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2008

Malawi

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
MALAWI FY 2008 Congressional Notification.pdf	application/pdf	10/3/2007	Congressional Notification Document Malawi FY 2008	MYilla

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

The Malawi Emergency Plan overall strategy has been to leverage Global Fund resources to assist Malawi fully respond to the HIV and AIDS epidemic, as outlined in the National Action Framework and operationalized in the Integrated Annual Work Plans of the NAC, as well as the MoH's Program of Work for the Sector Wide Approach (SWAp). Inherent to this approach is our ability to be flexible and more responsive to the programmatic changes as the national response to the epidemic unfolds. In FY 2008, we have updated our Country Strategy, to create more depth to our interventions, as we fill ever widening strategic gaps in the national response. Significant changes include increased resources towards comprehensive Prevention Programs specifically targeting the General Population and High Risk Populations, including discordant couples, mobile populations and the MDF. We have increased our efforts with gender-specific strategies to impact traditional gender roles, address cultural issues such as cross-generational sex and gender inequity for women and girls.

Other adaptations this year include a strong focus and application of resources towards Systems Strengthening of Supply Chain Management, Laboratories, and Pharmaceutical Management. The local systems have been identified as major barriers to a strong and sustainable program. The Government of Malawi has recently decided to substantially invest in building capacity in order to bring the current parallel supply chain management systems under one central control at the Central Medical Stores (CMS). In FY 2008, the USG has a window of opportunity to combine the EP, the PMI, Child Survival and POP funds, to support large scale systems strengthening in the Malawi Health Sector.

Malawi, behind only South Africa and Kenya, has 114,375 people ever started on treatment as of June 2007. Several new related areas have thus come forward in our plan. Access to treatment remains a priority as Malawi strides towards 250,000 people on ART by 2010. USG is assisting Malawi in a readiness plan to meet the needs of growing numbers of Malawians who will require chronic care and support. The EP team will support expanded care and treatment efforts by investing in laboratory capabilities for monitoring the quality of care of individuals on ARVs, using widespread electronic data monitoring, and extended monitoring for drug resistance.

The EP will increase its commitments to supporting community care in the area of TB and HIV integration, and in Palliative and OVC technical capacity. The EP will improve technical capacity in these areas by engaging both a Medical Officer and a Community Care Advisor on the USG team. The Advisor will provide USG leadership and partnership in moving the national OVC and CHBC agenda forward in response to Malawi's requests. There is a critical need for this assistance in view of the poor performance of the Round 5 Global Fund OVC grant.

Pediatric Treatment and Care resources are increasing ten fold, from 30,000 in FY 2007 to 300,000 in FY 2008. EP funds combined with other sources of funding such as UNITAIDS will support the early infant diagnosis and referral of up to 10,000 babies. In FY 2008, we will engage further with the GoM and our bilateral and multilateral partners for effective ways for infants in deeply rural areas to access such services through health centers at the community level, and to assure that the children are identified and systematically brought into treatment and care facilities.

EP Malawi has requested early funding to assist seed a secretariat for the Malawi Country Coordinating Mechanism for the Global Fund. USG Malawi recognizes that growing GFATM resources require a fully functional CCM with an independent and sustainable secretariat, to effectively oversee grant implementation. In FY 2008, PEPFAR funds together with smaller resources from the GFATM, will be used to seed the independent secretariat.

Ambassador Letter

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MALAWI FY 2008 COP Ambassador Eastham Letter.pdf	application/pdf	10/3/2007		ALatour

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Mamadi	Yilla	PEPFAR Coordinator	YillaM@state.gov
DOD In-Country Contact	John	Letvin	Political Officer, US Mission	LetvinJC@state.gov

HHS/CDC In-Country Contact	Austin	Demby	HHS Chief of Party and CDC/GAP Director	ademby@mw.cdc.gov
Peace Corps In-Country Contact	Victoria	McCartney	US Peace Corps PEPFAR Coordinator and HIV/AIDS Specialist	vmccartney@mw.peacecorps.gov
USAID In-Country Contact	Alisa	Cameron	Heath (HPN) Team Leader	acameron@usaid.gov
U.S. Embassy In-Country Contact	Alan	Eastham	Chief of Mission	EasthamAW@state.gov
Global Fund In-Country Representative	Mamadi	Yilla	PEPFAR Coordinator	YillaM@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$198000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	46,524	212,976	259,500
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	5,140	30,860	36,000
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	31,700	188,300	220,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	1,200	13,416	14,616
8.1 - Number of OVC served by OVC programs	0	39,150	620,850	660,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	180,515	619,485	800,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	89,438	89,438
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	55,334	379,666	435,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	6,531	45,669	52,200
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	30,250	211,750	242,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	1,500	15,454	16,954
8.1 - Number of OVC served by OVC programs	0	52,500	717,500	770,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	532,080	305,420	837,500
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	132,874	132,874
Human Resources for Health				
End of Plan Goal				
	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIR CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5656.08
System ID: 7653
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: American Institutes for Research
New Partner: No

 Sub-Partner: Creative Centre for Community Mobilisation
 Planned Funding: \$0
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: ASPH Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4015.08
System ID: 7069
Planned Funding(\$): \$75,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Association of Schools of Public Health
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HVCT	18527.08	Early funding required to support and enter into agreement with ASPH fellow	\$75,000	\$75,000

Mechanism Name: Baobab

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5576.08
System ID: 6882
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: BAOBAB Health Partnership
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Care CSH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5705.08
System ID: 7661
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: CARE USA
New Partner: No

Sub-Partner: N/A
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: CRS CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5657.08
System ID: 7663
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: EGPAF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7664.08
System ID: 7664
Planned Funding(\$): \$220,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: University of North Carolina
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Howard GAP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5577.08
System ID: 6894
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Howard University
New Partner: No

Mechanism Name: Howard GHCS (State)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9208.08
System ID: 9208
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Howard University
New Partner: No

Mechanism Name: JHPIEGO CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5630.08
System ID: 7665
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: N/A
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Table 3.1: Funding Mechanisms and Source

Mechanism Name: JSI CSH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5660.08
System ID: 7666
Planned Funding(\$): \$750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: TBD VG Central

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7875.08
System ID: 7875
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Mechanism Name: TBD VG Country

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7876.08
System ID: 7876
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Mechanism Name: JHCOM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5662.08
System ID: 7668
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: Population Services International
Planned Funding: \$34,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: EXP
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Business Eye
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Nanzikambe
Planned Funding: \$24,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Malawi Broadcast Corporation
Planned Funding: \$1,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Radio Islam
Planned Funding: \$1,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Radio Maria
Planned Funding: \$1,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: TransWorld Radio
Planned Funding: \$1,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Power 101
Planned Funding: \$1,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful
Sub-Partner: Capital FM
Planned Funding: \$1,800
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Save the Children US

Planned Funding: \$210,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: KNCV/MSH TB-CAP

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7740.08

System ID: 7740

Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: KNCV TB Foundation

New Partner: Yes

Sub-Partner: Management Sciences for Health

Planned Funding: \$400,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Mechanism Name: Lighthouse GHAI

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5571.08

System ID: 6887

Planned Funding(\$): \$300,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Lighthouse

New Partner: No

Mechanism Name: MACRO GHAI

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3881.08

System ID: 6844

Planned Funding(\$): \$191,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Malawi AIDS Counseling Resource Organization

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MBTS GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3894.08
System ID: 6883
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Malawi Blood Transfusion Service
New Partner: No

Mechanism Name: MSH - SPS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7872.08
System ID: 7872
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: MSH TASC III

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7874.08
System ID: 7874
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: CHSU GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3897.08
System ID: 6888
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Malawi
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: College of Medicine Fellowships

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7133.08

System ID: 7133

Planned Funding(\$): \$100,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: N/A

New Partner: Yes

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	15414.08	Early funding will be required to put in place this new Cooperative Agreement.	\$100,000	\$100,000

Mechanism Name: DOD GHAI

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3898.08

System ID: 7136

Planned Funding(\$): \$118,000

Procurement/Assistance Instrument: Grant

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: No

Mechanism Name: National TB Program (NTP)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7131.08

System ID: 7131

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Mechanism Name: TBD (STATE SMALL GRANTS)

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7135.08

System ID: 7135

Planned Funding(\$): \$50,000

Procurement/Assistance Instrument: Grant

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD (UNC PMTCT)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7137.08
System ID: 7137
Planned Funding(\$): \$30,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TBD LP CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5672.08
System ID: 7867
Planned Funding(\$): \$4,464,300
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: NAC Base

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5773.08
System ID: 7863
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: National AIDS Commission, Malawi
New Partner: No

Mechanism Name: NAC GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3883.08
System ID: 6884
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National AIDS Commission, Malawi
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PACT CSH

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5666.08

System ID: 7742

Planned Funding(\$): \$4,173,100

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Pact, Inc.

New Partner: No

Sub-Partner: Lighthouse

Planned Funding: \$225,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Malawi AIDS Counseling Resource Organization

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Malamulo Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Mponela AIDS Counselling Care

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: National Association of People Living with AIDS in Malawi

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Nkhoma Mission Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Nurses and Midwives Council of Malawi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety
Sub-Partner: Society for Women and AIDS in Malawi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Southern African Media Training Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Synod Livingstonia - Ekwendeni
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Tutulane AIDS Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing
Sub-Partner: Community Partnership for Relief and Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Lusubilo Community Based Orphan Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Adventist Health Services
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Christian Community Church
Planned Funding: \$150,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention
Sub-Partner: Common Vision for Social Development
Planned Funding: \$125,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Foundation for Community Support Service
Planned Funding: \$125,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: FVM Matunkha Centre
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC
Sub-Partner: Malawi Business Coalition against HIV/AIDS
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Malawi Interfaith AIDS Association
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing
Sub-Partner: Nkhotakota AIDS Support Organization
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Partners in Hope
Planned Funding: \$160,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner: Palliative Care Association of Malawi

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Towirane HIV/AIDS Organization
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Zomba Catholic Health Commission
Planned Funding: \$141,118
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Mechanism Name: PACT GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5665.08
System ID: 7764
Planned Funding(\$): \$198,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No
Sub-Partner: N/A
Planned Funding: \$198,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: BASICS Task Order I CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7563.08
System ID: 7864
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Partnership for Child HealthCare Inc.
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: BASICS Task Order II CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7564.08
System ID: 7865
Planned Funding(\$): \$1,400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Partnership for Child HealthCare Inc.
New Partner: No

Mechanism Name: PSI CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5667.08
System ID: 7765
Planned Funding(\$): \$805,900
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3899.08
System ID: 7141
Planned Funding(\$): \$1,200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Table 3.1: Funding Mechanisms and Source

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	16527.08	This activity will support national M and E efforts through the recruitment, placement, and training of an M & E Unit within the Ministry of Health's HIV and AIDS Unit. The proposed M & E Unit will comprise a senior M and E Technical Advisor and two local counterparts. Early funding will be required to move this activity forward in FY08	\$400,000	\$400,000
11-HTXS	16528.08	This clinical team is being put in place as a replacement for a proportion of the critical services to be filled upon the departure of Professor Tony Harries who has led the effort in scaling-up ART in Malawi over the previous three years, and served in the Ministry of Health for eighteen years. Early funding will be required to move this forward. This team is also included in activity (16529)	\$300,000	\$300,000
14-OHPS	16529.08	This clinical team is being put in place as a replacement for a proportion of the critical services to be filled upon the departure of Professor Tony Harries who has led the effort in scaling-up ART in Malawi over the previous three years, and served in the Ministry of Health for eighteen years. Early funding will be required to move this forward. This team is also included in activity (16528)	\$100,000	\$100,000
14-OHPS	6174.08	Funding for the Training Advisor at the Lighthouse Clinic must be transferred to ITECH prior to April 30th, 2008	\$100,000	\$100,000
11-HTXS	6168.08	Funding for the Training Advisor at the Lighthouse Clinic must be transferred to ITECH prior to April 30th, 2008	\$50,000	\$50,000
13-HVSI	5983.08	Funding for the Technical Advisor at the Lighthouse Clinic must be transferred to ITECH prior to April 30th, 2008	\$200,000	\$200,000
09-HVCT	10715.08	Funding for the Training Advisor at the Lighthouse Clinic must be transferred to ITECH prior to April 30th, 2008	\$50,000	\$50,000

Mechanism Name: FY08 Compact - Staffing/USAID

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 9209.08

System ID: 9209

Planned Funding(\$): \$300,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: US Agency for International Development

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID CSH

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5674.08

System ID: 7868

Planned Funding(\$): \$2,195,773

Procurement/Assistance Instrument: USG Core

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: US Agency for International Development

New Partner: No

Mechanism Name: CDC Base

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3886.08

System ID: 6797

Planned Funding(\$): \$2,132,475

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Table 3.1: Funding Mechanisms and Source

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	10738.08	M and S costs are inclusive of Salaries for all staff, rent for offices, utilities, office operational costs, M and S specific equipment, travel for M and S staff, training for M and S staff, residential leases and post allowance for the 2 USDH M and S positions, and increased communications costs related to enhancement of office communications and connectivity	\$987,739	\$987,739
09-HVCT	15415.08	Early funding is required to support the CT Specialist within its multidisciplinary technical team. As a member of the USG interagency team, the CT specialist will provide up-to-date technical information relating to CT, monitor CT activities of local partners to ensure adherence to prescribed standards, and work with the GoM to develop and change policies in CT.	\$331,271	\$331,271
11-HTXS	15422.08	In FY 2008 CDC will hire a Medical Officer to provide senior technical leadership and management to the inter-agency USG team and our partners, including the National AIDS Commission (NAC) and MoH, in the provision of quality HIV/AIDS treatment and care services. Early funding will be required to support this position. Additional funding for this position is included in activity ID (15421.8)	\$260,262	\$260,262
14-OHPS	15421.08	In FY 2008 CDC will hire a Medical Officer to provide senior technical leadership and management to the inter-agency USG team and our partners, including the National AIDS Commission (NAC) and MoH, in the provision of quality HIV/AIDS treatment and care services. Early funding will be required to support this position. Additional funding for this position is included in activity ID (15422.8)	\$86,754	\$86,754
13-HVSI	18903.08	USG provides technical assistance to partners in order to assist Malawi in meeting its SI goals of generating empirical information about HIV and AIDS that informs policy, practice and interventions, building capacity at national, district and community levels, and pursuing one of the 'three ones', one harmonized and functional M & E system for the national response to HIV and AIDS. The monitoring and evaluation position will require early funding.	\$206,997	\$206,998
13-HVSI	10012.08	USG provides technical assistance to partners in order to assist Malawi in meeting its SI goals of generating empirical information about HIV and AIDS that informs policy, practice and interventions, building capacity at national, district and community levels, and pursuing one of the 'three ones', one harmonized and functional M & E system for the national response to HIV and AIDS. The Epidemiologist position will require early funding.	\$259,451	\$259,451

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FY08 Compact - Staffing/CDC

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 9210.08

System ID: 9210

Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Mechanism Name: Local GHAI

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 6792.08

System ID: 6792

Planned Funding(\$): \$219,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	15412.08	The Emergency Plan (EP) seeks to assist the Malawi Government achieve its goal by training district-level decision-makers to plan and manage public health programs more effectively using a CDC-Sustainable Management Development Program (SMDP) management training tool called, Healthy Plan-it. This training of the DHTs will require early funding	\$100,000	\$100,000

Mechanism Name: HHS/CDC CSCS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6790.08

System ID: 6790

Planned Funding(\$): \$178,525

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Department of State

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	14350.08	Early funding requested for Capital cost sharing costs for FY 2008	\$178,525	\$178,525

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6789.08
System ID: 6789
Planned Funding(\$): \$366,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Department of State
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	14349.08	Early funding needed for ICASS costs to support services for our four full time employees (FTE's) and two Personal Services contractors (PSC's).	\$366,000	\$366,000

Mechanism Name: USAID ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7871.08
System ID: 7871
Planned Funding(\$): \$103,227
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: DOD (ICASS to STATE)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7139.08
System ID: 7139
Planned Funding(\$): \$2,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State PEPFAR Coordinator

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3895.08
System ID: 7134
Planned Funding(\$): \$180,000
Procurement/Assistance Instrument: Contract
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Peace Corps GHAI

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3896.08

System ID: 7140

Planned Funding(\$): \$460,000

Procurement/Assistance Instrument: Grant

Agency: Peace Corps

Funding Source: GHCS (State)

Prime Partner: US Peace Corps

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5656.08	7653	American Institutes for Research	U.S. Agency for International Development	GHCS (USAID)	Creative Centre for Community Mobilisation	N	\$0
7664.08	7664	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (USAID)	University of North Carolina	N	\$100,000
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	Business Eye	N	\$15,000
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	Capital FM	N	\$1,800
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	EXP	N	\$20,000
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	Malawi Broadcast Corporation	N	\$1,800
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	Nanzikambe	N	\$24,500
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	Population Services International	N	\$34,000
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	Power 101	N	\$1,800
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	Radio Islam	N	\$1,800
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	Radio Maria	N	\$1,800
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	Save the Children US	N	\$210,000
5662.08	7668	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (USAID)	TransWorld Radio	N	\$1,800
7740.08	7740	KNCV TB Foundation	U.S. Agency for International Development	GHCS (USAID)	Management Sciences for Health	N	\$400,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Adventist Health Services	N	\$200,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Christian Community Church	N	\$150,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Common Vision for Social Development	N	\$125,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Community Partnership for Relief and Development	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Foundation for Community Support Service	N	\$125,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	FVM Matunkha Centre	N	\$200,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Lighthouse	N	\$225,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Lusubilo Community Based Orphan Care	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Malamulo Hospital	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Malawi AIDS Counseling Resource Organization	N	\$100,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Malawi Business Coalition against HIV/AIDS	N	\$200,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Malawi Interfaith AIDS Association	N	\$200,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Mponela AIDS Counselling Care	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	National Association of People Living with AIDS in Malawi	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Nkhoma Mission Hospital	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Nkhotakota AIDS Support Organization	N	\$200,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Nurses and Midwives Council of malawi	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Palliative Care Association of Malawi	N	\$200,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Partners in Hope	N	\$160,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Society for Women and AIDS in Malawi	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Southern African Media Training Trust	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Synod Livingstonia - Ekwendeni	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Towwirane HIV/AIDS Organization	N	\$200,000
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Tutulane AIDS Organization	N	\$0
5666.08	7742	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Zomba Catholic Health Commission	N	\$141,118

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$1,689,908

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Overview

Malawi's new five-year Plan for Scaling Up PMTCT (2006-2010) targets providing a comprehensive package of PMTCT services to 80% of all pregnant women by 2010. Current estimates are that 26% of all pregnant women in Malawi accessed PMTCT services in 2006 and only 57% of those testing positive received nevirapine. By the end of 2006, Malawi had 141 ART clinics, which created a good opportunity for initiating ART therapy for eligible HIV-positive pregnant mothers during the ante-natal period. In the same year, 956 out of 46,400 ART patients were referred from PMTCT representing an increase of 1% over the previous year. Referrals from PMTCT to ART are expected to increase in FY 2008 as the country aggressively promotes a policy of screening all HIV-positive pregnant mothers for ART eligibility using WHO clinical staging alone or in combination with CD4 cell counts where feasible.

The national PMTCT program was launched in 2003, but implementation of core activities progressed slowly until the end of 2006. The need to vitalize the national PMTCT program has been growing over time but specific need for accelerating performance was identified as a national priority during the annual program review and in Global Fund grant performance assessments in early 2007. Consequently, the National AIDS Commission (NAC) joined forces with the Ministry of Health (MoH), UNICEF, USG Malawi, and other in-country PMTCT partners and launched \, with significant resources from UNITAID, an initiative for accelerating PMTCT program performance within 18 months. The objective of this initiative is to integrate PMTCT services in all the 544 ANC and maternity sites in Malawi by the end of 2008. Significant progress has been through this initiative and by mid 2007, 207 out of the 544 ANC sites had integrated PMTCT services.

Previous USG Support

Despite slow increase in the number of sites providing PMTCT services in Malawi, the new "opt out" testing policy has led to a sharp increase in the number of women tested for HIV in ANC settings from 4,219 in 2002, to 52,904 in 2005 and 138,000 in 2006. The USG provided support to more than 60% of the PMTCT service delivery sites and will continue its support for the acceleration plan in partnership with all stakeholders. USG Emergency Plan (EP) support in FY 2007 also covered a full-time PMTCT Technical Assistant in the MoH, completion of a national PMTCT training package and drafting of a national plan and tools for PMTCT data management and supervision. EP funding also provided technical support for consultations that led to approval of a new policy that allowed for phased introduction of more efficacious combination ARV regimen for MTCT prophylaxis in Malawi. The new combination regimen will consist of AZT for mothers from 28 weeks followed by AZT/3TC and NVP in labour then AZT/3TC for 7 days after delivery. Exposed babies will receive a single dose of nevirapine followed by AZT twice daily for one week.

Significant barriers to the roll out of the national PMTCT program in Malawi include a severe cross sector human resource crisis, weak national leadership, weak linkages between the community and services, a poorly coordinated system of PMTCT data management and weak supervision. In addition, the high risk of HIV transmission during labor and infancy is perpetuated by low uptake of nevirapine, limited options for replacement feeding, and an ongoing food crisis. A qualitative assessment of PMTCT and infant feeding was carried out in FY 2006 and the findings present specific challenges to the implementation of this PMTCT program which include:

- Short supply of Nevirapine syrup, Cotrimoxazole and HIV test kits at PMTCT sites
- Gender and cultural restraints such as women who do not have the resources, or their husband's permission to go for PMTCT or ART services
- Limited physical infrastructure for provision of services at many PMTCT sites
- Weak linkage between PMTCT and institutions providing post test and nutrition support

- Limited male involvement in PMTCT because men are sidelined by service providers
- Limited skills in the management and support of early breastfeeding by mothers
- Limited skills in the management and supporting of early breastfeeding by mothers
- Low uptake of preventive feeding behaviors even among mothers who have knowledge on complementary feeding

This broad view of the gap, looking at PMTCT beyond the clinical rollout of Nevirapine for the mother, shows why USG Malawi has been, and will continue to provide technical leadership and modeling of best practices. Examples of this include the Umoyo Networks Program, now in partnership with Pact, EGPAF, BASICS, JHU/Bridge Lighthouse and the NAC. These models of family and community centered PMTCT will be fostered further in FY 2008 and balanced with strategic technical policy and clinical support. For example, the initiation of mother support groups in the communities has helped to reduce stigma and discrimination of positive women; many grandmothers are active members to encourage community dialogue. Encouraging male involvement has resulted in increased uptake on PMTCT services in USG-supported sites. A system was also set up to track mother-infant pairs from birth to 18 months where the mother is encouraged to bring the baby for testing. This proved to be an effective practice at USG sites. These lessons learned will be applied and scaled up further, in partnership with the MoH and civil society. Issues of key stock outs are addressed in the Systems Strengthening Program Area narrative.

Various model PMTCT service outlets with staff from other NGOs and the MoH, are taking the lead. The USG will support these two approaches through direct support for quality sites, and engage these same sites in supportive mentoring. This is a process of outreach to compliment the MoH's PMTCT acceleration sites which will not necessarily have this expanded model of support. The USG will champion best practices such as Gogo (grandmother) groups, where villagers talk freely about PMTCT and support those mothers enrolled in the PMTCT program; integrate HIV counseling and testing in family planning services; form mother support groups for mutual support on compliance with PMTCT strategies and over coming stigma; transition infants from exclusive breast feeding to replacement feeding, provide ART, cotrimoxazole presumptive therapy (CPT) for mothers and babies at Malamulo; and encourage male involvement through antenatal care visits accompaniment by the spouse.

FY 2008 USG Support

In FY 2008, USG support for the PMTCT program in Malawi will build on plans described in the FY 2007 COP and will continue to cover both national level and services level activities. At the national level, USG Malawi will continue to fund the placement of a full-time PMTCT Technical Assistant (TA) in the HIV/AIDS unit of the MoH. This TA will work within the MoH structure to coordinate and lead implementation and scale up of the National PMTCT Program. The TA will provide leadership for the 18-month national initiative for accelerating PMTCT program performance and phased introduction of more efficacious combination ARV regimen for PMTCT including roll out of a new M and E system. The TA will work with the national PMTCT technical working group to promote implementation of newer policies including HIV testing during labor and delivery, male involvement in PMTCT, and CPT for HIV infected mothers and exposed infants.

At the service delivery level, USG will support introduction of combination ARV prophylaxis at six pilot sites (high throughput sites with CD4 capability), routine screening of all HIV positive pregnant mothers for ART eligibility and implementation of the new national M and E system at 67 sites that already receive funds for direct PMTCT service provision. At the same time, 20 new sites in underserved rural areas will receive USG support for direct PMTCT service provision to further enhance the reach of USG supported PMTCT interventions. Support to service delivery outlets will also cover community targeted activities intended to educate the public on the benefits of PMTCT and promote uptake. Through these efforts, the USG will support 52 PMTCT service outlets and collectively these sites will provide PMTCT to 50,000 pregnant women by the end of FY 2008.

