower levels to analyse data

Page 75

152) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

2 (2)

153)

Provide a specific example:

Allocation of resources for District Implementation Plans is one example.

154)

What are the main challenges, if any?

Frequency of data collection for population-based survey indicators

Page 76

155)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

5 (5)

156)

Provide a specific example:

The development of programme scale-up plans

157)

What are the main challenges, if any?

Data quality is a major challenge

Page 77

158) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, at all levels (0)

Page 78

159)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79

160) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

20

161) **Please enter the number of people trained at subnational level.**

Please enter an integer greater than 0

80

162) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

100

Page 80

163)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

164) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

Activities included technical and advisory services to partners.

Page 82

165) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

9 (9)

166)

Since 2007, what have been key achievements in this area:

Major successes include: (a) Revision of the M&E database; and (b) Training of M&E personnel. (c) The draft HIV bill will give more power to the district assembly once passed. If guidelines are followed for reporting and data use, this could make a great difference.

167)

What are remaining challenges in this area:

There is a new M&E System which is designed to give more power to district authorities through the Local Assembly HIV and AIDS Reporting Form (LAHARF). However, it is not being fully used at all levels due to slow uptake. More supportive supervision is required to ensure full utilisation of this very important tool. Local Authorities require some resources to provide support to grassroots organisations.

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168)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

169)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

The general non-discrimination laws cover this. The protections will become more explicit in the passing of the draft HIV Bill.

170)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

171)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	Yes

b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	No
g. Migrants/mobile populations	Yes
Other: Please specify	

172)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Not all classifications are mentioned in the constitution, but the clause “any other status” includes all. For some questions above, the answer has been marked as “No”, because the group is not specifically mentioned and therefore faces increased discrimination.

173)

Briefly describe the content of these laws:

Men having sex with Men (homosexuality) and sex work (running of brothels) are illegal in Malawi.

Page 86

174)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

175)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES,* for which subpopulations?

a. Women	No
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

176)

IF YES, briefly describe the content of these laws, regulations or policies:

Women: While existing laws promote equality between men and women, the draft HIV Bill could change that. It proposes compulsory testing for both pregnant women and their partners, which is likely to be implemented as compulsory testing for all pregnant women. The implications of its implementation and enforcement raise serious human rights concerns. It would likely discourage women from seeking health care during pregnancy and birth. Young people: No laws present obstacles, however, the draft bill states that minors under age 13 must have guardian's consent for testing unless married, pregnant, or engaged in sexual behaviour. In practice, this is followed at the health service provider's discretion. However, in cases of abuse, it would be very difficult for a young person to meet the criteria to be allowed to get an HIV test. The implementers in the NCPI Validation Meeting reported known onset of sex occurring at 11, 12 and 13 years of age and indicated the need for the young person to have the right to request for a test, whilst also mentioning the importance of having proper support mechanisms in place for pre and post test for young people. Access to condoms is also hampered for young people due to biases of some condom distributors. Injecting drug users: Laws criminalise the possession of drugs. Men who have sex with men: Participants reached consensus that even though organisations can not be stopped from providing quality services to MSM, the criminalisation creates an environment of fear. Because of these barriers, those who practice this do so in secrecy, so it affects their health-seeking behaviours. It is difficult to reach this group with information and services since Men who have Sex with Men have gone underground due to criminalisation and stigmatisation. Sex Workers: Many Sex Workers report being illegally arrested and raped by police, sometimes even on the way to the police station. They feel they have no recourse when this happens and that they are at the mercy of the police because the police are the authority. The draft HIV Bill specifies that Sex Workers be subject to compulsory testing. Human Rights abuses are likely to occur if the bill is passed in its present form. This has implications for Sex Workers and any other person who could be accused of being a Sex Worker by someone who wishes to harass them or to find out their test results. At present, the Penal Code only criminalises running a brothel, but the rogue and vagabond charge is used for loitering aimlessly in the night. There must be suspicion of criminal activity for the person to be arrested (loitering for criminal purposes, with intention to commit offence). Prison inmates: There is abuse and sexual violence which occurs in prisons. In this case, prisoners have no recourse because they are under the authority of prison management which denies that any such abuse occurs. For this reason, and due to lack of awareness, there is also no access to PEP. For prevention, the answer is that yes, there are policies that present an obstacle, since condom distribution is not allowed. For treatment and care, the answer is no.