Leveraging and Coordination

While continuing to leverage resources available for PMTCT in the country including those from the Global fund, UNICEF, UNITAID and the host government, the USG will maximize synergies for wraparound programming in Malawi. The USG team in Malawi will leverage regional PEPFAR support to strengthen linkages between PMTCT and pediatric ART. As implementation of the PMI progresses in FY 2008, opportunities for further coordination of malaria and PMTCT including provision of insecticide-treated bed nets and Intermittent Preventive Anti-Malarial Treatment for pregnant women will be strengthened. Food for Peace resources and Development Assistance will co-fund a USG-supported National Technical Advisor in Nutrition to strengthen the national infant weaning and replacement feeding policy, and to strengthen the technical capacity of national and local partners to support infant feeding options as a component of PMTCT.

Products

Implementation of the PMTCT Accelerated Scale-Up Plan
 Additional PMTCT sites at ANC clinics
 M and E tools and protocols rolled out at new PMTCT sites
 Study Findings disseminated on PMTCT and Pediatric ART
 Hope Kit rolled out for PMTCT

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	52
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	55334
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6531

Custom Targets:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7664.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (USAID)

Budget Code: MTCT

Activity ID: 17127.08

Activity System ID: 17127

Mechanism: EGPAF

USG Agency: U.S. Agency for International
Development

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$220,000

Activity Narrative: Summary

With EP funding, The EGPAF program will provide comprehensive PMTCT services and referrals, linking HIV-positive mothers, exposed infants, and children to HIV care and treatment services and training of PMTCT service providers. Services provided in these clinics include: HIV/PMTCT education to communities; routine counseling and testing (CT) for all pregnant women; CD4 testing for all HIV-positive women; infant feeding counseling; provision of comprehensive antenatal, obstetrical, and post-natal care; provision of antiretroviral prophylaxis to mother and infant pairs; cotrimoxazole prophylaxis for all exposed children and their mothers; and the provision of social support for HIV-infected and lactating mothers through clinic-based support groups.

Background

In 2001, EGPAF began supporting PMTCT in Malawi with private funds and in 2002 partnered with the Lilongwe Medical Relief Fund Trust/University of North Carolina-Chapel Hill to launch the implementation of PMTCT services.

In FY 2008, EGPAF will manage a cohesive unified program with private and USAID funding contributing to the common goal of scaling up PMTCT services in Malawi using FY 2007 Emergency Plan (EP) funding.

HIV-positive mothers receive their NVP dose at the initial ANC visit, which has helped to increase the uptake of maternal ARVs; introducing CD4 testing at the initial visit for all HIV-positive mothers has increased the number of pregnant women accessing HAART. The PMTCT program works to strengthen the continuum of care for HIV-positive women and their families by accommodating their medical needs within the ARV care clinic, thereby adapting a family-focused care model.

EGPAF's expertise allows for maximum impact at both the policy and program levels. The immediate objectives are to increase access to services that will prevent the transmission of HIV from mother to child. The long-term goal is to strengthen the capacity of in-country health care facilities and the counterpart national systems so that they can assume increasing levels of responsibility to provide comprehensive PMTCT services. The Foundation works to integrate PMTCT into existing programs through antenatal care, labor, and delivery and postnatal services for mother and infant. EGPAF provides TA, training, support for related equipment, commodities, facilitative supervision, and M and E. EGPAF actively engages in national policy task forces and working groups to bring the latest scientific evidence and the best program approaches into discussion. Service integration will continue to be a priority, as will greater emphasis on providing access to complementary prevention, care, and treatment services and facilitating longitudinal follow-up of HIV-exposed infants.

Through EGPAF's partnership with UNC, 100% of ANC clients are counseled, 99% are tested and get their results and 99% of HIV-positive mothers receive ARV prophylaxis to provide comprehensive PMTCT services within government antenatal and postnatal care clinics. All antenatal women who test HIV-positive receive CD4 tests and those with CD4 counts less than 250 are referred for care and treatment. CD4 testing has helped to increase the identification of more HIV -positive women eligible for HAART by 25%.

EGPAF leverages a considerable amount of private funds to support the Ministry of Health (MoH) in its PMTCT scale up. FY 2008 USG funds will augment this by building on a base of technical expertise already existing to expand PMTCT even further. EGPAF will coordinate PMTCT program scale up with the MoH's nationwide scale up of PMTCT services and work to strengthen the MoH's capacity to provide PMTCT services. FY 2008 funding will be used to provide TA within or outside Lilongwe, strengthen social support for HIV-infected mothers through community- and clinic-based support groups, and allow the program to participate actively in the formulation and updating of PMTCT guidelines, national guidelines, and curriculum development.

Activity 1: Strengthen PMTCT Services

In FY 2008, EGPAF will provide TA to their sub-grantees, UNC, and another partner (to be determined), to strengthen ANC services at a minimum of six new sites (in high HIV prevalence areas) to integrate comprehensive, high quality PMTCT services. EGPAF will coordinate with the MoH as they roll out PMTCT services nationwide to reach underserved areas. Activities include support for provider-initiated and client-initiated group pre-test counseling and testing using rapid test kits that enable clients to receive the results on the same day. Post-test counseling will include maternal nutrition, infant feeding options, the importance of postnatal care and family planning after delivery for both HIV-negative and positive women. For HIV-positive pregnant women post-test counseling will include offering take-home NVP at the time of diagnosis.

The program encourages HIV-positive women to bring spouses/partners to be counseled and tested at PMTCT sites to enhance support for wives/partners irrespective of the men's HIV status, reduce stigma, and accord individuals/couples the opportunity to make informed decisions on accessing care and treatment services. An emphasis is placed on male participation at the first ANC visit so that both partners can be counseled and receive their results as a couple. This eases the pressure of partner HIV status disclosure and thereby reduces the chance for gender based violence against women. Providers will continue to counsel family planning clients, men, children, and other family members within PMTCT services as EGPAF will be supporting the implementation of a family-centered care model using women as entry points to families.

EGPAF will strengthen PMTCT services in maternity wards where women in the first stage of labor with unknown HIV status will be given the opportunity to be counseled and tested for HIV. The women will be given the results and ARV prophylaxis if they are positive, and exposed infants will receive ARV prophylaxis as well. Pregnant women with unknown HIV status in the second stage of labor will be offered counseling and testing after delivery and infants will receive appropriate ARV prophylaxis. Maternity staff will be supported to modify obstetric practices during labor and delivery to reduce the chance of HIV transmission. EGPAF will continue to mentor health workers and traditional birth attendants to encourage women with known and unknown HIV status who deliver at home to return to the facilities with their newborn infants within 48 hours (72 hours is recommended but this timeframe can make babies miss the opportunity for NVP depending on the time the infant was born) for the infant to receive ARV prophylaxis including

Activity Narrative: counseling and testing of mothers with unknown HIV status. EGPAF will strengthen efforts to follow-up women and infants in MCH after delivery to strengthen the continuum of care for HIV-positive mothers and exposed infants and will continue to support acceptable management of medical waste practices at all the sites.

EGPAF will promote innovative approaches to support the follow-up of mother-infant pairs and linkages to care and treatment. EGPAF will explore strategies to fast track pregnant women to treatment services including the identification of a reference laboratory for each PMTCT site, provide CD4 count to all HIV-positive pregnant women (this is new policy from the MoH), provide training for MCH providers in HIV care, and provide routine CD4 analysis of HIV-positive mothers to increase efficiency of linkages to care (See Lab summary and narrative on CD4 machines).

EGPAF will coordinate with the MoH's national PMTCT scale-up plan and with other partners providing PMTCT services to ensure that services are complementary and work to avoid district and services duplication. In coordination with the MoH, EGPAF will focus on sustainability by strengthening health care worker skills through training and preceptorship activities in PMTCT services, and strengthening M&E skills to enhance collection of quality data at the sites. EGPAF will support the sites to ensure that they provide take home NVP tablets at the time of diagnosis.

EGPAF will support strengthening of a PMTCT M&E system with an emphasis on improving the quality of data collection, data analysis and reporting.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14618, 15427

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14618	14618.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$20,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	15	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	30,884	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	5,500	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	70	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5662.08

Mechanism: JHCOM

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (USAID)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 17151.08

Planned Funds: \$51,908

Activity System ID: 17151

Activity Narrative: Summary

With Emergency Plan (EP) funds, BRIDGE will support activities that contribute to an effective PMTCT program including pre-testing counseling with relevant audiences, consensus-building, and raising awareness for support of PMTCT with community leaders and other local stakeholders, with particular emphasis on male involvement. This ensures that the link in health facilities between implemented activities, and outreach to counseling and testing services related to MTCT, will be strong. These funds will be used to further develop and disseminate a Hope Kit PMTCT supplement for use at the community level to encourage increased uptake of PMTCT.

Background

Previous EP funding was used by BRIDGE to develop and disseminate a "Hope Kit" that is a package of interactive and participatory HIV/AIDS tools and materials that have been used successfully and widely to guide individuals and community groups to develop personal and appropriate HIV prevention strategies. Hope Kits have been adapted by several groups including Peace Corps Volunteers (PCVs) who routinely use them in educational and training sessions in their catchment areas. With this package, partners have at their disposal, a variety of proven and participatory approaches to operationalize their HIV prevention plans. The Hope Kit PMTCT Supplement provides additional material which focuses on community support for prevention of maternal to child transmission of HIV. These activities are also designed to be implemented at the community level. The material and outreach sessions are designed to increase community and household acceptance of, and support for, PMTCT services, to reduce stigma surrounding PMTCT services, promote greater male involvement in PMTCT, and ultimately to increase the uptake of PMTCT services in the 8 BRIDGE districts (Balaka, Chikwawa, Kasungu, Mangochi, Mulanje, Mzimba, Ntcheu, and Salima).

During the past 12 months, with FY 2006 USG funds, the BRIDGE project was successful in developing the new Hope Kit PMTCT package of supplemental materials, including identifying new content, conducting pretest training and facilitation activities, and producing 1600 copies. The BRIDGE project also adapted the regional Africa transformation tool and filmed 3 new profiles to supplement the package in Malawi. Both tools are ready for full scale distribution and use during FY 2008.

BRIDGE expects these interventions to result in increased uptake of PMTCT services and improved practice of basic PMTCT behaviors, including improved nutrition, the use of nevirapine during labor delivery, and breastfeeding practices appropriate to the circumstances of mother and child.

Activity 1: Increase Use of PMTCT Services in Ante-natal Care Settings

The first activity is to use the Hope Kit PMTCT material in ante-natal care settings at district hospitals and health care centers (a minimum of 4 per district) in the 8 BRIDGE districts, to support counseling and testing services for pregnant women and their families through highly interactive sessions held at the ANC waiting rooms.

This activity will primarily target pregnant women aged 15-49 but also will reach out to the families of pregnant women particularly their husbands. The activity is an expansion of the PMTCT Hope Kit developed with FY 2006 USG funding, and the initial Hope Kit outreach sessions that have taken place at the ANC clinic at Mulanje district hospital since 2006.

Save the Children and district NGOs will assist with activity implementation. Counseling will be conducted by trained community facilitators with support from ANC nursing staff. Targeted sites will also receive copies of the "Mwana Wanga" (My Baby) PMTCT video produced in Zambia. The Mulanje experience was shown to have a profound effect on the uptake of HTC services by pregnant women, more than doubling the number of women who "opt" for testing as part of their ANC package.

The model of cooperation between local NGOs and the district hospital will support the sustainability of this initiative beyond the life of the BRIDGE project. Also BRIDGE will work with local teams to explore expansion of the activity to health centers that offer HTC services, on a district by district basis.

Activity 2: Strengthening Community Awareness of PMTCT

The second activity involves strengthening community awareness and knowledge about PMTCT (including knowing your status, preventing unwanted pregnancies, safe delivery, and infant feeding options) through facilitated participatory Hope Kit PMTCT activities in community settings. Eight hundred organizations from select CBO's, NGO's, District Aids Coordinating Committees (DACC's) will receive training in the usage of the PMTCT supplement to conduct activities in their areas. Activities will address men and women of reproductive age as well as those who influence them, in the surrounding communities. Activities emphasize men's involvement in PMTCT decision making (including the importance for couples to both know their status, and produce an opportunity to address the issue of discordance). Community PMTCT activities also address stigma for infant feeding decisions and the importance of facility-based delivery for the health of mother and child. The activity will include referral to health centers and VCT sites for additional counseling and information.

Activity 3: Assessment of the Impact of the Hope Kit on PMTCT

BRIDGE will evaluate the PMTCT component of the Hope Kit in FY 2008 to learn more about the impact of this participatory methodology on community and family acceptance and uptake of PMTCT services. This understanding will be of great value to partners in Malawi and USG Malawi to inform decisions of whether to scale up Hope Kit style approaches. It will also assist BRIDGE and partners to understand better how the Hope Kit is used, what features are the most popular, and which elements are most influential to reinforce new norms and behaviors.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17146, 17149, 19009, 17147,
17148, 17793, 17797, 17798,
17794, 17795

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17797	17797.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$40,000
17793	17793.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17798	17798.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$10,000
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985
17795	17795.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17148	5979.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$29,095
17149	6002.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$99,872

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	0	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	0	False

Indirect Targets

This partner will contribute to indirect targets:

Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results: 12,000

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3883.08

Mechanism: NAC GHAI

Prime Partner: National AIDS Commission, Malawi

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 14606.08

Planned Funds: \$45,000

Activity System ID: 14606

Activity Narrative: Summary

NAC will use FY 2008 Emergency Plan (EP) funds to support monitoring and evaluation (M&E) of ongoing PMTCT trainings and to support phased introduction of more efficacious combination ARV prophylaxis at a number of selected health facilities.

Background

The national PMTCT program for Malawi was launched in 2003 but implementation of core activities remained slow until the end of FY 2006 when the need for accelerating performance was acknowledged during the National program review. In March of 2007, the National AIDS Commission (NAC) together with the Ministry of Health (MoH) and other in-country PMTCT partners launched an initiative for accelerating PMTCT program performance within 18 months. This was a direct result of the high level Global Fund meeting in February of 2007 convened by the USG PEPFAR team to address bottlenecks in disbursements from the Global Fund Secretariat and poor grant performance. Using FY 2006 funds, NAC supported the development of a national PMTCT training package and spearheaded national consultations that led to approval of a new, more efficacious ART prophylactic regimen for Malawi. These activities were part of a broader national PMTCT scale up plan that received the majority of its funding from the Global Fund and from UNICEF.

With FY 2008 EP funding NAC will support the planned evaluation of National PMTCT training activities and phased introduction of more efficacious combination ARV prophylaxis for PMTCT that will be carried out as part of a comprehensive national initiative whose ambitious targets are to be achieved by August 2008. The National goal is to include the provision of CT as a standard package of ANC services at all 540 ANC and maternity units in the country, the provision of ARV prophylaxis to 90% of all HIV positive mothers and exposed infants, and the screening of all HIV-positive mothers for ART eligibility and determination and recording HIV status of mothers at all delivery units.

The main areas of emphasis for these planned activities are training, logistics for PMTCT communities including HIV test kits and ARVs, human resources, and infrastructure. Planned activities will include reviewing policies and strengthening M&E of the PMTCT program. They are therefore linked to OHPS, HVSI, HVCT and HTXD.

Activity 1: Enhanced Monitoring and Evaluation of National PMTCT Training

The first activity will be to develop materials to assist MoH supervisors in assessing the knowledge and skills of Health Care Workers (HCWs) trained using the revised national PMTCT curriculum. A standard support manual on expected knowledge and skills outputs of trained HCWs will be developed for use by supervisors at national, district and facility level. A system of quality assurance of PMTCT trainings will be developed and implemented. The final output will be a standard package to monitor and evaluate PMTCT training at all levels. This package will be integrated into the National PMTCT monitoring system.

Activity 2: Phased Introduction of a more Efficacious Combination ARV prophylaxis for PMTCT

Since the inception of the national PMTCT program in 2003, Malawi has used single dose Nevirapine for the mother during labour and single dose Nevirapine for the infant within 72 hours of delivery as standard prophylactic ARV regimen. Other more effective regimens given daily during pregnancy and in combination are now available.

Malawi has endorsed the introduction of the WHO-recommended more efficacious regimen and gradual phase out of single dose NVP. The new combination regimen will consist of AZT for mother from 28 weeks followed by AZT/3TC and NVP in labour then AZT/3TC for 7 days after delivery. Exposed babies will receive single dose nevirapine followed by AZT twice a day for one week. Combination-ARV prophylaxis will only be introduced in health facilities with well functioning PMTCT services based on predetermined minimum criteria including laboratory capacity to monitor Haemoglobin levels, supply management system to ensure uninterrupted continuous availability of all required antiretroviral drugs, and trained personnel.

Each target health facility will be assessed using a standard tool before being certified for introduction of the combination ART prophylaxis. A two-day training will be done for qualified PMTCT providers in sites that meet all other criteria but have no providers trained in combination ARV regimens for PMTCT.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	0	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	0	False

Indirect Targets

This partner will contribute to national targets.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5571.08

Prime Partner: Lighthouse

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 14618.08

Activity System ID: 14618

Mechanism: Lighthouse GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$20,000

Activity Narrative: Summary

These planned activities are linked to EGPAF's Emergency Plan (EP) - funded PMTCT program at Bwaila hospital and the Lighthouse CT program that will be expanded to all ANC sites in Lilongwe district. Through EP funding in FY 2008, Lighthouse will establish a referral network with over 10 PMTCT sites around Lilongwe, including the largest PMTCT site in the country, and will initiate HAART within the ante-natal period for over 70% of eligible HIV positive antenatal mothers reaching its ART site.

Background

Beginning in 2003, USG has supported Lighthouse to provide a continuum of quality care and support to people infected with HIV in a comprehensive model program operating within Malawi's National Health care system. Lighthouse has evolved to become a center of excellence combining comprehensive HIV services with training and operational research that continuously inform national response to HIV in the areas of CT, ART, TB/HIV and monitoring and evaluation (M and E). Since PMTCT plays a critical role in prevention of pediatric HIV and care services to families, Lighthouse already supported the Ministry of Health (MoH) to improve core PMTCT interventions to enhance quality and uptake of services.

USG support in FY 2006 helped to strengthen Lighthouse as an institution, funding senior staff and building organizational capacity to manage cross-cutting issues in HIV programming especially in M and E. This support has enabled Lighthouse to work closely with the MoH and develop a new system and tools for monitoring the National PMTCT program.

Previous USG funding has enabled Lighthouse to assist the MoH closely monitor and evaluate PMTCT services in Malawi, and develop and test innovative approaches that have influenced policy on the basis of evidence. Using FY 2008 EP funds, PMTCT activities at Lighthouse will be expanded and additional resources leveraged from other donors including UNICEF and the Rose Project to support the development of protocols for referral of eligible HIV-positive pregnant mothers identified at PMTCT sites in Lilongwe city, and its surrounding areas, for ART services. Lighthouse will use EP funds to review its ART program to fast track initiation of triple therapy for eligible pregnant mothers identified at a co-located PMTCT outlet operated by University of North Carolina with USG support. Similar support will be extended to other satellite PMTCT sites around Lilongwe City, and Lighthouse will work with MoH to develop a mechanism for tracking cross referrals between PMTCT and ART.

Activity 1: Develop a Protocol for Referral of all HIV-positive Antenatal Mothers for ART

Lighthouse operates a comprehensive HIV care clinic in close proximity to the largest PMTCT site in Malawi. The site performs CD4 cell counts on all HIV-positive antenatal mothers, and continuously identifies 20 patients per month of those eligible for ART. Lighthouse will use FY 2008 EP funds to develop protocols for referral, and promote practices that prioritize HIV-positive antenatal mothers for initiation of HAART. Lighthouse also will use EP funding to establish a program of referral of HIV-positive antenatal mothers from 10 satellite PMTCT sites around Lilongwe that have no CD4 testing capabilities or ART services to its comprehensive care centre.

Activity 2: Restructure ART Clinic at Lighthouse to Ensure Prompt Initiation of HAART for Eligible HIV-Positive Antenatal Mothers

The Lighthouse ART clinic is one of the largest ART sites in Malawi and already operates at full capacity. Lighthouse faces challenges in its service delivery capacity to address the urgent ART needs of eligible HIV-positive mothers identified at nearby PMTCT sites. FY 2008 EP funds will be used to reorganize operations at the ART clinic to ensure that all eligible antenatal mothers are initiated on HAART promptly, and followed up in a schedule that is synchronized with their PMTCT visits.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 17127, 14614**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17127	17127.08	7664	7664.08	EGPAF	Elizabeth Glaser Pediatric AIDS Foundation	\$220,000
14614	5957.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$60,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	0	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	0	False

Indirect Targets

This partner will contribute to national targets.

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5666.08

Mechanism: PACT CSH

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (USAID)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 11020.08

Planned Funds: \$523,000

Activity System ID: 17387

Activity Narrative: Summary

In January 2007, USAID awarded an associate award to Pact to implement HIV/AIDS prevention and care project, with major granting and capacity building components. Pact Malawi's efforts will go beyond HIV/AIDS technical assistance, focusing as well on strengthening local partners' organizational capacity, local ownership, and sustainability by addressing financial and programmatic accountability, including M and E and financial management, leadership, management, governance, and strategic direction.

Background

Pact's PMTCT partners – Malamulo SDA Hospital in Thyolo District, CCAP Nkhoma Synod in Lilongwe District, and Livingstonia Synod in Mzimba District, will contribute to scale-up of quality and comprehensive PMTCT services in Malawi. These partner FBOs have experience in PMTCT from previous projects supported through their hospitals and health centers with PEPFAR funding.

Pact's program will be implemented within the context of the National PMTCT comprehensive program, implementing partners, DHOs, which provide HIV test kits and other essential supplies for PMTCT services, and with the BASICS program supported with USG funding for nutrition support. Effective referral systems will be strengthened or established between PMTCT implementing partners and public sector facilities and with community based organizations for psychosocial support and reduction of stigma and discrimination surrounding HIV/AIDS.

Activity 1: Community Mobilization for PMTCT

Pact's three FBO partners, Malamulo, CCAP Nkhoma hospital and Livingstonia Synod Ekwendeni hospital, will conduct community mobilization in their catchment areas targeting women of reproductive age and their partners to use PMTCT services through sensitization on importance and benefits of the available services. Community leaders and other gatekeepers, such as traditional healers, community women counselors, traditional birth attendants, and grandparents – who are custodians of culture and have influence on maternal and child health practices – will be targeted with messages to strengthen community support PMTCT and use of services. Sensitization messages will also target men, who are often decision makers in the family, to encourage them to participate in PMTCT activities and provide support and care for their families by male PMTCT motivators. Information dissemination methods will include distribution of IEC materials, drama, song, and involvement of PLWHA and post-test support groups and clubs.

Activity 2: HIV Testing and Counseling (HCT)

Pact's partners will provide HCT for PMTCT integrated in Maternal Child Health (MCH) services, including ANC, labor and delivery, postnatal, family planning, under five, IMCI, and nutrition rehabilitation targeting pregnant and breastfeeding mothers, as well as mothers with unknown HIV status and their partners. In addition, exposed and suspected infants, such as children with TB, severe malnutrition, failure to thrive, chronic malaria, and other severe illnesses at 18 months will be targeted for HIV testing and the parents counseled for HIV. A family centered approach will be applied to identify other HIV-infected family members through an index case, which could be a mother or child identified in the MCH services.

All three partners have already adopted provider-initiated HCT using the opt-out approach for PMTCT in MCH services. Service providers will continue to offer routine HCT following group pre- test counseling to all women and partners attending MCH services. Couple counseling will be encouraged to promote male involvement. Post-test counseling for HIV-negative mothers will be provided counseling to maintain their negative HIV sero status, family planning to prevent unwanted pregnancies, and referrals to support groups for nutrition and infant feeding support.

HIV infected mothers' post-testing counseling will include information about available services and support, including CD4 testing, ART for eligible clients, ARV prophylaxis, infant feeding counseling, follow up for maternal health and nutrition, and mother support groups. In addition, HIV-positive women will be encouraged to bring partners to be counseled and tested at PMTCT sites to enhance support for partners irrespective of the men's HIV status, reduce stigma, and afford individuals/couples the opportunity to make informed decisions on accessing care and treatment services.

Activity 3. Follow-up Care and Support for HIV-Positive Mothers During Pregnancy, Labor, and Delivery

Pact's partners will strengthen follow-up care and support services for HIV positive women through pregnancy, labor, and delivery. During pregnancy the mother will be monitored, including WHO staging, HB test, and clinical care management, such as continuation of prophylaxis treatment of OIs and ART. Maternal nutrition will be assessed through routine ANC weight monitoring, provision of micronutrient supplements, and counseling on diet. Counseling is also provided on infant feeding options. Mothers will be encouraged to disclose HIV status to family/partners through continued counseling and to deliver in health facilities, where service providers will apply risk-reduction interventions for HIV transmission and administration of appropriate ARV prophylaxis for exposed infants. All women with unknown HIV status in labor will routinely be offered HCT.

ARV prophylaxis regimen will be administered to exposed infants; post-delivery follow up of mother-infant pairs includes provision of health, nutrition, and family planning counseling and support for the mother. The infant will be provided essential newborn health care, cotrimoxazole prophylaxis administration from six weeks of birth, ongoing pediatric presumptive HIV care, and infant feeding and nutrition support.

Activity 4: Post-Delivery Follow-up of Mother/Infant pairs

Pact's partners will provide follow-up services for mother and infant pairs. Exposed infants will be provided ARV prophylaxis as per national guidelines, including those delivered at home if they report to the health facility within 72 hours. The feeding option selected will be initiated and counseling provided to reinforce its application and on essential newborn care, cotrimoxazole prophylaxis according to the national protocol, immunizations, and monthly growth monitoring and assessment of presumptive signs for HIV will be provided. If breastfeeding is selected, the partners will provide support for early breastfeeding cessation as

Activity Narrative: soon as the available, feasible, acceptable, sustainable, and safe (AFASS) criteria are met. Malamulo and Ekwendeni hospitals will continue monthly monitoring of infant up to 18 months when HCT is conducted, while Nkhoma hospital through the pilot project done in USG partnership with the MoH and Baylor Institute on infant diagnosis and early ART for positive infants, will conduct infant HIV diagnosis with PCR at 6 weeks and ensure HIV-positive infants access pediatric HIV treatment and care.

Post-delivery mothers will be provided post-natal care to reinforce the infant feeding method selected to ensure mixed feeding is avoided. Mothers will also be monitored monthly for health assessment and clinical staging/management.

Activity 5: Referrals and Links to Treatment, Care, and Support Services

Malamulo, Nkhoma, and Ekwendeni hospitals will strengthen or establish links for collaboration among partners involved in provision of PMTCT services. Effective referral systems will be strengthened or established for mothers and exposed infants to access available services along the continuum of care for HIV/AIDS including ART, nutrition support, psychosocial support through mother support groups, which will also include men, and other community support systems. Referral directories will be maintained to provide easy access to information on types and location of available referral services. The referral system in place will be reviewed periodically to ensure effectiveness in meeting clients' needs.

Activity 6: Staff Capacity Building

Pact's partners will train staff in technical areas and to expand PMTCT services to meet demand created. In addition Malamulo will provide mentoring support for other health facilities beginning to implement PMTCT services through the government PMTCT scale up program. Staff will also be trained in strategic information and data management to enable them to monitor program progress, and make changes as necessary to effectively meet practice standards and program targets (See Pact's SI submission). Certified trainers will be contracted to conduct the training using nationally approved training protocols and guidelines. Refresher training will be provided to update service providers on current PMTCT service provision guidelines.

Activity 7: Annual Program Statement (APS)

Pact will release an APS for additional partners to implement similar PMTCT programs for FY 2009. Some of the partners specified may be funded with FY 2008 EP funds; other partners will be added via the Annual Program Statement mechanism.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11020

Related Activity: 17393, 17394

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21334	11020.21334.09	U.S. Agency for International Development	Pact, Inc.	9279	5666.09	PACT CSH	\$208,650
11020	11020.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	\$627,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17393	11276.08	7742	5666.08	PACT CSH	Pact, Inc.	\$261,000
17394	10363.08	7742	5666.08	PACT CSH	Pact, Inc.	\$425,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	23	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,450	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,031	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	40	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7563.08

Prime Partner: Partnership for Child HealthCare Inc.

Funding Source: GHCS (USAID)

Budget Code: MTCT

Activity ID: 5909.08

Activity System ID: 17760

Mechanism: BASICS Task Order I CSH

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$400,000

Activity Narrative: Summary

With Emergency Plan (EP) funding, Partnership for Child Healthcare Inc. (PCHC, Inc) through the mechanism BASICS, will continue to support a long-term PMTCT Technical Assistant (TA) in the MoH to assist with the government's efforts to expand rapidly access to PMTCT services and establish an M&E system to ensure collection of quality PMTCT data (see activities describing USG support for an M&E unit in MoH, HIV/AIDS unit). In addition, the advisor will promote the effective integration of PMTCT and Pediatric HIV Care services provided by the MoH and international and local NGOs. This TA is strategically placed by the USG to help relive bottlenecks in the implementation of the PMTCT component of the Global Fund Round 1 Grant to the National Aids Commission (NAC), for which the MoH is a sub-recipient. The PMTCT TA has been in place for about 6 months. During this initial phase of the agreement, the PMTCT TA was assigned a counterpart, a Malawian national PMTCT coordinator. At the end of the initial two years, USG anticipates that the Malawian national PMTCT coordinator should assume full responsibility of the PMTCT TA position. Should this not occur, BASICS has budgeted for a senior FSN PMTCT TA starting in early FY 2009 for the remainder of the 4 year task order period. The PMTCT TA works closely with other USG advisors in CT, ART, and the HIV/AIDS Coordinator. They are all situated in the MoH HIV/AIDS Unit, reporting to the Malawian Unit head.

Background

Using FY 2006 Emergency Plan (EP) funds, the USG placed a long-term PMTCT TA in FY 2007, to provide TA to the MoH to roll out the national PMTCT program for HIV-positive pregnant women, mothers, exposed infants, children, and family members using the family-centered care model. The PMTCT TA sits in the HIV/AIDS Unit in the MoH. Since 2007, this TA has been supported through a cooperative agreement with BASICS and the incumbent supports the national PMTCT coordinator who is a MoH employee.

Activity 1: Support for PMTCT Technical Assistant to MoH HIV/AIDS unit

With EP funding, BASICS supports the national PMTCT TA to develop programming and program management skills and support the head of the HIV/AIDS Unit in managing the HIV PMTCT program. The PMTCT coordinator also works closely with the other EP funded treatment and CT advisors (see activity ID# 16528 and ID# 10711) based in the HIV/AIDS Unit to ensure a coordinated HIV prevention, care and treatment program not only for pregnant women and children, but also for the general population. The TA supports PMTCT programs in the 8 districts that BASICS supports, and in systems strengthening activities at a national level e.g. development/revisions of work plans, guidelines and monitoring tools. The TA will collaborate with Pact (activity ID#1 1020) in building the capacity of selected NGOs providing HIV prevention, care, and treatment services to ensure the same standards of services articulated in the national documents such as the PMTCT Guidelines and job aids are implemented by USG partners. The TA will also collaborate with the partner who will implement the Family Planning RFTOP in order to fully integrate FP in PMTCT services.

Activity 2: PMTCT TA Activities

The TA will support the National PMTCT Coordinator in the MoH and will oversee training and the development of updated guidelines and standards, etc. Under this agreement, BASICS supports the TA salary and associated costs. The TA will serve as support to the National Coordinator for the GoM's efforts at rapidly scaling-up PMTCT services and improving the quality of these services. Activities to be supported by the advisor will include support for provider-initiated testing and counseling using parallel Determine and Unigold rapid test kits that enable clients to receive the results on the same day, post-test counseling which includes maternal nutrition and infant feeding options, and information sharing on postnatal care and family planning after delivery for both HIV-negative and positive women. The TA will be integral to the roll out of these activities.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 11022**Related Activity:** 17761, 17387, 14603, 16528**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21344	5909.21344.09	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	9281	7563.09	BASICS Task Order I CSH	\$400,000
11022	5909.07	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7563	7563.07	BASICS Task Order I CSH	\$407,000
5909	5909.06	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	3904	3904.06		\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17387	11020.08	7742	5666.08	PACT CSH	Pact, Inc.	\$523,000
17761	11023.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$400,000
14603	10711.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$183,000
16528	16528.08	7141	3899.08	I-TECH	University of Washington	\$300,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	0	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	0	False

Indirect Targets

A USG funded Advisor will be placed in the MoH and contribute to national targets.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7564.08

Prime Partner: Partnership for Child HealthCare Inc.

Funding Source: GHCS (USAID)

Budget Code: MTCT

Activity ID: 11023.08

Activity System ID: 17761

Mechanism: BASICS Task Order II CSH

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$400,000

Activity Narrative: Summary

With USG Emergency Plan (EP) resources, Partnership for Child Healthcare Inc. (PCHC, Inc) through the mechanism BASICS, will provide technical support to assist the national HIV program in its efforts to decrease HIV transmission to infants and children by scaling up PMTCT services which include increasing post partum follow up and access to pediatric HIV diagnosis, care, and treatment services at facilities and in communities; improving referral systems; and educating communities about pediatric HIV, including the integration of pediatric HIV diagnosis, care, and treatment content into the national PMTCT guidelines.

Background

The project is aimed at improving the effectiveness and accessibility of child health, nutrition, and related pediatric HIV services through the development and integrated implementation of high impact interventions to prevent and reduce illness, as well as mortality and malnutrition among Malawian children under the age of five. The project will be implemented in eight priority districts with high infant mortality and high HIV prevalence. BASICS has re-designed National IMCI modules to incorporate the management of the newborn, pediatric HIV, and nutrition. The Pediatric Hospital Initiative and Community Therapeutic Care will support the management of common childhood illnesses which commonly affect children born to HIV positive mothers.

The program supports a new national policy on accelerating child survival and development in Malawi. A key emphasis is on strengthening the implementation of High Impact child health interventions (including both prevention and curative components) as published in the Lancet Child Survival series of 2003. Examples of activities include the provision of Insecticide Treated Nets (ITN), strengthening of immunization and maternal health, and the management of fever, diarrhea, and pneumonia. HIV/AIDS and Pediatric ART is mentioned specifically as one of the 13 high impact interventions. Strengthening of services will range from district hospital level through to community level to ensure the development of a continuum of care.

In addition, BASICS will provide ongoing TA at the national and district level in support of the GoM's efforts to scale-up rapidly PMTCT services throughout the country. The National PMTCT Scale Up Plan aims at expanding coverage from a present 104 sites to 430 sites by June 2008. The plan includes training health workers, ensuring the availability of ART and test kits, developing an M&E Framework, implementing appropriate infant and mother feeding practices, and ensuring the long term follow up of both mother and baby to ensure access to treatment, care, and support (CPT prophylaxis, access to ART, family planning, the development of support groups and male involvement).

The pediatric HIV and PMTCT activities will be complementary and work in synergy to decrease transmission of HIV from mothers to infants during pregnancy, labor, delivery, and in the post partum period through infant feeding while the pediatric HIV activities will reinforce CPT offered at post partum visits but also work to identify infants not reached through PMTCT programs or those whose mothers participated but have not returned for post partum visits.

The outcome of this activity should include increased coverage of CPT for children born to HIV positive mothers, appropriate feeding practices and an increased proportion of children accessing HIV testing at 18 months or earlier per GoM guidelines. BASICS will capitalize on the previous BASICS experience to increase Intermittent Presumptive Therapy (IPT) for malaria in pregnant women – thereby raising the coverage of two doses of SP from 53% at baseline in 2003 to 80% at the end of 2006.

Activity 1: An Assessment of Existing PMTCT and Pediatric Care Services

An assessment will be conducted to determine the current implementation status of PMTCT and pediatric HIV care at district and facility level in the 8 priority districts which experience high infant mortality rates and high HIV rates. The comprehensive assessment will include a review of current service performance and referral systems (PMTCT to ART, community to PMTCT and ART) and the identification of blockages impeding effective service delivery. This assessment will form the basis of developing a series of interventions aimed at 1) strengthening health worker capacity; 2) re-organizing service provision for PMTCT including the post-natal pediatric component; 3) aligning child health, maternal health, and PMTCT activities to eliminate missed opportunities and ensure maximal coverage of available services; and 4) developing appropriate community level support mechanisms such as mothers groups. District Health Management Teams will be engaged in the development of these solutions and implementation of follow up activities to ensure the sustainability of interventions. BASICS will develop interventions in accordance with national MoH policies and guidelines. Also, BASICS will harmonize its activities with the pediatric AIDS initiatives being implemented by USG through CDC, HUTAP, Baylor, Taiwan Medical Mission, Clinton foundation, UNICEF, and the MoH consortium.

Activity 2: Capacity Building Around PMTCT Services

BASICS will support scale up by providing assistance to service expansion at the community level (health centre and surrounding communities) and contributing to the increased quality of PMTCT services provided at PMTCT sites. Program support will consist of a blend of training activities (largely on-site), district level technical assistance, the development of supportive supervision for service provision, and use of job aids to facilitate improved quality of care. Training at the facility level will be focused at persons working in maternal and child health sections as well as the network of HSA's which link into communities. A group of community-based Mothers Group Facilitators will be trained to support the mothers groups. The experience of scaling up and improving service quality in 10 sites in each of the 8 districts will be shared with the MoH and other partners at district, zonal, and national levels with the purpose of sharing solutions developed to solve problems. This will be in the format of verbal and written reports and the distribution of tools developed in the 8 districts. Key activities which will receive support include:

- Training of HCW's and community members (PMTCT support groups, traditional authorities and care-givers) in key aspects of infant nutrition related to HIV. The current curriculum is insufficient due to infant feeding being eliminated from National PMTCT Training Curricula because of time constraints when courses are conducted. Malawi supports exclusive breastfeeding for infant feeding and it is necessary to fill the knowledge gap which exists in health care providers and community members. This activity will

Activity Narrative: contribute to informing males about their roles with regards to mother and child support and will strengthen male involvement in PMTCT.

- Capacity building of facility level personnel to ensure that key PMTCT activities are incorporated into child and maternal health activities. The aim is to determine appropriate patient flow pathways which prevent missed opportunities, acknowledge regular use of health passports (these patient record are being adapted currently to include activities related to PMTCT), deploy job aids, and develop mechanisms which limit the drop out of children from PMTCT care. Efforts will include that child health staff enquire about a child's HIV exposure status at routine under 5 clinics, assess HIV exposed and infected children, provide CPT, and refer for clinical assessment/diagnosis/testing and treatment when needed. Maternal health staff will provide pregnant mothers with information about the importance of the child receiving ART prophylaxis at birth, infant feeding options, and appropriate nutrition.

- Development of mother support groups, UMOYO Mothers Groups, at community level. These groups were implemented through the USG - supported UMOYO Project and have lead to the development of community level PMTCT support groups. The UMOYO groups contribute to key components of PMTCT – established family centered integrated infant feeding; case finding for HIV/AIDS, PMTCT, and other reproductive related case finding, including TB; linkages to appropriate facilities for attention; encouragement of community ownership and involvement; and the formation of mother/father/male involvement in PMTCT and infant feeding support groups. BASICS will work with DHMT's to bring these groups to scale within the health care system in a fashion which provides a linkage between communities and health facilities.

- Support the employment of 16 counselors, two per focus district, to support HIV Testing and Counseling services. These counselors are deployed to district hospitals where they provide counseling services under the supervision of the District Health Officer. During the period, July 2006 – June 2007 – the counselors did 43,300 HTC sessions including 10,769 for pregnant women. It is expected that a similar number of tests will be conducted during FY 2008.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11023

Related Activity: 17760

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21345	11023.2134 5.09	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	9282	7564.09	BASICS Task Order II CSH	\$400,000
11023	11023.07	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7564	7564.07	BASICS Task Order II CSH	\$172,550

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17760	5909.08	7864	7563.08	BASICS Task Order I CSH	Partnership for Child HealthCare Inc.	\$400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	8	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	11,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	2,496	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$3,862,258

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

With HIV prevalence estimated at 14% among adults aged 15-49 in 2006, Malawi ranks among the countries worst affected by AIDS. About one million Malawians are living with HIV. HIV prevalence peaks in the 30-34 age group for both men and women, highlighting the need to address prevention among adults. Prevalence is higher in urban areas and among men with higher levels of education and income. About 10% of all couples are sero-discordant, yet most individuals do not know their own or their partner's HIV status.

Prevalence appears to have stabilized in the urban north and in parts of the central region, where prevention efforts have been concentrated. However, a recent analysis indicates rising or persistently high prevalence along the northern lake areas and in urban manufacturing and marketing zones, border areas and large rural plantations, especially in the South where HIV prevalence is highest. Mobile men with disposable income who engage in transactional sex with non-cohabiting partners appear to play a key role in continuing high transmission.

The ethnographic literature highlights the role of gender power imbalances in the epidemic, in particular, the lack of empowerment of Malawian women, and the role of poverty in contributing to high levels of transactional sex. HIV prevalence is much higher in young women than in young men and many girls marry in their teens, raising concern that marriage may increase the HIV risk for young women. Certain ethnic groups practice polygamy, wife inheritance, sexual cleansing rituals, and initiation rites for youth, which may also contribute to the spread of HIV.

Currently, the Government of Malawi (GOM) is implementing the Second National HIV/AIDS Action Framework (NAF), covering

the period 2005-09. The National AIDS Commission (NAC), the central coordinating unit for the national response, has focused mainly on the roll-out of antiretroviral therapy (ART), and to a lesser extent, on orphans and vulnerable children (OVC) and community-based care. These activities are primarily supported by the Global Fund for AIDS, TB and Malaria (GFATM), under the direction of the Ministry of Health (MoH) and NAC, with some involvement by the Ministry of Women and Child Development.

Despite considerable success with ART, a focus on prevention of sexual transmission through behavior change has been largely absent from the national response. The GoM's main role has been to procure condoms and distribute them to government health facilities. Unfortunately, for the last two years the USG has had to procure condoms on an emergency basis to avert national stock-outs.

Previous USG Support

USG is among the few major development partners directly funding programs to prevent sexual transmission of HIV. Since 2000, the USG has supported behavior change communication for the general population; community outreach to adults, youth, and high risk populations; and social marketing of condoms. In 2006, mass media messages about HIV/AIDS reached over 5 million people. Outreach and interpersonal communication for adults and youth in the general population were widespread, while interventions targeting high risk populations reached over 231,000 individuals.

A review in June 2007 highlighted many strengths of the overall USG prevention portfolio: a balanced approach to addressing adults, youth and high-risk populations; an appropriate balance and strong links between mass media and interpersonal communications; a comprehensive ABC approach, including attention to partner reduction; and a focus on gender issues, especially male norms and traditional cultural practices. The review recommended deepening prevention efforts by targeting more focused messages to specific sub-populations, strengthening best practice approaches in interventions for youth and high-risk populations, and addressing repeated stock-outs of condoms.

FY 2008 USG Support

With FY 2008 funds, the USG will adopt a two-pronged approach to overall prevention of sexual transmission in Malawi's highly generalized epidemic:

1) The main thrust of the USG strategy will be an "ABC" approach to support interventions for the general population with a primary emphasis on risk avoidance: abstinence/delay of sexual initiation for youth, and mutual monogamy/partner reduction for both adults and sexually-active youth, while also providing education about condoms for a comprehensive approach.

2) A complementary strategy will be an "aBC" approach for high-risk populations: comprehensive prevention services for most-at-risk populations (MARPs) as well as persons engaging in high risk behavior (PEHRB) in the general population, with the emphasis on consistent condom use and partner limitation.

FY 2008 Abstinence and Be Faithful (AB) prevention funding will address the first prong of this strategy by seeking to change social and gender norms and cultural practices that contribute to HIV transmission, and by educating adults and youth in the general population about safer behaviors. Two major new prevention procurements are planned with FY 2008 funds, one of which primarily will promote risk avoidance for adults and youth in the general population. The second new procurement will support social marketing of condoms, and targeted outreach and prevention education for high risk populations. The USG is extending existing prevention agreements with Johns Hopkins (JHU)/BRIDGE and Population Services International (PSI) until early 2009 to ensure a smooth transition to the new awards.

The new activity targeting the general population will support national and local media campaigns to challenge social and gender norms, especially male behaviors such as engaging in concurrent sexual partnerships. Advocacy directed at both national and community leaders will seek to end high risk traditional practices such as widow inheritance and sexual initiation rites. Media will link to community mobilization and interpersonal communication methods to reinforce normative change among adults. The program will collaborate with faith-based organizations, workplaces, and other structures to reach and engage diverse adult populations. Messages for adults will emphasize the benefits of mutual monogamy for partners who are both HIV-negative, with complementary messages about the importance of knowing one's own and one's partners HIV status.

The USG will continue to support youth HIV prevention with an emphasis on abstinence, delay, and partner reduction. The new TBD activity for general population prevention will support youth-focused media, again, with close links to community outreach and interpersonal approaches. The program will seek to address gaps in and improve the quality of school-based HIV education, and to reach out-of-school youth through appropriate community structures. The USG may shift funds away from youth prevention if Malawi succeeds in its recent application for GFATM funding, which includes a strong focus on media and life skills education for youth.

The USG will pay special attention to the vulnerability of young women. The new TBD activity for the general population will include explicit efforts to prevent transactional sex. USG will also encourage "influencers" of youth (parents, teachers, other respected adults) to create safer environments for young women, including messages about premarital HIV testing. Malawi will participate in the centrally-funded Vulnerable Girls Initiative to test creative new approaches to reaching girls and young women at highest risk, including orphans and other youth lacking social protection, as well as married adolescents.

Peace Corps will train all volunteers in life skills for HIV prevention, with an emphasis on reaching youth and addressing the gender dimensions of HIV/AIDS. Small grants will be made available to volunteers on a competitive basis to help address prevention needs in the communities they serve. Local community partners supported through the umbrella grants mechanism will also provide risk avoidance messages to youth and adults and address gender and cultural issues, including male norms and cross-generational sex.

The USG will partner with the Malawian Defense Force to reach more than 6,000 troops and their families through interpersonal

communications and peer-to-peer activities. The focus will be on educating soldiers about risks associated with multiple concurrent partnerships and to encourage soldiers and their wives to adopt mutual fidelity as a strategy for HIV/AIDS prevention.

Across the portfolio, AB activities will provide appropriate linkages to condoms for those who need them. Many partners receive funding from the AB and OP program areas, and support a comprehensive approach to strengthen linkages between prevention and HIV counseling and testing, care, and treatment services. Other partners will make referrals to outlets for socially-marketed condoms.

The USG country team recently established a technical sub-group on HIV prevention, which will provide technical guidance to and enhance coordination of USG prevention activities. The sub-group will facilitate sharing of experiences and harmonization of HIV prevention efforts across partners. Recently, national stakeholders have begun to recognize the importance of prevention in addressing the epidemic; the USG will support these stakeholders as they develop an overall prevention strategy. If Malawi is successful in its recent GFATM application focusing on youth prevention, the USG technical sub-group will also provide support and leadership to guide these activities. The country team will look to the Regional HIV/AIDS Program for additional technical support.

Products

Hope Kits

Breaking the Silence on HIV and AIDS by FBOs-Manual Distributed

Nditha Radio Spots

MDF prevention program rolled out

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	904647
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	492312
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	9599

Custom Targets:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5667.08	Mechanism: PSI CSH
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 5918.08	Planned Funds: \$350,000
Activity System ID: 17446	

Activity Narrative: Summary

PSI will continue its work in AB by supporting the nationwide "Youth Alert" program to promote appropriate and healthy life skills through an age-appropriate AB program targeting in and out of school youth ages 10-24.

Background

PSI has been implementing Youth Alert since 2001. Youth Alert! promotes the importance of setting goals in life, identifying barriers to achieving those goals (such as HIV, STIs, and unintended pregnancies) and identifying effective ways to overcome barriers through informed choice. The program has been co-funded by KfW (The German Development Bank) since 1995. This co-funding will end on September 30, 2007. However, PSI/Malawi will continue to work to identify new funding to mitigate the effects of the loss of the KfW co-funding and to expand the Youth Alert! Mix Listeners Clubs IPC (Interpersonal Communication) activity.

Youth Alert! is comprised of four elements: (1) the Youth Alert! Schools Program; (2) the Youth Alert! Mix (YAM!) Radio show, Malawi's Number 1 youth radio program according to 2004 All Media Survey; (3) the YAM! Listeners Clubs Activity; and (4) the Youth Alert! Peer Education pilot project (this pilot activity is funded currently through leveraged KfW funding, which will end September 30, 2007).

In April 2004, with USG support, PSI/Malawi established its Faith Communities Program (FCP) in two pilot areas. The FCP works with faith communities in Malawi to increase safe sexual and reproductive behaviors (among 10-24 and 25-49 year olds) which will result in decreased incidence of HIV/AIDS and improve the health of the members of these faith communities. The FCP supports the Malawi HIV and AIDS National Action Framework (NAF) 2005-2009 Prevention and Behavior Change Action Area 1 (To expand the scope and depth of HIV/AIDS communication for effective behavior change), Area 2 (To promote and support HIV protective interventions specifically designed for young people) and Area 4 (To strengthen socio-cultural values and practices that prevent the spread of HIV) and Impact Mitigation: Socio-Economic and Psychosocial Area 4 (To improve access of OVC to essential social services, integrated and comprehensive community-based support services).

FCP activities include the conducting of workshops for married couples addressing issues on being faithful to their partner, workshops targeting youth which provide training on life skills to help them abstain from sex, and the production and provision of information, education and communication (IEC) materials and vocational skills training for orphans and vulnerable children (OVC aged 10-17). The program is currently in its pilot phase and is working only in Lirangwe and Mpemba townships in Blantyre district. FY 2008 is final year of funding for PSI. The activities will run through 2009. During this period PSI will work to consolidate and sustain the gains made through this activity.

The new FY 2008 funds requested will be used to manage the close-out of the Youth Alert! and the FCP activities carried out under the EHAP-IFH Project for approximately the initial three or four months of FY 2009.

Activity 1: Youth Alert!