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177) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

178)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Right of all to access services

179)

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

Yes (0)

Page 90

180)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

The Malawi Human Rights Commission is the primary institution designed to play this role. However, there is a need to decentralise the Malawi Human Rights Commission down to district level. In many cases, people who have been violated cannot report to the police, since the police may increase the level of discrimination. Another effort that is occurring which will be useful to track progress over time is the international stigma and discrimination index, which UNAIDS and MANET+ are working on adapting.

181)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

182)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

Government has ensured that people living with HIV are represented at all levels of planning and decison making. They participate in all consultation meetings as well as sit on various Technical Working Groups.

183)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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184)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Transport to service delivery sites is a major concern and this constrains people from accessing services. Even if government services are free, in some areas, a government clinic or hospital is very far and CHAM has fees for many basic services. All clinics need to be well-equipped, as district hospitals are located at quite a distance. This is even more crucial with the change in WHO guidelines increasing the threshold to a CD4 count of 350. There is also a need for more mobile clinics, as these have been successful at a smaller scale.

185)

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

Yes (0)

Page 93

186)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

187)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

188)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

Services are meant to be provided to all without regard to any other considerations.

189)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

190)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

The approaches are generic but do not stop anyone from accessing the services on any other considerations.

191)

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

Yes (0)

192)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

193)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

Yes (0)

194)

IF YES, describe the approach and effectiveness of this review committee:

All research involving human subjects is subjected to ethical review. The ethical review committees (Malawi has two) sit regularly to review research pooposals and recommend studies to be undertaken.

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195)

– 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 (0)

196)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

197)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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198)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

The Malawi Human Rights Commission The Malawi Law Commission The Ombudsman

Page 99

199)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

200)

– Legal aid systems for HIV casework

No (0)

201)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

202)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

203)

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

Yes (0)

Page 100

204)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	Yes

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205)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

5 (5)

206)

Since 2007, what have been key achievements in this area:

Key successes include: (a) HIV legislation drafted:It has been widely observed that rights have accompanying responsibilities and that the development of the draft legislation is a step in the right direction. (b) Prevention strategy developed.

207)

What are remaining challenges in this area:

There are concerns regarding some aspects of the draft legislation from a human rights standpoint.

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208)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

7 (7)

209)

Since 2007, what have been key achievements in this area:

Successes include: (a) Review of the National HIV Policy which is underway; (b) Development of the Extended NAF; and (c) Inclusion of other vulnerable populations (disabled, elderly, etc.) in national documents.

210)

What are remaining challenges in this area:

Remaining challenges include: (a) Enforcement of existing laws and policies has been weak; (b) The reduction in funding against increased program interventions has presented a major obstacle.

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211)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

212)

Comments and examples:

Examples of successes in this area include: (a)CSOs have been able to interact with political leaders; (b)Political leaders were involved in the drafting of the HIV Bill; and (c)The contribution of national budget.

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213)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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 (4)

214)

Comments and examples:

Civil society felt involvement has been somewhat donor-driven and not locally championed. This influences the level of contribution by partners. There should be clear roadmaps to improve the level of involvement by the civil society.

Page 105

215)

a. the national AIDS strategy?

4 (4)

216)

b. the national AIDS budget?

2 (2)

217)

c. national AIDS reports?

4 (4)

218)

Comments and examples:

A large chunk of resources channeled through NAC goes to Civil society organisations. Civil society participates in the development and validation of key national AIDS reports.

Page 106

219)

a. developing the national M&E plan?

3 (3)

220)

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

4 (4)

221)

c. M&E efforts at local level?

3 (3)

222)

Comments and examples:

Involvement of CSOs in M&E has been very low especially at subnational level.

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223) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

224)

Comments and examples:

More effort could be put towards Most at Risk Populations.