The Youth Alert! schools program has been operating in every district in Malawi since 2001, and aims to visit every government secondary school in the country at least once per year to deliver a balanced HIV/AIDS life skills presentation to in-school youth aged 15-24. The program supports the NAF 2005-2009 Prevention and Behavior Change Action Area 2 (To promote and support HIV protective interventions specifically designed for young people). The program has been supported by the USG since 2001, with co-funding from KfW for operational costs (this co-funding will cease on September 30, 2007, placing considerable pressure on attaining FY 2008 targets using USG FY 2007 funds). Gender issues are addressed by incorporating specific youth-to-youth/female empowerment life skills, such as assertiveness and decision making into the schools presentation. In addition, the USG has supported the implementation of the Youth Alert! Real Man/Real Woman delayed sexual debut campaign, which encourages young people to delay their sexual onset and replaces sex with respect for each other, respect for themselves, and concentration on achieving future goals. The messages from this campaign have been disseminated via mass media (TV Malawi, music videos, YAM) and through interpersonal communication (IPC) channels (YAM Listeners Clubs, Youth Alert! Schools program, and PSI/Malawi's Targeted Outreach Communications (TOC) teams). In FY06 the number of individuals reached through Youth Alert (YA) community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful was 79,920.

According to our most recent M&E survey results, the entire Youth Alert! Program has had a positive impact on the attitudes of young people about abstinence in Malawi. The 2005 TRaC (Tracking Results Continuously – 2,880 15-24 old young people surveyed nationwide) survey found that high exposure to Youth Alert! activities correlates positively with greater self-efficacy for and more positive attitudes towards abstinence, which are significant determinants for this behavior. The TRaC Survey also identified Social Norms surrounding cross generational and transactional sex and Beliefs on HIV transmission as statistically relevant factors driving prevention behaviors. Youth Alert! has dedicated, and will continue to dedicate, significant resources during FY 2008 to address these key behavioral determinants. A second TRaC monitoring round is scheduled for the summer of 2008 with USG funds.

Activity 2: YAM!

YAM! commenced airing in 2003 with USG support on two nationwide radio stations, MBC1 and MBC2. YAM! airs multiple weekly broadcasts of a radio show highlighting and demonstrating life skills, and addressing youth related reproductive health issues, such as age-appropriate HIV/AIDS prevention choices, unwanted pregnancies, and STI prevention. YAM! is targeted at youth aged 10-24 years and their parents or guardians. YAM! supports the Malawi NAF 2005-2009 Prevention and Behavior Change Action Area 2 (To promote and support HIV protective interventions specifically designed for young people). In 2004, YAM! was found to be the Number 1 youth radio magazine show according to the Malawi All Media Survey and by the 2005 TRaC survey. YAM! programs are designed in a collaborative process with other various

Activity Narrative: partners working in youth BCC programs. The broadcasting year is split into four themes, with twelve programs per theme. All the four themes have strong AB foci. The 2005 TRaC survey results directly contributed to the development of these program themes. In-house training is provided for the YAM! presenters (one male and one female). During FY 2008, YAM! also will train young presenters (10-14) to co-present the show on a regular basis in order to increase its appeal and relevance to this demographic. As mentioned above, PSI/Malawi makes resources available to project personnel for relevant professional development training courses, including participation in the Results Initiative (see SI section).

Activity 3: Faith Communities Program

The objective of the Faith Communities Program (FCP) is to work with faith communities in the two pilot areas, Mpemba and Lirangwe close to Blantyre, Malawi, to increase the adoption of safer sexual behaviors, which will result in decreased incidence of HIV/AIDS. The FCP works with and through community-based HIV/AIDS committees to ensure community ownership of the program and contribute to its sustainability. Faith based youth (10-24) are reached through community outreach on issues related to HIV/AIDS; emphasis is placed on the importance of abstinence as a risk avoidance behavior. The curriculum includes gender relevant life skills education such as self-esteem, self worth, understanding their sexuality, why and how to delay sexual debut, the importance of both primary and secondary abstinence, how to deal with peer pressure, and the dangers of cross-generational/transactional sex. The FCP reaches faith based adults (25-49) with two-to-three day, non-residential seminars at religious institutions. Several subjects are addressed including the importance of mutual fidelity, Voluntary Counseling and Testing (VCT), unacceptability of cross-generational and transactional sex, cultural practices and HIV/AIDS, gender and HIV, stigma, and discrimination. The FCP conducts capacity building workshops for faith based leaders (25-49) on the theory and practice of behavior change with regard to HIV/AIDS prevention in order to create a corps of religious authority figures and opinion leaders who can lead the education, motivation, sensitization, and community mobilization effort. In addition to providing a forum for (AB) prevention messages and promoting healthy life-styles, the FCP also conducts vocational skills training in tailoring and carpentry to orphans and vulnerable children (OVC aged 10-17). The program is aimed at developing self-reliant behaviors and reducing vulnerability on cross-generational and transactional sex. The skills the OVC learn will result in them playing productive and effective roles in their communities and helping them to protect themselves from contracting HIV/AIDS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11051

Related Activity: 15431, 15425, 17447, 15426, 17448, 17449, 17146, 17147

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24043	5918.24043.09	U.S. Agency for International Development	Population Services International	10335	5667.09	PSI CSH	\$0
11051	5918.07	U.S. Agency for International Development	Population Services International	5667	5667.07	PSI CSH	\$1,105,912
5918	5918.06	U.S. Agency for International Development	Population Services International	3888	3888.06		\$816,912

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15431	5917.08	7140	3896.08	Peace Corps GHAI	US Peace Corps	\$75,000
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985
17447	5933.08	7765	5667.08	PSI CSH	Population Services International	\$430,000
17448	5952.08	7765	5667.08	PSI CSH	Population Services International	\$5,900
17449	11277.08	7765	5667.08	PSI CSH	Population Services International	\$20,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	31,155	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,020	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	79	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Religious Leaders

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5666.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (USAID)

Budget Code: HVAB

Activity ID: 11048.08

Activity System ID: 17388

Mechanism: PACT CSH

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$381,100

Activity Narrative: Summary

In January 2007, the USG awarded an agreement to Pact to implement HIV/AIDS prevention and care project, with major granting and capacity building components. Pact's efforts will go beyond HIV/AIDS technical assistance, focusing as well on strengthening local partners' organizational capacity, local ownership, and sustainability by addressing financial and programmatic accountability, including Monitoring and Evaluation (M and E), financial management, leadership, management, governance, and strategic direction. Pact will provide targeted technical assistance to organizations and foster networking and communities of practice to address bottlenecks in implementation. In addition, Pact will participate in national-level technical working groups, and work with relevant ministries and government bodies, especially the National AIDS Commission (NAC), to ensure that its efforts contribute to the national response to the pandemic.

Background

Three of Pact's partners, Malamulo Hospital, Synod of Livingstonia at Ekwendeni, and MACRO, have been implementing interventions to promote abstinence and being faithful (AB) with Emergency Plan (EP) funding through the Umoyo Network for in- and out-of-school youth. Other Pact partners, including Southern Africa AIDS Trust (SAT), Malawi AIDS Information and Counseling Centre (MAICC), National Association of People Living with HIV and AIDS in Malawi (NAPHAM), Lusubilo, Tutulane and Community Partnership for Relief and Development (COPRED), and the Society for Women and AIDS in Malawi (SWAM), will support implementation of new AB activities to contribute to the prevention and behavior change component of the national HIV/AIDS program in Malawi. Strategies targeting youth, including abstinence and faithfulness to a single, tested partner will be implemented to encourage healthy lifestyles.

The activities to be implemented in this program include mobilization of youth through existing structures and/or establishing new ones through which services can be effectively delivered to the youth, e.g., schools, church groups, and other of community based forums, facilitation of youth clubs, provision of youth friendly services and training of peer educators and youth patrons, including faith leaders.

Faithfulness activities and messages will also be targeted to adults, and linked to activities in other program areas.

People Living with HIV and AIDS (PLWHA) will be involved in all activities, including positive prevention approaches. The AB program is closely linked to other prevention programs; therefore, effective referral systems will be established to enable access to other HIV prevention and reproductive health services, including condoms for sexually active and other at-risk youth, youth-friendly services, and HIV testing and counseling services. In addition, AB activities will be linked to OVC programs for older OVC by organizations that work in both areas. (See Pact's submissions in these other areas).

Activity 1: Community Sensitization and Youth Mobilization

Pact's implementing partners, SAT (through Friends of AIDS Support Trust), Malamulo, MAICC, and Tutulane will sensitize community leaders, such as teachers, faith leaders, chiefs, and parents, on the importance of the AB efforts for youth and their role in encouraging both male and female youth to participate. Communities will also be sensitized more generally on faithfulness messages for all sexually active members. All of Pact's partners will work with the youth targeted through schools, church youth groups, older OVC groups and other similar community groups with information on the importance and benefits of participating in AB efforts. Malamulo, Ekwendeni, and Nkhoma will mobilize youth using their existing faith-based organizations, whereas sub partner SWAM will promote AB activities through community structures such as Anankungwi (initiation counselors—elders in the community that provide guidance and advice to youth), traditional dances and songs to highlight AB activities, as well as poems and interactive drama sessions.

Activity 2: Facilitation of Youth Groups

Malamulo, Ekwendeni, SAT, Nkhoma, and Tutulane will support activities targeting both male and female youth focusing on in-depth information, education, and communication on abstinence and faithfulness, including life skills development to maintain a healthy lifestyle. SWAM and COPRED will work with the USG-funded BRIDGE Project and district youth officers to strengthen youth clubs. The aim is to empower youth to say no to sex until marriage and to resist pressures for early sex or sex with concurrent partners. Different youth groups for in- and out-of-school youth will be targeted. A variety of skills will be developed among young males, such as practicing negotiation and dialogue instead of violence and coercion, practicing a healthy lifestyle, gender awareness and respect for girls, postponing sexual debut, and faithfulness to one tested partner. The skills for young women and girls include self respect, resisting sexual pressures, postponing sexual debut, and faithfulness to one tested partner. In particular Nkhoma, Ekwendeni, and SAT will use the participatory life skills prevention tool the "Hope Kit," which has been developed by the JHU's BRIDGE Project with EP funding.

Approaches such as sports, drama, and skills training will be used mainly by SAT, Tutulane, Ekwendeni, and MAICC to encourage youth to spend their time productively, and to make learning fun. These activities will also entail outreach to key gatekeepers, such as parents, teachers, and faith leaders to enable them to reinforce healthy lifestyle, especially faithfulness messages, and equip them with skills to discuss sexual matters with youth.

Activity 3: Youth Friendly Services (YFS)

Malamulo, Ekwendeni, MAICC, and Nkhoma will sensitize service providers on youth-friendly reproductive health services and refer youth to these providers. The providers will reinforce AB and healthy lifestyle information provided through youth groups, and encourage youth who have been sexually active to receive HTC as well as promote faithfulness and monogamy to this population. YFS providers will also refer clients to reproductive health services including STI management, HCT, and resource centers at district health offices.

Activity Narrative: Activity 4: Training of Peer Educators and Youth Patrons

All Pact's partners implementing AB activities will build the capacity of peer educators and youth patrons (older youth that serve as role models and provide emotional support for youth) through training and follow-up support and mentoring. In addition, to ensure continuity of services, the NGOs will also support mechanisms for retention of trained peer educators for a reasonable period and replacing those who move on by exposing them to various conferences, promotion of learning exchange visits, and providing them with income generating activities. Other gatekeepers such as teachers and faith leaders will be oriented to relevant skills to enable them to understand the program goals to effectively provide support for activities in the future.

Activity 5: Open Days

Pact's AB partners will conduct outreach activities such as open days, during which an HIV prevention topic will be chosen that will give high-risk target groups and the general population an opportunity to enter into community dialogue. During the open days, services such as mobile VCT will be carried out by MACRO, Ekwendeni Mission Hospital, Nkhoma, and Malamulo. The partners will also collaborate with District Health Offices and other NGOs to provide VCT services during such community gatherings.

Pact will train the staff of partner organizations in monitoring, evaluation, and reporting, as well as in organizational development and technical areas. See Pact's SI and Policy/Systems Strengthening submissions.

Activity 6: Annual Program Statement (APS)

Pact will release an APS for additional partners to implement similar AB programs for FY 2009. Some of the partners specified may be funded with FY 2008 EP funds; other partners will be added via the Annual Program Statement mechanism.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11048

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21335	11048.2133 5.09	U.S. Agency for International Development	Pact, Inc.	9279	5666.09	PACT CSH	\$834,600
11048	11048.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	\$496,326

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	397,012	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	349,392	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,100	False

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5662.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (USAID)

Budget Code: HVAB

Activity ID: 11044.08

Activity System ID: 17146

Mechanism: JHCOM

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$513,140

Activity Narrative: Summary

Since FY 2005, BRIDGE has supported a radio diary project featuring the personal testimonies of male and female PLWAs on six local radio stations. An evaluation shows that the Radio Diaries project which began FY 2005 reached up to 75% of the listening audience in Malawi and indicated that listening to the radio diaries is strongly associated with reduced stigma towards people living with HIV/AIDS and more agreement with attitudes that "people with HIV are just like me." All radio stations report good listener feedback to these innovative programs and there is widespread recognition of the programs in all eight emphasis districts as well as in Lilongwe and Blantyre.

Background

In FY 2007, BRIDGE made progress in AB programming through a variety of initiatives targeting youth: the Nditha! Sports Initiative implemented in four BRIDGE districts; the second season of an HIV radio program called "Tisankhenji" finalized; and Youth Alert! listening clubs and related activities reaching over 5,400 young people on a weekly basis. Also, BRIDGE is active in the interfaith mobilization of religious communities via collaboration with the sub-partner Public Affairs Committee (an umbrella group for faith based organizations) as well as joint youth outreach and seminars for faith leaders.

JHU Bridge's FY 2008 activities to reach youth will continue to focus on youth participation: developing youth leadership, promoting the delay of sexual debut, increasing youth knowledge of HIV and risky behavior, and teaching youth skills to adopt and maintain healthy behaviors. Strengthening access to resources, delivering practical user-friendly tools and interventions targeting youth remain important areas for BRIDGE.

Activity 1: Youth Alert! Mix

Youth Alert! uses mass media to reach hundreds of thousands of youth across Malawi. Youth Alert! Mix (YAM!), funded by the USG, was recently named the most popular youth radio program in Malawi drawing parents as well as youth. It stimulates improved communication within Malawian families on HIV and the value of delayed sexual debut ("A") and mutual faithfulness ("B") among couples. The BRIDGE Project supports YAM! through funding for the Listeners' Club program which works to translate and leverage the popularity of the mass media communication intervention into a powerful interpersonal behavior change activity by facilitating a weekly guided discussion on YAM's content.

In FY 2008, the YAM! Listener's club activity will include refresher trainings for listening groups, training in community-based approaches for Youth Alert (YA) staff, and facilitating meetings with NGOs, CBOs and Youth and Prevention technical sub-committees. The Listener's Clubs provide opportunity for discussion and reinforcement of social norms around issues of primary and secondary abstinence, HIV counseling and testing, mutual faithfulness, resisting harmful peer pressure, and building self-esteem and self-worth. The Youth Alert! team will also participate in other activities sponsored by the BRIDGE project and its partners, such as district level youth festivals and outreach to faith-based organizations.

Activity 2: Empowering Young Girls through Tisankhenji

In FY 2008, BRIDGE will continue the partnership with Business Eye and Nanzikambe to use entertainment-education approaches to highlight the stories of dynamic role models as inspirations to young women in Malawi. This collaboration will use a multi-media approach and activities will include community based events (that also link to the Nditha! campaign, particularly community theater), radio, and print materials. The current Tisankhenji radio program features Alinafe - a plucky girl who loves her family, sports, and is true to her friends. She learns from her mistakes and has confidence in her own decisions regarding themes such as personal achievement in and out of school, dignity and self-worth, modeling parent-child communication, delaying sexual debut, resisting sexual pressures and discussing these pressures with a trusted adult. In addition, Tisankhenji includes radio magazine-style elements that invite listener "talkback", ideas on the challenges for girls "growing-up" in Malawi, real youth groups profiles, and suggestions for young women and men to get involved with HIV prevention in their communities (and have some fun!). Community-based radio listening clubs (currently 10 supported clubs per district) provide a link between the radio program and community action.

Activity 3: Nditha! Sports

The Nditha! Sports package encourages positive mentoring of young adults by the community (which links to the Men's Involvement campaign), youth leadership skills, decision making skills, youth involvement in community activities (especially for girls), goal setting, and placing value on their lives. Through Nditha! Sports, mentors and coaches assist young people to articulate strategies to delay sexual debut, address gender challenges, seek advice from trusted adults, build skills to tackle coercion, and develop a positive and proactive outlook on life. The accessibility of the model has made it popular with teachers, sports coaches and youth alike. The methodology links sporting skills to life skills, focusing on prevention through AB as ways to achieve your goals and future aspirations.

In FY 2008, BRIDGE will scale-up this activity.

Activity 4: Young Women's Congress

BRIDGE has supported four successful and popular Young Women's Congresses (YWC) over the past four years. Last year, BRIDGE developed a partnership with the Malawi Girl Guides Association (MAGGA) and UNFPA to deliver the YWC. This partnership will continue in FY 2008 with additional congresses and activities offered to young women leaders in all 8 emphasis districts as well as select NGOs and youth groups outside of the BRIDGE districts.

In FY 2008 there will continue to be a strong emphasis on building leadership skills and engaging the community while supporting girls' education and promoting female role models to support economic empowerment and achievement. The content of the congresses also includes HIV prevention basics, support for delayed sexual debut and mutual faithfulness to one life-partner, the importance of HIV

Activity Narrative: counseling and testing, and stigma reduction towards PLWA.

In addition, the congress will offer youth leaders a place to explore the social, economic, political, religious and cultural realities and customs that, joined with biology, make women especially vulnerable to HIV/AIDS. In sessions, young women will not only focus on the factors that place them at risk, but most importantly they will identify actions that they can take to reduce these risks, especially those related to gender-based issues such as sexual coercion and gender-based violence, and cross-generational and transactional sexual activity.

Activity 5: Mobilizing Faith Communities

Relationships between younger women and older men not only put the young woman at increased risk, but can have detrimental effects on the man and his family as well. Faith groups play a critical role in establishing and reinforcing social norms – especially norms of faithfulness and compassion related to HIV/AIDS. The BRIDGE project will continue to support the Public Affairs Committee (PAC), an interfaith umbrella organization of faith based institutions, to mobilize FBOs that play an active role in reaching men. HIV behavior change messages include those related to gender inequities and intergenerational sex, mutual faithfulness, male involvement in families and communities, risk reduction, and communication to foster committed relationships.

The Caravan for Life feature of the collaboration between BRIDGE and PAC will continue during FY 2008. PAC will provide on-going support to a high-visibility traveling “Caravan” of religious leaders demonstrating their commitment to HIV prevention by providing activities from the Hope Kit and BCC manual as well as an outlet to discuss themes and tie in teachings from the Bible or Qu’ran. Themes include fighting stigma, male involvement in HIV prevention (particularly risks posed by alcohol and extra), marital relationships, mutual faithfulness, raising healthy families, supporting abstinence in children, and alternatives to risky behaviors.

Activity 6: PLWHA Radio Diaries

In FY 2008, BRIDGE will continue to support the radio diaries project by emphasizing community mobilization and scale up proven approaches with an emphasis to customize the diary programs to the unique audience characteristics of each radio station partner and place more emphasis on outreach activities at the community level by the diarists and PLWA listening groups. In preparation for the next phase of the diaries, radio partners have already developed proposals for diary programs based off of an assessment completed by the management partner Galaxy Media that developed an index of topics covered in all diary programs from inception to date on all partner radio stations.

Activities related to the radio diary project with FY 2008 funds include emphasis on identifying private sector sponsorship for the programs for sustainability, on-going psycho-social support for the diarists involved through linkages to positive living support groups, Malawi Network of People Living with HIV/AIDS (MANET+) and National Association of People Living with HIV/AIDS in Malawi (NAPHAM), meetings with counselors during program planning retreats, and capacity building for the producers and radio stations.

The radio stations are also being encouraged to develop alternate sponsorship arrangements for longer term program sustainability. With FY 2008 funds, BRIDGE anticipates stronger involvement of NAPHAM and MANET+ in project management. Currently, MANET+ has requested additional funding from NAC to support the diary initiative.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11044

Related Activity: 17151, 17147, 17793, 17797, 17798, 17794, 17795, 17148, 17149, 17446, 17115, 17447

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24039	11044.24039.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10334	5662.09	JHCOM	\$0
11044	11044.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5662	5662.07	JHCOM	\$1,094,230

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17151	17151.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$51,908
17797	17797.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$40,000
17115	11047.08	7663	5657.08	CRS CSH	Catholic Relief Services	\$0
17793	17793.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17446	5918.08	7765	5667.08	PSI CSH	Population Services International	\$350,000
17447	5933.08	7765	5667.08	PSI CSH	Population Services International	\$430,000
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985
17798	17798.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$10,000
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17795	17795.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17148	5979.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$29,095
17149	6002.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$99,872

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	18,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5656.08

Mechanism: AIR CSH

Prime Partner: American Institutes for Research

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 10768.08

Planned Funds: \$0

Activity System ID: 17105

Activity Narrative: Summary

American Institutes for Research (AIR) will continue its work in AB by supporting the interactive School Based Community HIV/AIDS prevention clubs to promote appropriate and healthy life skills through an age-appropriate AB program specifically targeting in school youth.

Background

AIR has been implementing the HIV/AIDS prevention clubs called Mphamvu Kwa Achinyamata clubs (Power to the Youth Clubs) since 2006 in Kasungu and Mzimba South districts. Mphamvu kwa Achinyamata Youth Clubs promote school-community and intergenerational dialogue about important issues regarding the prevention of HIV/AIDS with specific focus on abstinence and being faithful (AB) messages. The school-based clubs also focus on mitigation of HIV/AIDS related social issues, such as community support for orphans and vulnerable children (OVC) and reduction of gender based violence in communities and schools. AIR's cooperative Agreement with USAID/Malawi Education SO runs through December 2007. USAID/Malawi Education SO has decided to extend these activities for six months beyond the agreement end date of December 2007. Follow-on activities may be implemented under a new TBD mechanism.

In 2006, AIR working in conjunction with Peace Corps Volunteers (in Health, Education and Environment sectors), established school-based HIV prevention clubs in Kasungu and Mzimba South Districts. The U.S. Peace Corps supports approximately 100 health, education and environment volunteers around the country who undertake life skills activities at health centers, and secondary schools, and with community groups such as youth clubs.

AIR has trained teachers and pupils to manage these clubs and has trained Peace Corps Volunteers to strengthen their ability to provide technical support through training, supervision, mentoring, monitoring and evaluation of the activities. Life Skills activities promote abstinence as well as delay of sexual debut, include information on correct condom use, and increase service delivery points for older youth who are already sexually active. Media-based programs have also been very successful at reaching in and out-of-school youth with "doable" behavior change messages.

The USG continues to support primary school teacher training for the Life Skills Curriculum. With USG assistance, the GoM, community, and religious schools have been actively involved in promoting AB messages to all of Malawi's primary and secondary school students, and abstinence and/or mutual faithfulness to all of Malawi's primary and secondary school teachers.

With FY 2007 EP funding, 80 clubs were formed, each having approximately 40 members (3200 members). The clubs reached an additional 100 community members (8,000 community members in total). Each club trained at least 2 youth mentors and 2 teacher leaders for a total of 320 additional persons reached with abstinence and be faithful messages (total of 11,520). 3,200 school youth club members were specifically targeted with abstinence only messages.

This activity is linked to the Peace Corps Volunteers AB activity and compliments the pre- service teacher training in life skills education taking place in all the teacher training colleges in Malawi, funded through the USAID/Malawi Education program.

Activity 1: Creating New Youth School-based Clubs and Support for Existing Clubs

The Mphamvu kwa Achinyamata clubs are operational in Kasungu and Mzimba South district, within the Teacher Development Center (TDC) catchment areas. There is growing demand for more clubs to be created as evidenced by the community demands for such clubs in both Kasungu and Mzimba districts. Creating new clubs and sustaining old clubs will reach out to more youth with appropriate AB messages, not only in a few selected areas where the project started, but also extending to new areas. Plans to create 40 new clubs in both districts will be linked to district assembly structures to increase synergy.

Activity 2: Training for Effective Management of Clubs

A total of 80 teachers will be trained to manage the 40 new clubs that will be created. This training is complemented by training of 2 youth mentors per club to serve as club youth leaders. A total of 80 youth mentors will be trained. The training program will also be extended to the Cluster leader/Primary Education Advisor. At least 10 Cluster leaders/Primary Education Advisors from the two districts will be trained on club and leader monitoring and supervision, complementing Ministry of Education and MTTA district supervision systems.

Activity 3: Development and Dissemination of Materials

The third activity under this project will be the development and dissemination of materials to promote school-community, and inter-generational dialogue around HIV prevention. Materials will focus on abstinence and being faithful, and on mitigation of HIV/AIDS through OVC support and skills development. 200 club guides and materials will be developed, and 6000 copies of the Chichewa version of the Sara Comic Book Series reproduced and distributed to the club.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11046

Related Activity: 17146, 15431, 17147

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11046	10768.07	U.S. Agency for International Development	American Institutes for Research	5656	5656.07	AIR CSH	\$200,000
10768	10768.06	U.S. Agency for International Development	American Institutes for Research	5584	5584.06		\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
15431	5917.08	7140	3896.08	Peace Corps GHAI	US Peace Corps	\$75,000
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,750	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,600	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	160	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Religious Leaders

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5657.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (USAID)

Budget Code: HVAB

Activity ID: 11047.08

Activity System ID: 17115

Mechanism: CRS CSH

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$0

Activity Narrative: Summary

Save the Children had previously introduced CRS I-LIFE Consortium partners to the Hope Kit developed by the JHU BRIDGE Project, to promote open discussion on issues of HIV and AIDS. The Hope Kit is currently being used by the NGOs. I-LIFE staff have been trained by the BRIDGE Project and they have in turn trained community members and groups. The Hope Kit is being incorporated and adopted by groups such as village savings and loans groups, food distributors and during other meetings occurring in the community. The target groups for these activities are adolescents, adults PLWHA, pregnant women, and the general adult population.

Background

CRS basic I-LIFE, a consortium of seven NGOs co-lead by CRS and CARE, aims at reducing food insecurity among vulnerable households in seven districts of Malawi. The other five NGOs include Africare, Emmanuel International, SAVE the Children USA, The Salvation Army and World Vision International; each NGO implements I-LIFE activities in a separate district. To effectively manage overall program coordination, the co-leads have established an independently-housed Program Management Unit (PMU). I-LIFE is a title II program, with complementary funds from OFDA to implement irrigation activities. The consortium has established six technical working groups on agriculture/marketing, commodities, decentralization, HIV/AIDS, health/ nutrition and M&E to provide sectoral guidance to consortium members. SAVE is the technical lead on HIV/AIDS.

The program provides each targeted household with a holistic package of services that ultimately work to protect, enhance and secure its food security status. With regard to HIV/AIDS, program beneficiaries include households caring for the chronically ill. Existing networks of HBC volunteer services are utilized where possible. As such, HBC volunteers are drawn upon to assist in identifying, registering, monitoring and graduating beneficiaries. In so doing, they provide basic care, which include assistance in undertaking household chores such as farming, cleaning homesteads, cooking and bathing chronically ill persons. They also collaborate with I-LIFE extension workers to facilitate the participation of targeted chronically households in other program components such as establishment and maintenance of home gardens, membership in village savings and loan schemes along with participation in community based organizations. I-LIFE's health and nutrition activities will be implemented through the care group model – a community based health care provision strategy – that will also encompass key HIV/AIDS activities such as positive living and promotion of HIV/AIDS messages.

Activity 1: Hope Kit Training and Distribution

In FY 2008, I-LIFE will use FY 2007 Emergency Plan funds to implement use of the Hope Kit as part of their community outreach strategy for promoting HIV/AIDS prevention. It is expected that sub-partners will train a total of 150 community members (e.g. HBC volunteers, PLWHA support groups, youth groups, village AIDS committee members) in how to use the Hope Kit for HIV/AIDS prevention. Through these trained individuals a further 1500 people are expected to be reached with abstinence and/or being faithful messages through Hope Kit demonstrations during group meetings and community gatherings. Efforts will be made to integrate these efforts into the care group model – a community based health care provision strategy.

Activity 2: Capacity Building

Save The Children US, as the I-LIFE technical lead organization for HIV/AIDS, will continue to enhance the capacities of key project staff in partner organizations in how to ensure provision of quality HBC services and mainstream HIV/AIDS in programs, as well as in the workplace. This will be accomplished through trainings and regular provision of technical assistance.

HIV/AIDS Mainstreaming workshops conducted by the HIV/AIDS Technical Lead in FY 2006 and FY 2007 have focused on building skills of NGO staff to ensure that HIV/AIDS issues are addressed in all I-LIFE activities including workplace programs targeting staff. A key strategy for achieving this is to include technical staff from sectors outside of HIV/AIDS and health, in order to increase understanding of the benefits of program integration. The development of annual action plans for HIV/AIDS mainstreaming and sharing of achievements, challenges and lessons learned have been key activities in the workshops and will continue to be so in the workshop conducted in FY 2008. The workshops also provide the opportunity to address specific skills gaps in the area of mainstreaming identified by staff. A total of 30 I-LIFE staff from the 7 implementing partners will be targeted for these activities.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 11047**Related Activity:** 17116

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24036	11047.24036.09	U.S. Agency for International Development	Catholic Relief Services	10333	5657.09	CRS CSH	\$0
11047	11047.07	U.S. Agency for International Development	Catholic Relief Services	5657	5657.07	CRS CSH	\$38,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17116	5936.08	7663	5657.08	CRS CSH	Catholic Relief Services	\$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	750	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	300	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	75	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3896.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5917.08

Activity System ID: 15431

Mechanism: Peace Corps GHAI

USG Agency: Peace Corps

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$75,000

Activity Narrative: Summary

Peace Corps Volunteers (PCVs) are placed strategically at the grass-roots level, working with government staff at the local Ministry of Health (MoH), Ministry of Education, and Parks and Wildlife level where they fill a much needed and neglected technical support-gap in the areas of community health and HIV/AIDS. Volunteers work in AB projects that target high-risk populations (youth, especially girls, women and young men) as well as other populations and support national initiatives and programs. The Malawi Life Skills program is taught in secondary schools only, throughout Malawi. Because this is not a recognized subject and thus not part of school examinations, the information and skills are not disseminated. PCVs help fill this gap by teaching Life Skills to in-school and out-of-school youth and adults and by training Life Skills facilitators in the community. PCVs use other venues such as Open Days, demonstrations and informal discussions to communicate AB messages. PCVs support the government and other USG organizations such as USAID to bring focused attention on gender inequality issues of vulnerable girls, working with girl's clubs and girls in school to promote female empowerment and positive decision making. Volunteers work with AB-related Community Based Organizations (CBOs) to strengthen capacity as well as assist in identifying sources of funding in order to sustain capacity.

The proposed Peace Corps AB activities will build on the accomplishments of Volunteers already in the field in FY 2005 – FY 2007 and the experience and lessons learned of EP-funded Crisis-Corps Volunteers (CCVs). There were 10 six-month tenure CCVs in FY 2006, and 8 one-year CCVs in FY2007. FY 2008 AB activities revolve around training and education that will enhance Volunteer technical support at their respective postings (government health centers, secondary schools, parks and forestry sites as well as CBOs and other government institutions (i.e. District Assemblies), including a Peace Corps Global Initiated Grants Program (VAST - Volunteer Activity Support and Training) that was developed in order to support small-scale, community-initiated projects and training.

AB activities directly correlate with Peace Corps Malawi's Basic Care and Other policy and systems activities. Vast Grants funded through the EP will focus on home-based care and positive living for persons living with HIV/AIDS (PLWHA). In addition, Volunteers, funded under the EP, working in the Office of the District AIDS Coordinator (DAC) and the District Office of Social Welfare (DSWO), will work directly with the Malawian government, USG-supported AB and Basic care projects and programs (though not limited to AB and Basic care), affiliated CBOs, Faith Based Organizations (FBOs), and NGOs.

Activity 1: Training

PCVs and their respective counterparts will be trained in Life Skills programs and activities, augmented by training in John Hopkins University's BRIDGE Project HIV/AIDS Hope Kit tool. Life Skills is targeted at youth, both in-and-out of school, but PCVs also adapt this to other vital populations such as women, men, primary school children, community leaders, health center staff, PLWHA, pregnant mothers, etc. Many lessons are spent on the issue of gender inequalities in Malawi, teaching girls to communicate better, make informed decisions, set goals for themselves, etc., as well as addressing men and educating them on gender imbalances and how they can contribute to a gender-role shift in Malawi. PCVs make every effort to create sustainability and develop human capacity. This is accomplished by training Malawian counterparts and community members to ensure message continuation after the Volunteer finishes his/her service. Volunteers are in 24 of Malawi's 28 districts (non-Volunteer districts include Likoma, Phalombe, Mwanza and Nano) and every Volunteer and counterpart participates in pre-service training and in-service training.

Activity 2: VAST (Volunteer Activity Support and Training) Grants Program

With FY 2008 EP funds, Peace Corps will launch a small grants program to assist PCV meet the ever expanding AB program needs in the communities in which they serve.

- Call for Proposals: Funding for this grant is sought to support community-initiated activities through the VAST Program. Activities include AB-related trainings, education campaigns, club functions, sports programs, organizational capacity building, and system development in this program area. VAST-funded activities will follow a review and approval process to ensure projects are community-initiated and meet criteria that address EP emphasis areas of focus as well as Malawi-specific areas of need (such as high-risk populations like women, HIV positive individuals, pregnant mothers, orphans and vulnerable children, etc).

- HIV/AIDS Education and Message Dissemination: With the knowledge they receive in Life Skills and HIV/AIDS trainings, PCVs will impact behavior change using a soccer sports program as a platform for behavior change communication and prevention programs via the PC VAST Grants mechanism. Each program design and guidelines to be developed by Peace Corps staff and selected PCVs, will promote behavior change for preventing HIV/AIDS and passing the message to others in the community. The program will include banners, soccer balls, T-shirt uniforms (all branded with HIV/AIDS messages) and some operating support for tournaments. A primary target population of community-initiated activities are young males who are 1) an at-risk population (15-24 year olds have the fastest growing HIV prevalence rate) and 2) a gender with power with the potential to change ways of thinking and practices in generations to come. PCVs will conduct HIV related sessions for respective teams.

- Supporting the government's and USG's vulnerable girl's initiative through USAID, PCVs will put on a National program for 60 highly motivated high school Malawian young women. It provides leadership development, Life Skills development, decision making, communications skills, and motivation on being a contributor to themselves and their community. Selection for Camp attendance is done by PCVs. After the Camp, each PCV and the counterpart student attendee have the opportunity to conduct a mini-Camp G.L.O.W. (Girls Leading Our World) at their own village to pass on the valuable learning skills and motivation they received from the national camp, via the PC VAST program. Twenty of the sixty girls will perform their own mini-Camp.

Four six-month CCVs worked closely with the District AIDS Coordinator's Office in four districts to support AB activities and programs as well as work with AB related CBOs to increase technical capabilities and develop capacity.

One-hundred twenty-five PCVs and CCVs will have the training and technical capabilities to train and

Activity Narrative: educate their communities in the areas of Abstinence/Be Faithful. With this knowledge and confidence, these Volunteers and counterparts placed at the village level have the potential to reach thousands of persons each.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10753

Related Activity: 15432, 15435, 17105, 17146, 17446, 17388, 17447, 17389, 17147

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21400	5917.21400.09	Peace Corps	US Peace Corps	9301	9301.09	Peace Corps	\$63,000
10753	5917.07	Peace Corps	US Peace Corps	5580	3896.07	Peace Corps GHAI	\$55,000
5917	5917.06	Peace Corps	US Peace Corps	3896	3896.06		\$63,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17388	11048.08	7742	5666.08	PACT CSH	Pact, Inc.	\$381,100
17105	10768.08	7653	5656.08	AIR CSH	American Institutes for Research	\$0
17446	5918.08	7765	5667.08	PSI CSH	Population Services International	\$350,000
17447	5933.08	7765	5667.08	PSI CSH	Population Services International	\$430,000
17389	11134.08	7742	5666.08	PACT CSH	Pact, Inc.	\$300,000
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985
15432	5941.08	7140	3896.08	Peace Corps GHAI	US Peace Corps	\$15,000
15435	15435.08	7140	3896.08	Peace Corps GHAI	US Peace Corps	\$133,328

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,450	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,685	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7875.08

Mechanism: TBD VG Central

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (USAID)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 17793.08

Planned Funds: \$0

Activity System ID: 17793

Activity Narrative: Summary

This activity narrative refers to field support which will augment the central Gender Initiative, "PEPFAR Gender Initiative on Girls' Vulnerability to HIV". Johns Hopkins University (JHU/CCP) has won this award.

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV has been developed as part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13-19 year old girls by developing innovative program interventions to 1) modify contextual factors associated with increased sexual risk behavior and rates of HIV infection; and 2) assess the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Background

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who commonly are found outside of these settings. Those at highest risk need to be reached with a package of comprehensive services, including economic strengthening activities, to meet their unique needs. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, even though this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The goal of the Initiative is to prevent HIV infection in the most vulnerable adolescent girls. The objectives are: 1) To identify and expand promising new and existing program approaches for addressing the contextual factors which place some adolescent girls at especially high risk of HIV; and 2) To evaluate the feasibility, sustainability, and effectiveness of these interventions and their potential for adaptation and scale-up to other settings. Initiative activities will be closely linked with other prevention and OVC activities, as well as relevant wrap-around programming.

A multi-component approach with a focus on the most vulnerable girls will be undertaken to address the antecedents of risk. Age-segmentation and targeting based on different types of risks girls face will be utilized to prevent girls from adopting risky behaviors as well as addressing the needs of girls already engaged in risky behaviors. Program components may include the following:

- HIV prevention education focused on the "ABC" approach;
- Non-material support for girls' continuation in, or return to, school;
- Outreach and linkages with HIV-related health services as well as RH services such as pregnancy prevention;
- Wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services;
- Parenting skills among parents and guardians of adolescents;
- Peer influence by promoting positive group norms and behaviors; and
- Community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

For those adolescents without parents, this activity will include specialized subjects such as developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member and providing lessons on empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including making decisions within relationships, families, and communities.

Specific activities are TBD, pending selection of the Task Order contractor and development of the workplan (anticipated to begin Oct 2008).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17797, 17794, 17146, 17798,
17147, 17777, 18271

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17797	17797.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$40,000
17777	5921.08	7868	5674.08	USAID CSH	US Agency for International Development	\$35,018
17798	17798.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$10,000
18271	18271.08	7868	5674.08	USAID CSH	US Agency for International Development	\$35,017
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Wraparound Programs (Health-related)

- * Family Planning

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	False

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5674.08

Prime Partner: US Agency for International
Development

Funding Source: GHCS (USAID)

Budget Code: HVAB

Activity ID: 5921.08

Activity System ID: 17777

Mechanism: USAID CSH

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$35,018

Activity Narrative: Summary

Through EP funding, the USG will continue to support an HIV/AIDS Specialist to provide technical leadership and program support for the HIV/AIDS prevention program in Malawi. This activity is linked to Condoms and Other Prevention (ID#18271).

Background

With one of the highest adult HIV prevalence rates in the world (14.2% in 2003), the HIV/AIDS pandemic has taken the lives of nearly one million Malawians and exacerbated societal problems as diverse as food security, human resource capacity, and national defense. The USG through the Emergency Plan (EP) remains committed to expanding its program of HIV/AIDS prevention in Malawi. Currently the USG is one of only two donors directly funding programs to prevent sexual transmission of HIV in Malawi, and the only one with significant resources programmed in Prevention. USG has supported Behavior Change Communication (BCC), Community Outreach, and social marketing of condoms to high risk populations since 2002.

Recently, the USG began supporting AB activities of local NGOs and FBOs through an umbrella grants management program. In addition, the USG continues to support Malawi's National HIV/AIDS Action Framework (NAF) by working with the National AIDS Commission (NAC) and the Ministry of Health (MoH) to promote AB prevention initiatives.

The overall USG prevention portfolio has many strengths such as a balanced approach to addressing key audiences, (including adults, youth and high-risk populations); an appropriate balance and strong links between mass media and interpersonal communications; and a comprehensive abstain, be faithful, condoms (ABC) approach. The comprehensive approach includes attention to partner reduction and a focus on gender issues, especially male norms and traditional cultural practices. There is still considerable need to deepen prevention efforts through more nuanced segmentation of adult, youth, and high-risk populations. More formative work is needed to develop and target more focused messages to specific sub-populations.

To address these gaps, the USG/Malawi team provides technical guidance to the existing AB prevention partners and sub-partners. In addition, the USG team will compete and award two new competitive agreements with FY 2008 funding. One RFA procurement will be a program addressing HIV prevention in the general population. The TBD procurement will challenge social and gender norms and promote safer sexual behaviors to both youth and adults. The second TBD program will focus on prevention for high risk groups. This program will have an emphasis on partner reduction and consistent and correct condom use.

Activity 1: Technical Leadership

The HIV/AIDS Prevention Specialist will provide technical leadership and support to the Government of Malawi (GoM), USG partners, USG Agencies engaged in EP to develop, adapt, and integrate an appropriate minimum package of effective HIV/AIDS prevention services and support consistent with the GoM's National Plan of Action and EP guidance. The HIV/AIDS prevention specialist will serve as the chair of the inter-agency technical working group on prevention to provide overall technical guidance and coordination for the implementation of the HIV prevention activities. The Specialist will work with all stakeholders to provide guidance and advocacy for the provision and scale-up of HIV/AIDS Prevention services. In addition, he or she will work with other USAID Strategic Objective teams to identify opportunities for wrap-around programs (e.g., education) that will benefit HIV/AIDS prevention.

Activity 2: Donor Coordination

It is expected that the HIV/AIDS Prevention Specialist will work closely with other members of the USG EP team, the GoM, other bilateral and multilateral donors and organizations (e.g., NAC, UN Agencies) to harmonize technical approaches and maximize geographic coverage for HIV prevention programs that are consistent with sound HIV prevention practices and host government strategic plans. In addition, the individual will serve as a technical member of HIV/AIDS related technical advisory committees, established by key stakeholders such as NAC, MoH and Development Partners.

Activity 3: Program Management

The HIV/AIDS Prevention Specialist will provide technical guidance and management for selected AB prevention partners, including tracking activity progress, analyzing progress and barriers to achievement, making recommendations to address implementation problems, and documenting results. The Specialist will conduct regular site visits to partners and sub-partners to assure data quality.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 11055**Related Activity:**

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21356	5921.21356.09	U.S. Agency for International Development	US Agency for International Development	9284	5674.09	USAID CSH	\$33,871
11055	5921.07	U.S. Agency for International Development	US Agency for International Development	5674	5674.07	USAID CSH	\$59,309
5921	5921.06	U.S. Agency for International Development	US Agency for International Development	3854	3854.06		\$64,188

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	False

Indirect Targets

This USG funded position contributes to national targets.

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7876.08

Mechanism: TBD VG Country

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 17797.08

Planned Funds: \$40,000

Activity System ID: 17797

Activity Narrative: Summary

This activity narrative refers to field support which will augment the central Gender Initiative, "PEPFAR Gender Initiative on Girls' Vulnerability to HIV". Johns Hopkins University (JHU/CCP) has won this award.

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV has been developed as part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13-19 year old girls by developing innovative program interventions to 1) modify contextual factors associated with increased sexual risk behavior and rates of HIV infection; and 2) assess the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Background

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who commonly are found outside of these settings. Those at highest risk need to be reached with a package of comprehensive services, including economic strengthening activities, to meet their unique needs. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, even though this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The goal of the Initiative is to prevent HIV infection in the most vulnerable adolescent girls. The objectives are: 1) To identify and expand promising new and existing program approaches for addressing the contextual factors which place some adolescent girls at especially high risk of HIV; and 2) To evaluate the feasibility, sustainability, and effectiveness of these interventions and their potential for adaptation and scale-up to other settings. Initiative activities will be closely linked with other prevention and OVC activities, as well as relevant wrap-around programming.

A multi-component approach with a focus on the most vulnerable girls will be undertaken to address the antecedents of risk. Age-segmentation and targeting based on different types of risks girls face will be utilized to prevent girls from adopting risky behaviors as well as addressing the needs of girls already engaged in risky behaviors. Program components may include the following:

- HIV prevention education focused on the "ABC" approach;
- Non-material support for girls' continuation in, or return to, school;
- Outreach and linkages with HIV-related health services as well as RH services such as pregnancy prevention;
- Wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services;
- Parenting skills among parents and guardians of adolescents;
- Peer influence by promoting positive group norms and behaviors; and
- Community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

For those adolescents without parents, this activity will include specialized subjects such as developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member and providing lessons on empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including making decisions within relationships, families, and communities.

Specific activities are TBD, pending selection of the Task Order contractor and development of the workplan (anticipated to begin Oct 2008).

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 17793, 17794, 17798, 17146, 17777, 18271, 17147

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17793	17793.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17777	5921.08	7868	5674.08	USAID CSH	US Agency for International Development	\$35,018
18271	18271.08	7868	5674.08	USAID CSH	US Agency for International Development	\$35,017
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17798	17798.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$10,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Wraparound Programs (Health-related)

- * Family Planning

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	16,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	False

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9209.08

Mechanism: FY08 Compact -
Staffing/USAID

Prime Partner: US Agency for International
Development

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 21092.08

Planned Funds: \$75,000

Activity System ID: 21092

Activity Narrative: The new Senior Prevention Advisor on the US team will provide the leadership for the national scale-up of prevention activities targeted against the sexual transmission of HIV

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Total Planned Funding for Program Area: \$150,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Overview

A total of 56 sites (54 in the public sector and 2 operated by the Malawi Blood Transfusion Service (MBTS)), collect and screen donated blood in Malawi. MBTS was designated a model blood transfusion service by WHO. It is responsible for ensuring provision of all safe blood at the 4 referral hospitals in the country. Establishment of MBTS increased the capacity of Malawi to screen blood from ~12-15,000 units in 2004, to 58,012 in 2005 (50,000 – 60,000 units are needed per year). Despite such achievements, safe blood supply in Malawi remains inadequate and insufficient for Malawi's needs. The 54 public sector sites continue to require significant assistance.

Leveraging and Coordination

Previous funding from the European Union (EU) has improved the capacity of the central level facilities to implement adequate blood safety techniques. In FY 2008 the EU will build three regional blood banks in Malawi replacing the two rented facilities currently in use in the south and central regions and an entirely new regional facility in the north of the country. The Government of Malawi and the National AIDS Commission also fund MBTS to recruit and retain voluntary non-remunerated blood donors from low risk population groups, as well as providing funds for screening, processing, and storing donated units of blood. Malawi also plans to include support for safe blood in the Rolling Continuation Channel cost extension of the Round 1 HIV Grant. The EP work plan for MBTS is developed in consultation with GOM and EU to ensure complementarity. Despite some achievements, hospital blood banks at the district level continue to have very limited infrastructure to order, store, cross-match, and provide safe blood to the individual patient. Systems to collect data on blood units collected and screened, and to monitor stock-outs of test kits and other essential reagents for safe blood screening are extremely weak. These are the gaps USG Malawi has targeted.

Previous USG Support

FY 2007 Emergency Plan (EP) funding to Malawi supported MBTS and assisted them in meeting the needs of only a fraction of the 54 sites in need of aid. Ten of 28 district hospitals and four Central Hospitals are scheduled for rehabilitation with FY 2007 USG funds. This assistance will address improving infrastructure capacity as well as adequate training of existing hospital staff, and adding new staff. Through the Ambassador's Small Grant Fund for HIV/AIDS, Peace Corps launched a pilot project in Kasungu District to encourage and demystify blood donation through community education. This would be expanded into a larger program if additional funds become available.

FY 2008 USG Support

In FY 2008, USG Malawi will continue similar activities funded with FY 2007 monies, to strengthen district level capacity to screen, store, and transfuse safe blood properly in Malawi, by continuing support to MBTS to lead this effort. This will be achieved by:

i. Improving the Physical Infrastructure for Blood Safety at District and Mission Hospitals

In FY 2008, EP funding will be used to renovate an additional 10 facilities to improve infrastructure, including structural improvements and provision of essential laboratory supplies and equipment. By the end of FY 2009, EP support to MBTS will target all 56 public and mission hospitals practicing blood transfusion in Malawi, resulting in the renovation of each hospital laboratory to establish an area designated as the Hospital Blood Bank (HBB). With EP funds, MBTS will procure and store emergency supplies of required reagents and consumables to prevent stock-outs as well as provide recommendations for better planning and forecasting efforts.

ii. Improving Knowledge and Skills of Health Care Workers in Blood Safety

With EP funds, MBTS will continue to target the staff in four central hospitals for training in safe lab techniques and the clinical use of blood. In addition, district hospital blood banks (HBB's) in the northern, central and southern regions of Malawi will also be similarly trained. Training and capacity building will be integrated with the College of Medicine offering undergraduate degree courses for laboratory technicians, and the Colleges of Health Science and Nurses at both the undergraduate and postgraduate level. Seminars and workshops will be held for Clinical Practitioners to promote appropriate clinical use of blood. Training provided also will focus on improving the quality of data collected at blood banks.

iii. Ensuring Quality of Blood Screening and Transfusion Activities

Through FY 2008 EP funding, MBTS will continue roll-out of the National Quality Assessment Scheme (NQAS) in all HBB's after training HBB staff to ensure compliance with technical standards. At the end of FY 2008, the previously mentioned 8 additional HBBs in the southern region of Malawi will be targeted for enrollment in the NQAS. An additional 215 staff including nurses, doctors and clinical officers, laboratory technicians and undergraduate students in the Biomedical Sciences, will be trained through this effort. Additionally, roll-out of the NQAS will include the development and implementation of standard operating procedures, development and implementation of a quality assurance monitoring and evaluation system, and the procurement of supplies and reagents for quality assurance of blood safety activities.

Products

National Quality Assurance Scheme (NQAS)

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	46
3.2 Number of individuals trained in blood safety	215

Custom Targets:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3894.08

Mechanism: MBTS GHAI

Prime Partner: Malawi Blood Transfusion Service

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 5923.08

Planned Funds: \$150,000

Activity System ID: 14600

Activity Narrative: Summary

USG Malawi provides support to the Malawi Blood Transfusion Service (MBTS) to strengthen district level capacity to properly screen, store, and transfuse safe blood in Malawi. This activity serves the general population in Malawi.