Page 108

225)

a. adequate financial support to implement its HIV activities?

3 (3)

226)

b. adequate technical support to implement its HIV activities?

3 (3)

Page 109

227) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	25-50%
- Sex workers	25-50%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	51-75%

Clinical services (ART/OI)*	25-50%
Home-based care	51-75%
Programmes for OVC**	51-75%

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228)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

6 (6)

229)

Since 2007, what have been key achievements in this area:

The primary achievement has been increased participation by providing adequate support for representatives to interact with their constituencies.

230)

What are remaining challenges in this area:

The feedback loop needs to be strengthened between civil society representatives and their constituents.

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231)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

232)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

Consultations,evidence from research studies as well as international best practices.

233)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access

HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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234)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

235)

Since 2007, 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 sensitising health care providers should be taken for all at-risk groups. Other key successes include: (a)The development of the National HIV Prevention Strategy; (b)Life skills education becoming examinable; (c)Increases in HIV testing; and (d) The One Love Campaign (addressing MCP).

236)

What are remaining challenges in this area:

Coverage remains a significant challenge. Essential supplies for prevention are needed in greater quantity and with greater reach to improve the availability and marketing of female condoms and lubricants, in particular. There is a need to go beyond just general information on prevention and to help people gain practical knowledge on how to actually use protection effectively. To make prevention a success, it will be important to increase communication and openness between couples to talk about sex. Building a healthy relationship in all aspects (equality, appreciation of each other, and respect for each other) will improve communication and mutual responsibility regarding prevention. Targeted interventions for vulnerable groups including sex workers and men who have sex with men are needed. This will involve tailored approaches that meet the needs of these specific populations and other vulnerable groups. When someone goes for a test, there is not much discussion of how to protect themselves based on the different types of sex they might be having or the power dynamics in their relationship and their ability to negotiate for safer sex.

Adequate and balanced nutrition is also a challenge. The availability of affordable food and practical knowledge of how to eat a balance diet in resource-constrained environment could be improved. Tailored messages and skill building should be incorporated into life skills. Perceived and actual mandatory testing as implemented at local level for pregnant women discourages some from seeking medical services. Some pregnant women have experienced being turned away from ANC services because they were not ready to have an HIV test. The basic understanding of rights and level of practical civic education can be raised considerably. It is also important to know where to go for each type of issue, how to access authorities at local level and various institutions, and how to bring about change. People need access to the Malawi Human Rights Commission at district level. These staff should be sensitised to handle all issues faced by marginalised groups, including sex workers and men who have sex with men.

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237)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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238)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

In the Extended NAF these needs were identified through a consensus of experts in Technical Working Groups.

239)

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

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree

TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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240)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

6 (6)

241)

Since 2007, what have been key achievements in this area:

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, "Previously we were burying 3-4 people per week. Now we can take 3 months before burying."

242)

What are remaining challenges in this area:

Remaining challenges include: (a) The cost of getting to health services; (b) Accessibility of health services; and (c) Drug stock-outs. We must always keep in mind the number of people on treatment vs. the actual need. Facilities need to be fully equipped, for instance to test for CD4 count, detect liver problems, test for cervical cancer, etc. In other scenarios, the drugs do not even reach the clinic when they are needed. Consistency and a public health attitude must become standard. Mobile comprehensive health services are needed. Studies have found that more women access health services when they are closer to the community. There is also an urgent need to train medical professionals on how to provide tailored and sensitive approaches to meet the needs of anyone that comes through their door, including youth, sex workers, men who have sex with men, and other vulnerable populations.

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243)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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244)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

245)

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

Yes (0)

246)

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

Yes (0)

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247)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 2.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the percentage (0-100)

31

248)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

4 (4)

249)

Since 2007, what have been key achievements in this area:

The development of the National Action Plan for Orphans and Other Vulnerable Children and the Social Cash Transfer Programme have been major achievements.

250)

What are remaining challenges in this area:

Remaining challenges include: (a) Quality of services; (b) Coverage; and (c) Inadequate resources.