Background

This is an ongoing activity. USG has supported MBTS since FY 2006. MBTS received \$180,000 FY 2007 Emergency Plan (EP) funds. Established with funding by the EU, MBTS receives financial support from the Government of Malawi and the National AIDS Commission for its activities in the recruitment and retention of voluntary non-remunerated blood donors, the screening of donated units of blood, the processing and storage of blood components (for distribution to all hospitals in the country), and the implementation of its quality system.

Using FY 2006 monies, USG supported training of 267 nurses, clinicians, lab technicians, and students in blood safety. Using FY 2007 monies, we anticipate training 130 nurses, 57 clinicians, 30 lab technicians, and 60 students. Using FY 2008 funds from the EP, 100 nurses, 25 clinicians, 30 lab technicians, and 60 students will be trained, thus supporting an additional 215 more hospital staff in Malawi hospitals and Blood Banks to properly order, transport, store, cross-match, issue, monitor, and follow up on adverse blood transfusion reactions for the safe blood supplies provided by MBTS. Technical, nursing, and clinical staff will be trained in modern transfusion medicine and practices, more undergraduate students will be trained, a National Quality Assurance Scheme (NQAS) will be maintained in the current hospitals, and the NQAS will be extended to more hospitals to monitor and maintain standards. This will be achieved by rehabilitating a space in hospital laboratories to create additional Hospital Blood Banks (HBB's). Funding will also support procurement of essential blood bank equipment, supplies, and reagents stored at MBTS in the event of stock-outs.

Activity 1: Hospital Rehabilitation

An additional 10 hospitals over those funded with FY 2007 monies will be rehabilitated and provided with basic blood bank equipment in FY 2008. While the EU funded construction, USG funds have equipped labs and made them functional. Specific targets are government and mission hospitals which are the hospitals that serve rural and vulnerable communities in Malawi including women and children who are the major population groups receiving the majority of all transfusions in the country.

Activity 2: Training

Training of in-service laboratory technicians, nurses, clinical officers and medical doctors will continue to include staff from more hospitals in the country, within the facilities USG funds have rehabilitated. Training of undergraduate students of nursing, medical, and biomedical sciences will continue as well.

Specific targets are staff working in government and mission hospitals which are the hospitals that serve rural and vulnerable communities in Malawi, including women and children who are the major beneficiary groups.

Activity 3: NQAS

The Malawi NQAS through which MBTS assesses the competence of hospital blood banks in carrying out immuno-hematological testing was established in CY 2006 with USG funds. FY 2007 and FY 2008 funds will continue to expand the use of NQAS into all hospitals in Malawi by the end of FY 2009. Specific targets are government and mission hospitals which are the hospitals that serve rural and vulnerable communities in Malawi including women and children who are the major beneficiary groups.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9961

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21324	5923.21324.09	HHS/Centers for Disease Control & Prevention	Malawi Blood Transfusion Service	11292	11292.09	MBTS GAP	\$100,000
9961	5923.07	HHS/Centers for Disease Control & Prevention	Malawi Blood Transfusion Service	5351	3894.07	MBTS GHAI	\$37,475
5923	5923.06	HHS/Centers for Disease Control & Prevention	Malawi Blood Transfusion Service	3894	3894.06		\$250,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	46	False
3.2 Number of individuals trained in blood safety	215	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: \$200,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

Infection control in Malawian health care facilities remains poor. Malawi's Ministry of Health (MoH) and other partners recognize that healthcare workers face risks of exposure to major communicable diseases at the country's hospitals and other health facilities due to weak infection control procedures and practices. National infection prevention guidelines and standards have been developed, but roll out has been slow. Additionally, health care workers are often overworked and have limited training and supplies to prevent occupational exposure of communicable diseases such as HIV. In 2004, MoH sought USG assistance to develop and implement a performance and quality improvement (PQI) initiative in infection prevention (IP) in primary health. The goal of the original initiative was to improve IP practices in several pilot facilities to decrease the risk of infection transmission to clients, providers, and the community. In addition, there was a need to develop and disseminate guidelines for the provision of post exposure prophylaxis (PEP) in the event of accidental needle stick injuries. There have been efforts to improve access of health care workers to PEP in the event of occupational needle stick injuries.

Previous USG Support

Building on previous technical assistance to MoH in infection prevention funded through USAID's bilateral support, FY 2006 Emergency Plan (EP) funds were provided to combat the risk of HIV infection from unsafe injection practices in health care workers and their clients. With FY 2007 funds more than 2000 health care workers in all 28 district health facilities will receive training in infection control and the proper procedures for injection safety. To improve safety for patients and health providers in health facilities, USG Malawi through JHPIEGO, will assist the MoH complete roll out of performance and quality improvement initiatives in infection prevention in all 28 districts in Malawi. New Injection safety partner Pact, will build on the work of JHPIEGO and extend dissemination of IP to 600 health care workers across Malawi.

FY 2008 USG Support

FY 2008 funds will be used to provide continued strategic support for injection safety activities in three key areas:

- i. National IP operational standards have been developed and are linked to a certification system that recognizes health facilities which meet or exceed a minimum set of pre-established criteria for quality IP practices. With FY 2008 EP funding, the certification system will be expanded by USG partner JHPIEGO to 35 additional facilities and provide IP training to health care workers. In addition, EP funding will be used to support the development of guidelines for PEP by Pact in accordance with international standards.
- ii. EP funds will train health care workers to increase their capacity in prevention measures to avoid occupational exposure to HIV and other communicable diseases. Training will also be provided to healthcare staff on the use of PEP in the event of accidental needle stick injuries, health care workers in safe injection practices, and universal precautions.
- iii. USG Malawi will use EP funds to work with 4 hospitals to address the multiple underlying factors affecting facilities' ability to meet their IP goals. This will be achieved through sensitization meetings, training quality improvement and assurance support teams in IP, conducting baseline assessments at the facilities, conducting monitoring and supervision at facilities based on the national IP Standards, addressing identified IP gaps with available resources, providing funds for onsite training in IP benchmarking, visits to other facilities, and follow-up visits to the sites. This activity will continue with new FY 2008 funds as a supportive sustainability activity under a new bilateral mechanism with JHPIEGO. EP will support these infection prevention programs in additional hospitals beyond those funded with FY 2007 funds in all districts to achieve maximum number of implementation sites remaining certified, to help meet MoH infection prevention standards.

Products

Continued Dissemination of National IP Standards

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety 28380

Custom Targets:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5630.08	Mechanism: JHPIEGO CSH
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN	Program Area Code: 04
Activity ID: 5924.08	Planned Funds: \$100,000
Activity System ID: 17131	

Activity Narrative: Summary

JHPIEGO will assist the Ministry of Health (MoH) to complete the roll out of the performance and quality improvement initiative in infection prevention to all districts in an effort to reduce HIV and possible Hepatitis B transmission among health providers in health facilities. This will be achieved through facilitating sensitization meetings, training quality improvement and assurance support teams in infection prevention (IP), conducting baseline assessments at the facilities, conducting monitoring and supervision at facilities, addressing identified IP gaps with available resources, and working with District Health Management Teams (DHMT's) to ensure they budget sufficient funds to guarantee the availability of adequate and consistent supply of IP commodities. Target population for the program is the general population. These activities wrap around performance and quality improvement work to be undertaken by JHPIEGO with family planning and maternal and child health funding.

Background

Since 2002, JHPIEGO Malawi has worked with MoH Nursing Division and the National Quality Assurance Steering Committee (NQASC) to improve IP practices in hospitals throughout Malawi. As the JHPIEGO bilateral agreement comes to an end in September 2007, the follow-on activities in this area will be undertaken through a central agreement with JHPIEGO. Among the critical activities to be completed is the roll out of the national IP guidelines and standards to all health facilities.

To date, the PQI/IP process has been introduced in 35 hospitals. Improvements have been documented in all hospitals and nine have achieved recognition by MoH. JHPIEGO will continue to roll out this initiative to other facilities and support the existing facilities to achieve recognition status.

Activity 1: Development of National Guidelines

JHPIEGO will build on the assistance provided through the previous JHPIEGO bilateral project to help the MoH in developing national guidelines and standards for IP. The infection prevention standards cover 14 departments of the hospital that includes the operating theater, labor/maternity wards, medical wards, surgical wards, casualty department, laboratory, dental, and family planning clinics; and these are being implemented in 35 health facilities covering all central and district hospitals. Two thousand and twelve health workers in Malawi have been trained in injection safety with technical support from JHPIEGO and other USG partners MSH and Save the Children. With FY 2008 funding, JHPIEGO will provide support in increasing the capacity of health care institution workers to prevent occupational exposure to HIV, Hepatitis B and other infections including hospital-based nosocomial infections. The first activity is to provide supportive supervision to the existing 35 hospitals throughout Malawi that have already been introduced to the national IP standards so that a maximum number of sites receive certification as meeting MoH infection prevention standards and guidelines. These activities will be coordinated with activities carried out by USG partner Pact Malawi (ID#17396)

Activity 2: Technical Assistance

JHPIEGO will expand the provision of technical assistance to the MoH to adapt the standards to be applicable at the Health Center levels so that correct IP practices can be extended. As part of this process, JHPIEGO will also assist the Reproductive Health Unit (RHU) and the Nursing Directorate to create a method of recognition and certification for Health Centers which achieve IP standards.

Activity 3: IP Standards

JHPIEGO will work with stakeholders at the district level to roll out IP standards to the Health Center level. JHPIEGO will demonstrate this process in 15 Health Centers and encourage MoH, DHMTs, and other partners to take up this initiative.

Activity 4: Training in Injection Safety

JHPIEGO will train 180 health care workers in safe injection practices and universal precautions as well as introduce health care workers to procedures for using post exposure prophylaxis (PEP). Four training sessions will be held at these 15 sites, and three members at each facility will be trained. JHPIEGO will continue to work with the existing 35 hospitals to address multiple underlying factors affecting facilities' ability to meet their IP goals. Pact Malawi will extend this training and disseminate PEP information to greater numbers of health care workers (see Pact Injection safety narrative).

This funding will go specifically to support hospital staff training in providing injection safety and hospital supervisory staff training in ensuring a minimum quality standard for services.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 11127**Related Activity:** 17396

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11127	5924.07	U.S. Agency for International Development	JHPIEGO	5630	5630.07	JHPIEGO CSH	\$0
5924	5924.06	U.S. Agency for International Development	JHPIEGO	3884	3884.06		\$163,958

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17396	17396.08	7742	5666.08	PACT CSH	Pact, Inc.	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	180	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5666.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (USAID)

Budget Code: HMIN

Activity ID: 17396.08

Activity System ID: 17396

Mechanism: PACT CSH

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Injection Safety

Program Area Code: 04

Planned Funds: \$100,000

Activity Narrative: Summary

The Nurses and Midwives Council of Malawi (NMCM), a new USG partner, will contribute to prevention of medical transmission of HIV/AIDS and injection safety, strengthening implementation of universal precautions to reduce risk of exposure to accidental needle stick injuries and exposure to blood and body fluids, and provision of post exposure prophylaxis (PEP) in all the districts of Malawi.

Background

NMCM will be implementing this program for the first time as part of its leadership role as a regulatory body responsible for ensuring safety of health sector service providers, especially nurses and midwives. National guidelines for HIV prevention in the workplace are already in place (see JHPIEGO injection safety narrative) but have not been effectively implemented by most health facilities. The program activities will build on the work of JHPIEGO in further sensitizing Ministry of Health (MoH) officials on the planned program package, printing and distribution of training and reference materials, training of health workers on infection prevention and injection safety through application of universal precautions to reduce risk of exposure to blood and other body fluids in the work setting, provision of PEP to exposed individuals, and advocacy for strengthening systems for effective implementation of universal precautions and infection prevention practices.

The activities are related to other prevention, care, and support programs Pact Malawi will be supporting, in that services provided will be extended to community HIV/AIDS service providers. Exposed caregivers will be referred to health facilities for PEP management, and exposed institutional service providers on PEP will be referred to available psychosocial support services in the community. Furthermore, risk reduction is integrated in all services with potential risk of HIV transmission through needle stick injuries and exposure to blood and other body fluids. In addition, the program will be linked to the logistics and supply units for essential drugs, materials, equipment and supplies.

Activity 1: Informing Stakeholders about the Program

Pact Malawi's partner NMCM will begin preparation for program implementation by briefing MoH authorities at different levels on the program package and implementation plan in order to ensure their support for the program. In addition, this will facilitate adequate planning to meet the needs of the targeted beneficiaries at the service provider level. A cascade method will be used to facilitate information flow from the top to the implementation level. After MoH headquarters approval of the program, regional office will be briefed, which will in turn brief the District Health Offices (DHO's), and finally information will be rolled out to institutions and related organizations at the community level. Pact will ensure that these efforts are not repetitive of what JHPIEGO has instituted. The intent is that Pact will extend the work of JHPIEGO nationally, including the community level to ensure an effective system for linkage of exposed service providers to ARV prophylaxis is in place.

Activity 2: Developing/Adapting Training Materials

NMCM will develop and adapt PEP training and reference materials to be used for training. Materials will be designed for different categories of health workers at the facility level and also community-based service providers involved in patient care in all districts of Malawi. The materials will focus on infection prevention, universal precautions, and post exposure prophylaxis. Technical experts and trainers will be involved in developing training materials. NMCM will develop a plan for materials distribution plan that will meet the needs of each district.

Activity 3: Health Worker Training

NMCM will conduct training in all districts of Malawi targeting different categories of health workers on infection prevention, universal precautions, and post exposure prophylaxis (PEP). Master trainers will train trainers at the district level, who in turn will role out training to service providers at the institutional and community levels. A separate training specifically on PEP will also be conducted in all the districts in the country. The second training will target service providers who will be offering PEP, and will be conducted at regional level. In addition, follow up supportive supervision will be provided by a team of trained supervisors to ensure application of knowledge and skills gained. NMCM supervisors will be oriented to strategic information management to facilitate effective monitoring of activities as well as maintaining relevant records and regular reporting on program progress.

Activity 4: Advocacy for Availability of Essential Supplies for Prevention of HIV Transmission in the Work Setting

NMCM will support advocacy activities to facilitate availability of essential supplies for implementation of infection prevention and universal precautions practices by service providers, to reduce risk of HIV transmission through PEP for exposed individuals. This will be done through lobbying and negotiating for strengthened systems for logistics and provision of essential supplies and establishing relevant policies.

Pact Malawi will train NMCM staff in monitoring, evaluation, and reporting, as well as organizational development matters. This integration is well described under Pact Malawi's SI and Policy/Systems Strengthening submissions.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17131

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17131	5924.08	7665	5630.08	JHPIEGO CSH	JHPIEGO	\$100,000

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	28,200	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$2,358,002

Amount of total Other Prevention funding which is used to work with IDUs

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

With HIV prevalence estimated at 14% among adults aged 15-49 in 2006, Malawi ranks among the countries worst affected by AIDS. Prevalence is consistently high among women aged 20-49, and highest among men over age 30, highlighting the need for prevention efforts to include a strong focus on adults. HIV prevalence in urban areas is significantly higher than in rural areas. About 10% of all couples are in sero-discordant partnerships, yet most individuals do not know their own or their partner's HIV status. Prevalence of male circumcision is low, at 21%.

A recent analysis indicates rising or persistently high prevalence along the Tanzanian border, and in the northern lake areas, apparently driven by mobile male populations with disposable income who engage in unprotected, transactional sex with non-cohabiting partners. Similar patterns of behavior sustain continuing high transmission in urban manufacturing and marketing zones, border areas and large rural plantations, especially in the south where HIV prevalence is highest.

The GoM is currently implementing its Second National HIV/AIDS Action Framework (NAF), covering the period 2005-09. NAC, the central unit coordinating the national response, has focused mainly on roll-out of antiretroviral therapy (ART), and to a lesser extent, on OVC and community-based care. These activities are primarily supported by the GFATM, under the direction of the MoH and NAC, with some implementation by the Ministry of Women and Child Development.

Despite considerable success with ART, a focus on prevention of sexual transmission has been largely absent from the national response. GoM's main role in prevention has been to support workplace programs as well as procure about 25 million condoms annually and distribute them to public health facilities. Unfortunately, for the last two years, the USG has had to procure condoms on an emergency basis to help avert national stock-outs. Interventions to address this issue in FY 2008 are covered under the JSI/Deliver systems strengthening activity.

Previous USG Support

USG is one of the only major development partners directly funding programs to prevent sexual transmission of HIV. Since 2000, the USG has supported behavior change communication for the general population; community outreach to adults, youth, and high risk populations; and social marketing of condoms. In 2006, the USG distributed 9.9 million condoms through 632 outlets, in addition to regular and emergency condom procurements, and mass media messages about HIV/AIDS. Interventions targeting sex workers and "mobile men with money," including truckers, the uniformed services, and fishing communities, reached over 231,000 individuals. The USG in Malawi has also supported installation of 2000 condom dispensers covering all public health facilities; the GoM will continue to supply and maintain these dispensers in FY 2008 and beyond.

A review in June 2007 highlighted many strengths of the overall USG prevention portfolio. These include a balanced approach to addressing adults, youth and high-risk populations; an appropriate balance and strong links between mass media and interpersonal communications; a comprehensive ABC approach, including attention to partner reduction; and a focus on gender issues, especially male norms and traditional cultural practices. The review recommended deepening prevention efforts by targeting more focused messages to specific sub-populations and strengthening best practice approaches in interventions for youth and high-risk populations.

FY 2008 USG Support

With FY 2008 funds, the USG will adopt a two-pronged approach to overall prevention of sexual transmission in Malawi's highly generalized epidemic:

- 1) The main thrust of the USG strategy will be an "ABC" approach for the general population with an emphasis on risk avoidance messages: abstinence/delay of sexual initiation and mutual monogamy/partner reduction, while also providing education about condoms for a comprehensive approach.
- 2) A complementary strategy will be an "aBC" approach for high-risk populations: comprehensive prevention services for most-at-risk populations (MARPs) as well as persons engaging in high risk behavior (PEHRB) in the general population, with an emphasis on consistent condom use and partner limitation.

FY 2008 Condoms and Other Prevention funding will address the second prong of this strategy by making affordable condoms widely available, and by expanding and intensifying targeted outreach to MARPs/PEHRB to promote risk reduction. Two major new prevention procurements are planned with FY 2008 funds, one of which will be the USG's primary vehicle for addressing high risk populations and behaviors. The second new procurement will promote risk avoidance behaviors to the general population, while including education about and distribution of condoms depending on the needs of the target audience. The USG is extending existing prevention agreements with JHU and PSI until early 2009 to ensure a smooth transition to the new awards.

The new activity targeting high risk populations and behaviors will include (1) continued support for social marketing of condoms, and (2) expansion of targeted media and interpersonal communication activities for key at-risk populations. Social marketing will

be national in scale, but include intensified condom sales targeting high-risk populations and localities. Complementary efforts will expand outreach to key risk groups and high risk venues to address both formal sex work and informal transactional sex. Targeted interventions for MARPs/PEHRB will emphasize partner reduction, consistent condom use, condom distribution, and training in skills relating to condom negotiation and use. The new activity will prioritize risk groups based on the 2007 Bio-Behavioral Surveillance Survey; support formative research on sexual networks and drivers of risk behaviors; and incorporate mapping, size estimation and tracking coverage of MARPs. Border areas, economic hotspots and fishing communities will be key entry points for outreach to mobile male populations, truckers and fishermen. USG support also will strengthen linkages for high-risk populations to counseling and testing services, to ensure referral of HIV-positive individuals to care and treatment networks.

The USG will continue to partner with the Malawi Defense Force to reach more than 6,000 troops and their families. The focus will be on promoting correct and consistent condom use through interpersonal communications and peer-to-peer activities, and making condoms readily accessible to all who need them. The activity will provide complementary education about the risks associated with multiple concurrent partnerships and encourage consistent condom use with non-marital partners including messages about being faithful to their wives.

Through an umbrella grants program, USG will continue to support local community partners who provide comprehensive prevention while also providing (or promoting referrals to) clinical services such as HIV counseling and testing (CT), management of sexually transmitted infections (STIs), prevention of mother-to-child transmission (PMTCT), and TB services. With FY 2008 funds, the USG will strengthen the capacity of these partners to deliver effective prevention interventions, and to integrate prevention for HIV-positive persons and discordant couples and expand access to post-exposure prophylaxis (see Pact Injection safety narrative), especially for rape survivors, into their services.

The USG will continue to procure condoms for the MoH, provide technical leadership to the national Female Condom working group, and will partner with the MoH and other donors to expand access to female condoms by supplying commodities. A separate “wraparound” with USG family planning activities will emphasize dual protection against pregnancy and HIV, and address stigma and gender norms.

In scaling up current prevention efforts, the USG will address other prevention elements such as traditional gender roles and cultural issues, including cross-generational sex, and the role of alcohol in HIV transmission. Education about the impact of these issues on risky sexual behavior will be integrated across the prevention portfolio. Also, the USG supports the National Behavior Change Intervention Strategy, which is designed to identify those behaviors which promulgate the epidemic as well as support country specific, evidence-based interventions.

With FY 2008 funds, the USG will provide support to NAC to assess the acceptability and feasibility of male circumcision (MC) as a strategy for HIV prevention. Recognizing that the relationship between MC and HIV status in Malawi is complex, the USG will support additional data collection, stakeholder consultations, and operations research to inform development of a national policy on MC.

The USG country team recently established a technical sub-group on HIV prevention, which will provide technical guidance and coordination for HIV prevention activities. The team will look to the Regional HIV/AIDS Program for additional technical support. Recently, national stakeholders have begun to recognize the importance of prevention in addressing the epidemic, and the USG will support these stakeholders as they develop an overall prevention strategy. Recently Malawi submitted a GFATM application emphasizing prevention, with a focus on skills-based HIV education and mass media for youth, as well as condom promotion. The USG technical sub-group will provide support and leadership to guide these activities if this proposal is approved.

Products

- Policy on alcohol and HIV disseminated
- Continued dissemination of PEP guidelines
- MDF prevention program rolled out
- Policy for male circumcision disseminated
- Male circumcision communications rolled out
- Policy developed for female condoms

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	1806
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	871022
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6356

Custom Targets:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5773.08

Mechanism: NAC Base

Prime Partner: National AIDS Commission,
Malawi

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GAP

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 17753.08

Planned Funds: \$0

Activity System ID: 17753

Activity Narrative: Summary

This activity received \$400,000 in FY 2007 plus up funds to CDC (\$350,000) and USAID (\$50,000).

Background

Evidence from two decades of observational and clinical studies suggests that male circumcision can significantly reduce HIV transmission by as much as 60%. In Malawi, data generated from the national DHS survey of 2004 indicated that 20.7% of the male population aged 15-49 years is circumcised. There is a strong association between male circumcision and religious affiliation or ethnicity in the country. Fifty-five percent of all circumcised individuals are Muslim. Of all Muslims in Malawi, 93% are circumcised, compared to less than 25% in other groups.

Two ethnic groups, the Yao and Lomwe, account for 78% of the circumcised population. A total of 86% of Yao and 34% of Lomwe are circumcised. Estimates of other ethnic groups indicate that less than 10% of them are circumcised. Logistic analysis (using un-weighted data) while controlling for ethnicity showed that circumcision was not a significant predictor of HIV status. In Malawi, HIV prevalence is substantially higher overall among ethnic groups that circumcise, however circumcision was associated with reduced prevalence within these groups.

It is with this background that the National AIDS Commission (NAC) in collaboration with the Ministry of Health (MoH) organized a two day national stakeholders' consultative workshop on male circumcision and HIV prevention early in 2007. The consensus from the delegates was that male circumcision should be considered as part of a comprehensive HIV prevention strategy. The delegates however cautioned that some critical issues need to be addressed before a national policy on male circumcision was adopted. The MoH and NAC sought assistance from the USG, WHO, and UNAIDS to meet these needs.

In order to address key issues around the acceptability and feasibility of incorporating male circumcision into a national HIV prevention strategy, NAC will use Emergency Plan (EP) support in 4 key areas: rapid assessment of current social/cultural/infrastructure that affect male circumcision as a prevention factor; consultation with critical constituencies, including traditional and religious leaders and policy makers; an effective communication strategy; and targeted operations research in areas identified by the rapid assessment and consultations.

NAC will look into other aspects of acceptability and feasibility of male circumcision with the support of additional partners, including WHO and UNAIDS.

Activity 1: Rapid Assessment

Malawi wants to develop a national strategy on male circumcision based on sound evidence of Malawi's ability to implement such a policy if and when it is enacted. Important to this decision is a clearer understanding of the extent of male circumcision in the country: who practices circumcision, why it is practiced, acceptability of male circumcision, implications for religious and cultural practices, and the readiness of Malawi to include male circumcision as part of a national HIV prevention strategy. WHO and UNAIDS developed a generic tool to support a rapid assessment of a country's readiness to include male circumcision as part of an HIV prevention strategy.

The USG team will provide funds for and work in concert with NAC, MOH, and UNAIDS to recruit 2 local consultants as well as an international consultant to support this effort. The consultants' initial task would be to adapt the rapid assessment tool to the Malawi context. The tool will be piloted in one district in the central region, refined, and finalized for national use.

Three multi-sectoral teams will be constituted to conduct the assessment. The assessment will be conducted using the adapted tool in all 28 districts of the three regions of the country. The assessment will include site visits, facilities surveys, questionnaire administration to focus groups, and assessment of existing service providers, future demands for services, surge potential, as well as interview of potential service recipients. At the conclusion of the assessment, a consensus meeting will be held to discuss the findings. A final report will then be generated. The report will contribute to the development of national policy on male circumcision as an HIV prevention strategy in Malawi.

Activity 2: Consultation with Strategic Constituencies

The HIV prevalence in Malawi is 14% and male circumcision is seen in only 20% of the population. Where male circumcision is practiced, it is deeply rooted in culture, tradition, and religion. For male circumcision to be considered as part of an HIV prevention package, a serious effort should be made to consult with key stake holders who potentially could guide such a program. A forum for these constituents to raise their concerns and have key questions answered is vital. The USG resources will be used in conjunction with other partners to convene multiple consultations with key stake holders (religious leaders, traditional leaders, health policy makers, youth, and women). A final consensus meeting that would advise the MoH on policy development around male circumcision will be convened.

USG Malawi will fund the convening of three national consultative meetings for religious leaders, traditional leaders, and government policy makers. This will be followed by meetings for religious and traditional leaders in each of the three provinces. Findings from the consultations will be shared at a dissemination meeting of all stake holders. The result of this activity will contribute to the development of a national policy on male circumcision.

Activity 3: Communication Strategy

Critical to considering the inclusion of male circumcision as part of a national HIV prevention policy is the need for an effective communication strategy especially as constituents are consulted. The USG through PSI will assist the MoH and UNICEF with developing content for communication pieces that will be used in the consultation process targeting different populations. Relevant focus groups will be constituted, messages will be developed and piloted, and IEC materials will be printed and distributed.

Activity Narrative:

Activity 4: Critical Operations Research

It is anticipated that the rapid assessment will raise some questions with regard to gaps in the current knowledge and practice of male circumcision in Malawi. EP funds will be used in conjunction with other partners to support time-limited operations research that will help answer some of those questions. For example, through questionnaire driven sampling, efforts would be made to understand confounding factors for the high prevalence of HIV infections among communities with the highest proportion of male circumcision, the Yao, and the Lomwe ethnic groups.

With the PEPFAR activities, as well as activities supported by other development partners, NAC will be able to facilitate national discussions on the accessibility and feasibility of male circumcision as a prevention method as well as recommend additional policies and guidelines in this area.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Table 3.3.05: Activities by Funding Mechanism**Mechanism ID:** 7876.08**Mechanism:** TBD VG Country**Prime Partner:** Johns Hopkins University
Center for Communication
Programs**USG Agency:** U.S. Agency for International
Development**Funding Source:** GHCS (USAID)**Program Area:** Condoms and Other
Prevention Activities**Budget Code:** HVOP**Program Area Code:** 05**Activity ID:** 17798.08**Planned Funds:** \$10,000**Activity System ID:** 17798

Activity Narrative: Summary

This activity narrative refers to field support which will augment the central Gender Initiative, "PEPFAR Gender Initiative on Girls' Vulnerability to HIV".

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV has been developed as part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13-19 year old girls by developing innovative program interventions to 1) modify contextual factors associated with increased sexual risk behavior and rates of HIV infection; and 2) assess the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Background

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who commonly are found outside of these settings. Those at highest risk need to be reached with a package of comprehensive services, including economic strengthening activities, to meet their unique needs. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, even though this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The goal of the Initiative is to prevent HIV infection in the most vulnerable adolescent girls. The objectives are: 1) To identify and expand promising new and existing program approaches for addressing the contextual factors which place some adolescent girls at especially high risk of HIV; and 2) To evaluate the feasibility, sustainability, and effectiveness of these interventions and their potential for adaptation and scale-up to other settings. Initiative activities will be closely linked with other prevention and OVC activities, as well as relevant wrap-around programming.

A multi-component approach with a focus on the most vulnerable girls will be undertaken to address the antecedents of risk. Age-segmentation and targeting based on different types of risks girls face will be utilized to prevent girls from adopting risky behaviors as well as addressing the needs of girls already engaged in risky behaviors. Program components may include the following:

- HIV prevention education focused on the "ABC" approach;
- Non-material support for girls' continuation in, or return to, school;
- Outreach and linkages with HIV-related health services as well as RH services such as pregnancy prevention;
- Wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services;
- Parenting skills among parents and guardians of adolescents;
- Peer influence by promoting positive group norms and behaviors; and
- Community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

For those adolescents without parents, this activity will include specialized subjects such as developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member and providing lessons on empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including making decisions within relationships, families, and communities.

Specific activities are TBD, pending selection of the Task Order contractor and development of the workplan (anticipated to begin Oct 2008).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17797, 17794

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17797	17797.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$40,000
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Wraparound Programs (Health-related)

- * Family Planning

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	220	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5674.08

Mechanism: USAID CSH

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 18271.08

Planned Funds: \$35,017

Activity System ID: 18271

Activity Narrative: Summary

With one of the highest adult HIV prevalence rates in the world (14.2% in 2003), the HIV/AIDS pandemic has taken the lives of nearly one million Malawians and exacerbated societal problems as diverse as food security, human resource capacity, and national defense. The USG through the Emergency Plan (EP) remains committed to expanding its program of HIV/AIDS prevention in Malawi. Currently the USG is one of only two donors directly funding programs to prevent sexual transmission of HIV in Malawi, and the only one with significant resources programmed in Prevention. USG has supported Behavior Change Communication (BCC) for HIV/AIDS Prevention, Community Outreach HIV/AIDS activities, and the social marketing of condoms to high risk populations since 2002.

Background

Recently, the USG began supporting AB activities of local NGOs and FBOs through an umbrella grants management program. In addition, the USG continues to support Malawi's National HIV/AIDS Action Framework (NAF) by working with the National AIDS Commission (NAC) and the Ministry of Health (MoH) to promote AB prevention initiatives.

The overall USG prevention portfolio has many strengths such as a balanced approach to addressing key audiences, (including adults, youth and high-risk populations); an appropriate balance and strong links between mass media and interpersonal communications; and a comprehensive abstain, be faithful, condoms (ABC) approach. The comprehensive approach includes attention to partner reduction and a focus on gender issues, especially male norms and traditional cultural practices. There is still considerable need to deepen prevention efforts through more nuanced segmentation of adult, youth, and high-risk populations. More formative work is needed to develop and target more focused messages to specific sub-populations.

To address these gaps, the USG/Malawi team will compete and award two new competitive agreements with FY 2008 funding; one TBD procurement will address HIV prevention in the general population (social and gender norms, safer sexual behaviors) and the second TBD will focus on prevention for high risk groups (partner reduction and consistent and correct condom use). This activity describes the role of a HIV/AIDS Prevention Specialist who will provide technical guidance to existing and new AB prevention partners and sub-partners.

Activity 1: Technical Leadership

The HIV/AIDS Prevention Specialist will provide technical leadership and support to the Government of Malawi (GoM), USG partners, USG Agencies engaged in EP to develop, adapt and integrate an appropriate minimum package of effective HIV/AIDS prevention services and support consistent with the GoM's National Plan of Action and EP guidance. The HIV/AIDS prevention specialist will serve as the chair of the inter-agency technical working group on prevention to provide overall technical guidance and coordination for the implementation of the HIV prevention activities. The Specialist will work with all stakeholders to provide guidance and advocacy for the provision and scale-up of HIV/AIDS Prevention services. In addition, he or she will work with other USAID Strategic Objective teams to identify opportunities for wrap-around programs (e.g.; education) that will benefit HIV/AIDS prevention.

Activity 2: Donor Coordination

It is expected that the HIV/AIDS Prevention Specialist will work closely with other members of the USG EP team, the GoM, and other bilateral and multilateral donors and organizations (e.g., NAC, UN Agencies) to harmonize technical approaches and maximize geographic coverage for HIV prevention programs that are consistent with sound HIV prevention practices and host government strategic plans. In addition, the individual will serve as a technical member of HIV/AIDS related technical advisory committees, established by key stakeholders such as NAC, MoH and Development Partners.

Activity 3: Program Management

The HIV/AIDS Prevention Specialist will provide technical guidance and management for selected AB prevention partners, including tracking activity progress, analyzing progress and barriers to achievement, making recommendations to address implementation problems, and documenting results. The Specialist will conduct regular site visits to partners and sub-partners to assure data quality.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	0	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False

Indirect Targets

This USG funded position will contribute to national targets.

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7874.08	Mechanism: MSH TASC III
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17788.08	Planned Funds: \$125,000
Activity System ID: 17788	

Activity Narrative: Summary

Management Sciences for Health (MSH) recently won the TASC III award. This activity will support the Government of Malawi's (GoM) goal of promoting reproductive health through informed choice and integration with HIV/AIDS. The program has three main components: behaviour change and communication; outreach; and health provider capacity building. The overall purpose of this task order is to promote through informed choice, safer reproductive health practices by men, women and young people, and increased use of high quality, accessible Family Planning/Reproductive Health (FP/RH) and HIV/AIDS services.

Background

Integration of HIV and FP has proven to be an effective approach to stimulate new activities and meet active demand for HIV Counseling and Testing (HCT) by overcoming constraints to accessing services. The overall purpose of this task order is to promote integration of family planning and HIV/AIDS through increased use of high quality, accessible FP/RH services, and HIV/AIDS services. The activities to be implemented in FY 2008 are part of an initiative to be undertaken starting in October 2007 through TASC-III in eight districts with Child Survival and Health Population funds (POP) and 2007 Emergency Plan (EP) funding. In achieving the purpose, the program will undertake various activities in three programmatic areas of other prevention, HCT, and systems strengthening to accomplish the following results: increased community knowledge and interest in FP and HIV/AIDS services; improved social norms for SRH/FP/HIV/AIDS; increased access and utilization of FP/HIV/AIDS services in communities; increased integration of HIV issues into FP services and vice versa; improved linkages between point of service and the community and household levels; and a strengthened enabling social environment for FP/RH and HIV/AIDS services and behaviors. Achievement of these results shall be carried out principally through partnerships with the district health offices in Malawi.

Cross cutting among health issues is the high fertility rate, which undermines the poverty reduction efforts, contributes to high maternal and infant mortality levels, and exacerbates the AIDS-related orphan problem. Considerable progress has been made over the last decade in reducing total fertility from 6.7 in 1992 to 6.0 in 2005. At the same time the contraceptive prevalence rate (CPR) for modern methods has raised from 7% in 1992 to 28% in 2004. FY 2008 HIV/AIDS funds will wrap around larger programs in Family Planning/Reproductive Health which are funded with POP Child Survival and Health funds.

Activity 1: Dual Protection

TASC-III will integrate HIV/AIDS, family planning and sexually transmitted infections (STI's) prevention through promotion of dual protection, encompassing condom promotion and other behavioral change efforts to reduce pregnancy and STI/HIV risk. Integration of family planning counseling and services (or referral for services) into HCT centers for women and men who wish to avoid future childbearing will include programs focused on mother to child transmission.

Activity 2: Gender

TASC-III will incorporate a gender approach into family planning and HIV/AIDS services by training providers to address gender-related barriers/issues, including identifying signs of gender-based violence that should be addressed as part of family planning and HIV/AIDS counseling. Steps will be taken to ensure that protocols address legal and support services in the community to mitigate impact (e.g. partner testing and notification to support disclosure).

Activity 3: Behavior Change Communication

Behavior change communication (BCC) will be incorporated into TASC III activities and shall portray adequately family planning and HIV testing and treatment as mainstream health interventions. BCC messages should include those targeted at men as clients, allies/supportive partners, and agency of change toward more positive norms.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 17793, 17770, 17795, 17790,
17791

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17793	17793.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17795	17795.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17790	17790.08	7874	7874.08	MSH TASC III	Management Sciences for Health	\$125,000
17791	17791.08	7874	7874.08	MSH TASC III	Management Sciences for Health	\$250,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning

- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	8	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	55,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	16	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 9209.08

Mechanism: FY08 Compact -
Staffing/USAID

Prime Partner: US Agency for International
Development

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 21093.08

Planned Funds: \$75,000

Activity System ID: 21093

Activity Narrative: The new Senior Prevention Advisor on the US team will provide the leadership for the national scale-up of prevention activities targeted against the sexual transmission of HIV

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7875.08

Mechanism: TBD VG Central

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 17794.08

Planned Funds: \$0

Activity System ID: 17794

Activity Narrative: Summary

This activity narrative refers to field support which will augment the central Gender Initiative, "PEPFAR Gender Initiative on Girls' Vulnerability to HIV".

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV has been developed as part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13-19 year old girls by developing innovative program interventions to 1) modify contextual factors associated with increased sexual risk behavior and rates of HIV infection; and 2) assess the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Background

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who commonly are found outside of these settings. Those at highest risk need to be reached with a package of comprehensive services, including economic strengthening activities, to meet their unique needs. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, even though this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The goal of the Initiative is to prevent HIV infection in the most vulnerable adolescent girls. The objectives are: 1) To identify and expand promising new and existing program approaches for addressing the contextual factors which place some adolescent girls at especially high risk of HIV; and 2) To evaluate the feasibility, sustainability, and effectiveness of these interventions and their potential for adaptation and scale-up to other settings. Initiative activities will be closely linked with other prevention and OVC activities, as well as relevant wrap-around programming.

A multi-component approach with a focus on the most vulnerable girls will be undertaken to address the antecedents of risk. Age-segmentation and targeting based on different types of risks girls face will be utilized to prevent girls from adopting risky behaviors as well as addressing the needs of girls already engaged in risky behaviors. Program components may include the following:

- HIV prevention education focused on the "ABC" approach;
- Non-material support for girls' continuation in, or return to, school;
- Outreach and linkages with HIV-related health services as well as RH services such as pregnancy prevention;
- Wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services;
- Parenting skills among parents and guardians of adolescents;
- Peer influence by promoting positive group norms and behaviors; and
- Community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

For those adolescents without parents, this activity will include specialized subjects such as developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member and providing lessons on empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including making decisions within relationships, families, and communities.

Specific activities are TBD, pending selection of the Task Order contractor and development of the workplan (anticipated to begin Oct 2008).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17795

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17795	17795.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Wraparound Programs (Health-related)

- * Family Planning

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	0	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5662.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (USAID)

Budget Code: HVOP

Activity ID: 5930.08

Activity System ID: 17147

Mechanism: JHCOM

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$105,985

Activity Narrative: Summary

The project will build on the success of earlier activities to emphasize risk and effective “small do-able actions” to minimize risk, while still supporting self and communal efficacy to act. In particular, BRIDGE will concentrate on three areas that have wide reaching relevance to the Malawian context:

- i. Risk of mother to child transmission of HIV (MTCT)
- ii. Risks from alcohol misuse
- iii. Particular vulnerabilities of young women to HIV infection through inter-generational relationships

Background

BRIDGE has created a well-integrated list of activities to respond to needs in the “other prevention category” which includes mass media supported not only by community drama, but also popular road shows. Experience has shown that this emphasis on outreach personalizes the campaign messages. With FY 2008 funds, BRIDGE will introduce the innovative African Transformation initiative which lends fresh perspective on existing gender norms and encourages discussion about how they contribute to the spread of HIV.

The national media campaign will link with activities already addressing PMTCT and AB at the district and community level in the eight emphasis districts. The “Young Women’s Congress”, the Hope Kit updates, and the PAC “Faith Caravan” activities, among others, will provide further linkages and reinforcement for the national media messages. BRIDGE collaboration with the National AIDS Commission (NAC), and USG Partners MACRO, PSI, and other service providers, will also provide audiences with concrete outlets for HIV Counseling and Testing (HCT), condom services and HCT post-test clubs as recommended based on risk self-assessment in mass media and community interventions.

Activity 1: Nditha! Mass media

With FY 2008 Emergency Plan (EP) funds, BRIDGE will build on the success of Nditha! to emphasize the urgency for action by focusing on specific do-able actions, while still supporting self- and communal-efficacy to act. In particular, BRIDGE will concentrate on the risk of MTCT; risks from alcohol use; and the particular vulnerability of young women to HIV infection.

Strategic information collected in 2005 indicated an increase in self-efficacy and behavioral intentions to prevent HIV significantly correlated with campaign exposure. With efficacy strengthened, the time is right to shift focus to realistic risk self-assessment in order to optimize preventive behaviors. Similar to earlier phases of the Nditha! national media activities, the risk awareness phase will include radio spots, print materials and community outreach events. The emphasis on risk (Could it be me?... I can prepare...) will be linked to Nditha! small do-able actions that people can take to reduce or eliminate the risk.

Special Nditha! risk materials will address issues of prevention with positives, including materials designed for use in counseling sessions on prevention of transmission and materials to support prevention behavior in discordant couples. BRIDGE will collaborate closely with NAC, MACRO, Lighthouse and other counseling providers on the development of these materials. BRIDGE anticipates that NAC will assist with continued production of these materials after the initial print run.

Activity 2: Experience Momentum (EXP) Outreach

Mass media is further supported by community outreach events which provide a framework for local activities and decision making. EXP conducted road shows in each of the BRIDGE emphasis districts during both phases I and II of the Nditha! Campaign, and will continue to do so during this project year. The road shows have served to personalize the mass media ideas, and get people involved in the places where they live through a variety of participatory activities. It is these events that have often spurred real discussion within a community, and have galvanized small-town residents to take action within their area.

Activity 3: Community Drama

Using participatory “theatre for life” techniques, BRIDGE supports Nanzikambe Theatre Company to work in emphasis communities to develop narratives of risk and accompanying strategic solutions for young women, as well as to model healthy, equitable relationships with young men. The dramas are performed at community festivals and typically draw large crowds. Previously BRIDGE has supported actors from Nanzikambe to train in the “theater for life” methodology, already proven effective in the development of Tisankhenji itself and also in their work with school drama groups during the Mzimba launch of the Tisankhenji Radio Program. Nanzikambe’s methodology is very participatory and probing and stimulates dialogue and an immediate modeling of consequences in line with Social Learning Theory elements of behavior change programming. Drama provides a shelter to give voice to concerns, to raise problems, and to offer solutions from the safe distance of a character’s point of view. The use of drama is also an opportunity to showcase the skills and talents of young women in the community.

In 2007, Nanzikambe began this initiative by collaborating with community drama activators in four BRIDGE emphasis districts. With FY 2008 funds this collaboration will be extended to the remaining BRIDGE emphasis districts allowing a full year for all activators to conduct activities.

Activity 4: African Transformation

African Transformation, (AT) enables men and women to explore how traditional and gender norms have impacted their lives including any resulting barriers to practicing HIV prevention behaviors. It also engages men and women to work together to overcome those barriers individually, within their families and in the wider community. Developed with input from throughout Africa, including Malawi, AT is a package of real life role model profiles and a guide to facilitate community workshops. The Malawi AT package includes a thought-provoking profile showcasing the consequences of intergenerational sex. The profile encourages young women, older men, and family members to be aware of the health risks that can result from intergenerational relationships and to develop strategies to avoid these harmful consequences.

Activity Narrative:

The BRIDGE team already has drafted and pre-tested materials for the mass media materials that will be a part of the “risk” campaign; it is currently working with EXP to finalize road show content. Nanzikambe’s work in “theater for life” to date puts them in a ready position to expand on this technique with the new material reflected in the ongoing Tisankhenji series. AT modules have been reviewed by stakeholders and Malawi-specific additions, particularly reflecting intergenerational sex, are nearly completed.

With the success in building efficacy of the previous phases of the BRIDGE mass media campaign, Nditha!, the time is right to reinforce the complementary need of realistic risk perception in order for Malawians to be prepared and able to protect themselves. The Other Prevention activities listed here will contribute to Malawians’ ability to understand access and act on their potential risk of contracting HIV through participatory methods that include a fresh look at gender roles, traditional norms, and potentially unsafe behaviors.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11133

Related Activity: 17151, 17146, 17148, 17149,
17795, 17793, 17797, 17798,
17794

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24040	5930.24040.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10334	5662.09	JHCOM	\$0
11133	5930.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5662	5662.07	JHCOM	\$258,265
5930	5930.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3877	3877.06		\$186,834

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17151	17151.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$51,908
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17797	17797.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$40,000
17793	17793.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17798	17798.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$10,000
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17795	17795.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17148	5979.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$29,095
17149	6002.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$99,872

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	0	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

People Living with HIV / AIDS

Teachers

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5666.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (USAID)

Budget Code: HVOP

Activity ID: 11134.08

Activity System ID: 17389

Mechanism: PACT CSH

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$300,000

Activity Narrative: Summary

This is a comprehensive HIV prevention program, which will use different methods and approaches, including the Hope Kit, a behavior change tool developed by the USG-funded Bridge Project, implemented by John Hopkins Bloomberg School of Public Health and Save the Children. The activities for the program will include training of facilitators for behavior change, education using the Bridge Project's "Hope Kit," community HIV prevention, and developing and disseminating Information, Education Communication (IEC) materials. In addition, capacity building of technical skills in communication and strategic information management will be offered. These programs will be implemented in collaboration with the Ministry of Health (MoH), which provides condom supplies that are distributed to clients.

Background

Pact's local partners in this program area will continue with USG FY 2008 funds programs that have been supported by other sources. Tutulane, Ekwendeni, MAICC, SAT, MACRO, COPRED, Nkhoma, NAPHAM, Malamulo, and SWAM have been implementing ABC activities with support from other organizations and are linked to the overall national HIV/AIDS prevention program for Malawi. These partners will provide and distribute condoms during outreach activities, HCT services, and through Community Based Distribution Agents (CBDAs). These condoms will be supplied by District Health Officers (DHOs), Banja La Mtsogolo (local NGO family planning centers), and MACRO. (Funds from Pact will not be used to purchase condoms). The implementing partners will build on their previous experience to expand their programs targeting men and women, especially high-risk groups such youth, migrant workers (SWAM, MACRO, SAT, COPRED, and Tutulane) through HCT services, PMTCT services, youth friendly services, and links to family planning services. The activities will also include outreach activities focusing on behavior change interventions to minimize the spread of HIV through unsafe sex practices.

Activity 1: Training of Behavior Change Communication (BCC) Facilitators

Pact will support SWAM, Tutulane, MAICC, Nkhoma, SAT, Malamulo Ekwendeni, and COPRED to train facilitators to use the Hope Kit HIV prevention training tool, which has been successfully used in Malawi to assist people to move from knowledge to action. The tool uses experiential learning methods. The facilitators selected will depend on the target group, such as peer educators, teachers, health workers, counselors, faith leaders, and community leaders. Pact' Malawi's partners will be encouraged to collaborate with the master trainers in the BRIDGE districts (Balaka, Chikwawa, Kasungu, Mangochi, Mulanje, Mzimba, Ntcheu, and Salima).

Activity 2: Comprehensive HIV Prevention Activities

All of Pact's partners in this program area will support implementation of comprehensive HIV prevention activities. Approaches such as promotion of safer-sex practices, condom distribution, promotion of consistent and correct condom use – through static and outreach sites – sensitizing individuals and groups on HIV prevention, other strategies such as HIV awareness campaigns. For example, SWAM will implement activities relating to gender equity and women's empowerment through the formation of women's groups and all-female youth clubs to help build self efficacy and decision making on HIV prevention issues, reduction of stigma and discrimination through active involvement of PLWHA (NAPHAM), and advocacy for leadership. In addition, Nkhoma, Malamulo, and Ekwendeni will provide clinical services on the management of sexually transmitted infections (STI) as well as advocacy for political commitment.

HCT services will be provided alongside prevention activities whenever possible to enable individuals to learn what their HIV status is and to be able to make informed decisions on prevention and/or accessing care and support services.

Activity 3: Developing IEC Materials

Malamulo, SAT, NAPHAM, SWAM, and MACRO are planning to support the printing and distribution of IEC materials that promote tested and approved prevention messages. Such materials will be printed and distributed to relevant target groups including sexually active youth, seasonal migrant workers, and women at high risk, fishermen, sugar plantation workers, and men with disposable income.

Activity 4: Training of service providers

Partners will support the capacity building of service providers through training, follow-up support, and mentoring in technical skills and supervision of volunteers to ensure effective implementation and scale up of HIV prevention programming. In addition, capacity building will also be provided in strategic information management to ensure effective monitoring and reporting of program activities. See Pact's SI and Policy/Systems Strengthening submissions (activity ID#11288).

Activity 5: Annual Program Statement (APS)

Pact will release an APS for additional partners to implement similar prevention programs for FY 2009. Some of the partners specified may be funded with FY 2008 EP funds; other partners will be added via the Annual Program Statement mechanism.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 11134**Related Activity:** 17392, 17387, 17388

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21337	11134.2133 7.09	U.S. Agency for International Development	Pact, Inc.	9279	5666.09	PACT CSH	\$417,300
11134	11134.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	\$358,800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17387	11020.08	7742	5666.08	PACT CSH	Pact, Inc.	\$523,000
17388	11048.08	7742	5666.08	PACT CSH	Pact, Inc.	\$381,100
17392	10361.08	7742	5666.08	PACT CSH	Pact, Inc.	\$655,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	460	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	311,950	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5667.08

Mechanism: PSI CSH

Prime Partner: Population Services
International

Funding Source: GHCS (USAID)

Budget Code: HVOP

Activity ID: 5933.08

Activity System ID: 17447

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$430,000

Activity Narrative: Summary

PSI/Malawi's Chishango (meaning 'Shield') brand condoms were introduced in 1994 with USAID and KfW support. Initially aimed at a wide target - all sexually active Malawians - Chishango was re-launched in May 2002 to appeal predominantly to sexually active young Malawian males age 15-24. In 2006 and 2007, additional focus has been made on high risk groups such as truckers, mobile populations, men in uniform, and female sex workers and their clients. Over 9.9 million condoms were sold in FY 2006. The 2004 DHS data showed an increase in males 15-24 using a condom at last sex from 38.9% in 2000 to 46.6% in 2004. In addition, among younger women aged 15-24, reported condom use increased from 32.1% to 34.9%. Chishango is promoted through several mass media channels - radio, print and outdoor media. In addition, PSI/Malawi utilizes several non-traditional means to reach those with limited access to mass media. These channels include Targeted Outreach Communications or TOC (mobile video units and community drama) for targeting those most risk, and a bicycle sales force to get to hard-to-reach outlets where Malawians can access condoms. Starting in FY 2008 but with FY 2007 funds, PSI/Malawi will be using special add-on funding to develop and disseminate new evidence based IEC materials promoting male circumcision.

As mentioned above, KfW co-funding for the condom social marketing program will end in September 2007. This will put significant pressure on our programmatic budget for FY 2008. In light of this, we have had to reduce our spending on mass media communications activities related to condom promotion. It should also be noted that the funding level estimates assume continued supply of condoms via the USAID Contraceptive Logistics Management (CLM) unit budgeted under separate funding.

PSI/Malawi distributes condoms to rural and urban distribution points nationwide via a dedicated sales force of eight sales teams. In addition, one sales team is dedicated to sales and promotion of condoms in eighteen 'hot zones' nationwide. As well as making condoms available through the commercial sector, PSI/Malawi partners with other international and local NGOs, such as the Marie Stopes International (MSI) local affiliate, Banja La Mtsogolo, Medecines Sans Frontiers, as well as with private workplace HIV prevention programs. Mass media communications and Targeted Outreach Communications (see Activity 2) are used to address key behavioral determinants associated with condom use.

Activity 1: Condom Social Marketing

The PSI/Malawi condom social marketing program has been operating nationwide since 1994. The on-going program supports the Malawi HIV and AIDS National Action Framework Prevention and Behavior Change Action Areas (PBC) 1.12, 5.1, 5.2 and 5.3. PSI/Malawi's condom behavior change and promotion strategies are designed to (1) address key behavioral determinants identified by research associated with condom use, and (2) increase Chishango condom availability through condom distribution points in order to increase the correct and consistent use of condoms by those in the general population whose behavior puts them at greater risk of contracting HIV. In addition, a special emphasis is placed on targeting high risk groups, such as truckers, fishermen, men in uniform, mobile men, female sex workers and their partners in entertainment centers, transportation hubs, busy trading centers and other high traffic areas (known as "hot zones") with special communications and educational activities designed to promote 100% condom use. Condom program income is channeled back into the activity to support condom promotion and behavior change associated with correct and consistent use. PSI/Malawi works closely with the National AIDS Commission in implementing the National Condom Strategy and is a member of its Condom Task Force. PSI/Malawi makes resources available to project personnel for relevant professional development training courses, including participation in the Results Initiative (see SI section).

Activity 2: Targeted Outreach Communication (TOC)

PSI/Malawi's Targeted Outreach Communication (TOC) activities have been operating since 2002 with USAID, KfW and JICA support. The TOC teams, comprising interactive audiovisual shows and community dramas, conduct specially designed, evidence-based communication events with high risk groups and those in the general population whose behavior puts them at greater risk of contracting HIV. These events use films, educational games, condom demonstrations, and IPC to promote correct and consistent condom use and partner reduction. PSI/Malawi's TOC Teams are also targeting special events and ensuring improved condom availability in and around the 18 "hot zones" (high-risk areas) in Malawi's three regional areas (southern, central, and northern). In addition to the targeted events outlined above, PSI/Malawi conducts integrated product promotion events, condom promotions with commercial partners, as well as develops and disseminates new IEC and marketing materials to support condom use promotion. PSI/Malawi makes resources available to project personnel for relevant professional development training courses, including participation in the Results Initiative (see SI section).

Activity 3: Evidence-based Male Circumcision IEC/BCC Materials

PSI/Malawi will utilize FY 2007 plus-up funds from USAID/Malawi for the development, production, and dissemination of evidence-based male circumcision IEC/BCC materials (see NAC HVOP activity ID#17753). These materials will be used to augment and complement the Government of Malawi's efforts in promoting male circumcision as an HIV prevention method. PSI/Malawi will partner with the National AIDS Commission, the Health Education Unit of the Ministry of Health, and other key stakeholders to develop the materials. Together, we will identify key target groups, such as males 15-24 and medical professionals, design and develop messages, and identify optimum communications channels for each target group via a consultative and collaborative approach. The key outputs of this activity will include the concept development, pre-testing, production, and dissemination of new materials such as posters, leaflets, a short documentary/educational film, and radio spots. The materials will be shared with other agencies in the region. It is envisioned that these communications materials will form a ready resource of approved Government of Malawi male circumcision BCC materials and can be reproduced using earmarked funding. As the planned activity will utilize mass media communications and dissemination of print materials, all related targets are to be considered indirect.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11136

Related Activity: 17753, 17449

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24044	5933.24044.09	U.S. Agency for International Development	Population Services International	10335	5667.09	PSI CSH	\$0
11136	5933.07	U.S. Agency for International Development	Population Services International	5667	5667.07	PSI CSH	\$853,000
5933	5933.06	U.S. Agency for International Development	Population Services International	3888	3888.06		\$885,389

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17753	17753.08	7863	5773.08	NAC Base	National AIDS Commission, Malawi	\$0
17449	11277.08	7765	5667.08	PSI CSH	Population Services International	\$20,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	772	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	92,572	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$1,485,638

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Overview

The 2006 UNAIDS Report on the Global Epidemic estimates that 940,000 people (14.1% prevalence ages 15-49) are living with HIV/AIDS in Malawi. Of these 9.7% (91,000) were children aged less than 15 years. The National AIDS Commission (NAC) estimates that 170,000 people are currently eligible for ART. The national ART program began rapid scale-up of ART in June, 2004, and through September 2007, over 100,000 PLWHA had initiated ART, with 6% of these children less than 15 years old.

In a context of food insecurity, malnutrition, endemic tuberculosis and malaria, and high HIV prevalence, the health sector in Malawi faces the additional challenges of poor health infrastructure and critical shortages of health workers at all levels. A recent external technical review praised Malawi's success at scaling-up ART but recommendations focused on the lack of developed palliative care services, including: management of opportunistic infections (OIs); limited focus on prevention; lack of engagement with CBOs and PLWHA organizations; and the need for integration within the general healthcare system in Malawi.

Non-ART care and treatment, which is broadly referred to as "palliative care" in the Malawi context, includes social, psychological, spiritual, and clinical care and prevention for people living with HIV. Draft national home-based care (HBC) policy guidelines from December 2005 have not yet been published, and although national cotrimoxazole guidelines were disseminated in July 2005, scale-up has still not taken place.

Previous USG Support

USG resources have, to date, been directed primarily at supporting community home-based care (CHBC) programs, principally through international “umbrella” organizations that provide technical and administrative support to local community-based organizations (CBOs) and non-governmental organizations (NGOs). Additionally, USG supports long-term HIV/AIDS TA in the MoH and the Lighthouse Trust, a Malawian NGO which serves as a center of excellence for HIV/AIDS care and treatment, including CHBC.

These programs have filled a significant gap by ensuring that community- and home-based services were developed concurrently with HTC and ART programs, which are primarily facility-based. Many EP-supported implementing partners and community organizations have developed important linkages to facility-level services, including HTC, PMTCT, TB, and ART, as well as to primary health care.

In FY 2008, EP is moving towards a standard definition of palliative care services. Beginning in FY 2008, a person may be counted as a palliative care client if they are an HIV-infected (diagnosed or presumed) or HIV-affected individual provided with at least one clinical and one non-clinical palliative care service directly supported by EP funds at any service delivery level. An HIV-infected individual must have received at least one form of clinical care and one other type of non-clinical care. For HIV-affected family members, the minimum requirement is that the individual must have received services in at least two of the five categories of clinical, psychological, social and spiritual care, and prevention services. While quality is very difficult to measure through routine indicators, this change reinforces the message that PEPFAR is interested not simply in counting people reached, but in providing appropriate and quality care. Using this definition, in FY 2008, EP will provide palliative care services directly for more than 24,000 chronically ill persons at service outlets. EP will continue to promote standard monitoring and evaluation of CHBC among its partners, including development of data collection and reporting tools and systems.

USG priorities in FY 2008

i. Increase Advocacy around Non-ART Care

EP will work to strengthen the minimum package of care services in the national CHBC guidelines, provide technical assistance (TA) to national stakeholders on key policy issues, and enhance the quality and reach of palliative care services in FY2008. Activities planned for FY 2008 include revision of the national HBC policy and training guidelines, and potential USG support for HBC TWG coordination. The African Palliative Care Association (APCA) will be continuing support to the Palliative Care Association of Malawi (PACAM); Malawi participants will be part of a Pain Management Regional Workshop and a likely outcome of this work will be the development of national pain management guidelines.

The EP team will hire a Community Care and OVC advisor whose role will include working with implementing partners to support a sustainable continuum of care between facilities, communities and households for HIV infected individuals, advocate with national leadership for priority palliative care services including clinical, psychological, spiritual, social and prevention care and participate in the national CHBC TWG. Also, a USG clinical care and treatment adviser will coordinate with the Care Advisor; provide direct technical support as it relates to training clinical officers, nurses and other service providers in the management of AIDS cases; represent the USG team on Technical Working Group; and will be critical to the USG overall strategy of strengthening capacity and systems for AIDS patient care provided by the Government of Malawi (GoM) and other partner institutions, which will be integrated into many of the facility-based care programs.

ii. Promote Quality Assurance

Through the USG technical advisor position and new partners under Pact, EP activities will promote quality assurance through development of District level CHBC supervisory frameworks promoted through USG sponsorship of District CHBC coordination meetings. The aim is to devise the most appropriate supervisory framework for the District based on standardized patient monitoring tools, national indicators, and reporting systems. Peace Corps and Crisis Corps volunteers will support CHBC supervisory activities by facilitating District level coordination. These activities will further promote national CHBC quality assurance through development of standardized patient monitoring tools, such as a patient master card, indicators, and reporting systems.

iii. Promote National Scale-up of Priority Palliative Care Interventions

The USG will support a minimum care package which will continue current support for non-clinical aspects of palliative care, while addressing priority clinical care and prevention interventions, such as cotrimoxazole prophylaxis, malaria prevention, active TB case finding, prevention for positives, and family counseling and referral for testing. Other interventions such as nutrition education, counseling, and assessment and linkage with safe water programs will be incorporated into standardized CHBC services delivered over time. Through systematic referral to wrap-around programs with Title II and WFP by CHBC volunteers, patients with mild to moderate malnutrition will receive supplemental feeding. The USG will also support the use of HBC kits by specific programs, and plan simplified kits to reflect palliative care priorities and procurement and supply chain realities.

EP will continue to strengthen its focus on pediatric care through a quality assurance intervention being implemented at 8 district hospitals. This activity will be leveraged with wrap-around funding from other USG health programs supported by USAID. Approximately 20% of pediatric admissions are HIV-infected. This initiative thus aims to strengthen the delivery of key pediatric interventions, including managing important pediatric conditions such as diarrhea, fever and respiratory tract infections, in accordance with accepted clinical protocols.

iv. Improve Linkages and Networks

Ultimately, EP aims to assist GoM to develop a dynamic network model that provides comprehensive HIV palliative care and

treatment across all service delivery levels. Greater effort will be made to ensure that community-based services are linked effectively with facility-based services, such as VCT, PMTCT, TB, and ART, through promotion of standardized patient referral systems and follow-up, case management, and coordination with PLWHA groups. EP will also promote the participation, leadership, and technical capacity of PLWHA groups so that they can better develop and implement CHBC services. An expert nutritionist placed at USAID will help facilitate and build technical capacity in the areas of infant and young child nutrition, PMTCT, malnutrition recuperation, and integration of nutrition concerns into agriculture development.

Leveraging and Coordination

The EP will continue working with the Presidential Malaria Initiative (PMI) and Global Fund to optimize synergies, for example, standardized CHBC activities will be directed towards the identification of households eligible for free LLINs through antenatal care and under-5 clinic services. USG will leverage food and nutritional support through partnership with World Food Program and Malawi's P.L. 480 Title II food aid program to ensure integration of nutrition into family-centered programs. Safe water initiatives, including point-of-use interventions (e.g. Aqua guard/ PSI) and water source security (promoted by the Clinton Foundation), will be linked to CHBC programs as possible. Pediatric care programs will be leveraged with the USAID Child Survival Grant programs addressing newborn mortality, diarrhea prevention and community-based child health programs.

Products

Standardized CHBC patient master cards
 Standardized national CHBC reporting form
 Updated national HBC guidelines that incorporate CTX and LLINs strategic plan for the evaluation of palliative care quality and impact

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	255
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	28750
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2625

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7564.08	Mechanism: BASICS Task Order II CSH
Prime Partner: Partnership for Child HealthCare Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 11295.08	Planned Funds: \$550,000
Activity System ID: 17762	

Activity Narrative: Summary

Using FY 2008 Emergency Plan (EP) funding, Partnership for Child Healthcare Inc. (PCHC, Inc) through the mechanism BASICS, will provide technical support to assist the national HIV program in its efforts to decrease HIV transmission to infants and children by increasing post partum follow-up and access to pediatric HIV diagnosis, care, and treatment services for HIV infected and affected infants and children in selected facilities and communities in eight districts.

Background

HIV service provision activities have expanded dramatically during the last few years – especially in the area of increasing access to HIV testing and access to ART. Key areas such as implementation of PMTCT services as well as ART services for children have lagged behind and substantial efforts are being made now to redress these imbalances. The project represents a next phase in continuation of work done through the previous BASICS bilateral project and is aimed at improving the effectiveness and accessibility of child health, nutrition, and related pediatric HIV services through the development and integrated implementation of high impact interventions to prevent and reduce illness, as well as mortality and malnutrition among Malawian HIV infected and affected children under the age of five. The project will be implemented in eight priority districts with high infant mortality as well as high HIV prevalence.

This activity is linked to TBCAP activities in TB/HIV (activity ID# 17384), JHPIEGO activities in injection safety (activity ID# 17384) as well as PSI (activity ID# 5667 and JHU Bridge's (activity ID# 5662) prevention and behavior change communication activities. This activity is one component of a larger USG wraparound funded initiative aimed at reducing infant and child mortality and morbidity in Malawi. The project will also collaborate with JSI/Deliver and BASICS-SPS to ensure adequate availability of essential commodities such as Cotrimoxazole Preventive Therapy (CPT).

Activity 1: Cotrimoxazole Preventive Therapy (CPT)

Currently in an attempt to redress service provision gaps for children exposed to HIV, the MoH is expanding rapidly activities such as strengthening the management of Opportunistic Infections (OI) and expanding access to ART's. Currently, the implementation of CPT forms the cornerstone for the management of OI's in Malawi but has limited availability. BASICS will support the implementation of CPT by working with District Health Management Teams (DHMT) to strengthen the implementation of CPT service provision in health facilities. Focus areas will include the identification of HIV exposed and infected children (routine testing of children admitted to children's wards, identification of children with symptoms and signs suggestive of OIs, linking with Home-Based Care (HBC) groups to identify potentially exposed children); the development of appropriate referral networks (from community to facility and within facilities) which will allow children to access CPT and the development; and strengthening mechanisms which will facilitate continuity of care/ greater compliance with CPT. Attention will be paid to ensure that children are identified through multiple entry points to care, e.g., immunization sites, feeding centers, home based care programs.

Activity 2: Orientation Module

BASICS will develop and implement a pediatric "orientation" module together with an orientation training in pediatric HIV care and treatment for "non-prescribers of ART" including MoH staff, OVC program staff, community health workers, and home based care workers. The content will provide basic information about HIV in infants and children while addressing barriers to care seeking and HIV testing, including issues of stigma, counseling challenges with parents, etc. The module is part of a larger effort through this program to: (1) increase the identification of HIV exposed and infected infants and children; (2) increase the number of HIV exposed and infected infants and children referred to care and treatment sites; (3) increase the number of HIV exposed and infected infants and children tested for HIV on pediatric wards and at other sites by expanding the use of and training in the job aids and other tools introduced on pediatric wards, at immunization sites, and other entry points to care.

This activity links with the strengthening of the post-natal component of PMTCT as well as the scaling up of pediatric ART in Malawi. BASICS understands that it will support demand creation for ART services (which are currently limited in the country to 106 sites) for eligible children. BASICS intends to address this service gap by working with USG Malawi and other HIV implementing partners to scale up services in its target districts and explore other ART delivery models for children that are not heavily dependent on the current tertiary care structure and model for pediatric HIV.

Activity 3: Quality of Care

BASICS will through its work in nutrition, especially through Community Therapeutic Care (CTC), further contribute to palliative care by enabling the community level management of malnutrition. The Pediatric Hospital Initiative and IMCI interventions, initiatives aimed at improving the quality of care provided to ill children at community and facility levels, will further contribute to palliative care by ensuring that HIV Positive children who present with common childhood illnesses (pneumonia, diarrhea, fever) are managed effectively. These initiatives build on work done by the earlier BASICS bilateral project in incorporating key HIV components into IMCI materials, the training of staff in IMCI, the development of supervision systems for IMCI and implementation of the Pediatric Hospital Initiatives in hospitals. In addition, BASICS will strengthen the capacity of community based organizations providing care and support for orphans and vulnerable children, in order to increase the identification and referral of HIV exposed and infected children in these programs for care and treatment without increasing stigma. During Year One of the project this will involve an assessment of capacity of district based CBO's to provide care and support for orphans and vulnerable children to increase the identification and referral of HIV positive children. Capacity building activities to strengthen CBO's will commence during Year Two of the project. This phased approach is necessary to enable health service providers and facilities to develop sufficient capacity to support CBO's.

The expected results include the following:

- Expansion of number of sites with strengthened capacity to support pediatric HIV services.
- Routine HIV testing of children admitted to pediatric wards in district level hospitals (5 – 16)
- Number of sites that provide CPT to children (40:5 per district)

Activity Narrative: • Sites with capacity to identify and counsel HIV exposed children, effect appropriate referrals, identify children with OI's - (0 – 80, or 10/district)

The effective clinical management of HIV infected children when presenting with common childhood illnesses through wrap around activities such as IMCI, PHI and CTC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11295

Related Activity: 17761, 17763, 17764, 17146,
17446, 17131, 17384, 17133,
18515

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21346	11295.2134 6.09	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	9282	7564.09	BASICS Task Order II CSH	\$550,000
11295	11295.07	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7564	7564.07	BASICS Task Order II CSH	\$68,781

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17761	11023.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$400,000
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17446	5918.08	7765	5667.08	PSI CSH	Population Services International	\$350,000
17131	5924.08	7665	5630.08	JHPIEGO CSH	JHPIEGO	\$100,000
17384	17384.08	7740	7740.08	KNCV/MSH TB-CAP	KNCV TB Foundation	\$400,000
17763	11257.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$50,000
18515	18515.08	7872	7872.08	MSH - SPS	Management Sciences for Health	\$500,000
17133	11261.08	7666	5660.08	JSI CSH	John Snow, Inc.	\$150,000
17764	11290.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	80	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

Indirect Targets

USG support will contribute to:

Number of individuals provided with HIV-related palliative care (excluding TB/HIV): 217,750

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5666.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (USAID)

Budget Code: HBHC

Activity ID: 10359.08

Activity System ID: 17390

Mechanism: PACT CSH

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$755,000

Activity Narrative: Summary

Using FY 2008 Emergency Plan (EP) funds, Pact will support 11 indigenous organizations for 2 years to provide palliative care services including home based care, support for families and care givers, treatment of opportunistic infections, nutrition support, pediatric HIV/AIDS care, psychosocial support, spiritual support, policy/advocacy, and quality and standards of care. Pact will also provide M and E and organizational capacity building assistance to these grantees.

Background

Several of Pact's partners – COPRED in Blantyre district, Lusubilo in Karonga, and Tutulane in Chitipa – have been implementing projects on components of basic palliative care including clinical care, psychosocial support and community home based care with funding through other organizations; these will become new partners in FY 2008. Pact will also partner with the African Palliative Care Association, and the Palliative Care Association of Malawi (PACAM) to strengthen PACAM's capacity and leadership role.

Other palliative care partners to be funded by Pact in FY 2008 have implemented similar programs with PEPFAR funding through Family Health International and Save the Children. NAPHAM has proposed to expand to new districts including Rumphu, Machinga and Nsanje.

In addition to capacity building, the Pact's partners will build on their experience to expand and strengthen palliative care services to a holistic comprehensive approach to meet the social, mental, spiritual, and physical needs of adults and children and their families under their care, through community home based care, hospitals and health centers, static and outreach HCT sites, and post-test support groups for PLWHAs and mother support groups. Such care will also include prevention and treatment of symptoms and relief of pain wherever possible.

Activity 1: Home Based Care (HBC)

Pact will support partners COPRED, Lusubilo, Tutulane, Nkhoma Synod, Malamulo in Thyolo and Chikwawa, Livingstonia Synod in Mzimba, MAICC in Dowa, and NAPHAM in Rumphu, Machinga, and Nsanje to provide HBC including management of pain in collaboration with DHOs and trained volunteers. HBC patients will be identified through referral systems. Caregivers will provide basic nursing to assist the sick in self care to meet needs for hygiene, nutrition/fluids, exercise, and treatment. Related activities such as fetching water/firewood and food preparation will also be conducted. Lighthouse will provide clinical services through HBC by a team of clinicians. DHOs will provide support for HBC kits.

Health workers and health surveillance assistants provide technical support and supervision through regular visits to the clients and their care givers in the community. An effective referral system, which ensures feedback to the referring agent, will be established or strengthened to ensure links and referral of patients to other palliative care services in order to ensure that patients in the HBC program receive comprehensive care. Such services include nutrition, psychosocial/spiritual support, and clinical services for conditions that cannot be managed via HBC.

All partners offering services will promote volunteer retention, via training and provision of materials/incentives.

Activity 2: Support for Families, Care Providers

Partners will implement activities to support family members and other care givers for PLWHA as part of comprehensive palliative care. Care providers at the family level will receive technical, spiritual, and emotional support. They will learn basic care skills to ensure continuity of care in the absence of regular visits from volunteers or health workers. In addition, advice and support to prevent burnout will be provided, such as provision of day respite care for children in the family.

Activity 3: Nutrition Support

Partners will undertake nutrition support programs for PLWHA, as part of comprehensive palliative care. Nutrition assessments for PLWHA using national guidelines will be conducted at the facility and community level through HBC programs to identify malnourished patients for food support. Pact is also placing a nutritionist at USAID to help facilitate and build technical capacity in the areas of infant and young child nutrition, PMTCT, malnutrition recuperation and integration of nutrition concerns into agriculture development

Nutrition counseling to promote adequate diet and weight maintenance/gain, including hygiene and sanitation, will be provided to PLWHAs and their care givers. Tutulane, COPRED, MAICC, and Nkhoma will establish referral systems to link HBC clients to organizations offering such services. Lighthouse, Lusubilo, Livingstonia Synod, and NAPHAM will provide ready-to-use therapeutic foods for severely malnourished PLWHAs. NAPHAM and Lighthouse will provide micronutrients to improve outcomes for malnourished PLWHAs on clinical treatment. Livingstonia Synod will strengthen internal referral systems to link PLWHA clients to food and economic programs provided by Ekwendeni Hospital.

All service partners' interventions for patient care, including food security, will be ensured through a multi-sectoral approach by linking PLWHAs to support for gardening to grow food using low technology and livestock rearing to meet nutritional needs, as well as an income generating source for other needs.

Activity 4: Psychosocial Support

The service partners will provide psychosocial support for PLWHAs and their families. They will facilitate strengthening/formation of post-test clubs and support groups for PLWHAs for positive living through activities such as counseling and group therapy, shared learning, and information on ways for coping with common concerns of PLWHA.

Lighthouse will include adherence counseling for clients on ART to be provided within the community by

Activity Narrative: patients who graduate to become counselors to new palliative care patients. NAPHAM will strengthen support groups and child care sessions in its new districts as well as transport support to access treatment. Links to other related services along the continuum of care will be ensured through an effective referral system. Referral feedback will be sought as well.

Activity 5: Pediatric HIV/AIDS Care

Malamulo and Livingstonia Synod have established links to a pilot project by the MoH and Baylor on pediatric HIV diagnosis and care at their facilities. Children infected with HIV will be linked to services in this program. All exposed infants of HIV+ mothers identified through PMTCT and all suspected HIV infants, including those with TB, severe malnutrition, failure to thrive, chronic fevers, and severe childhood conditions, and with unknown HIV status will be included. Partners without such facilities will test children for HIV at 18 months. Pact will link with BASICS to provide technical guidance on basic health care for peds.

Partners will provide follow-up care services for HIV infected children through institutional and community services. Cotrimoxazole prophylaxis (provided through the GFATM) will be provided for all infants, and eligible children will be put on ART through referral. Nutrition support will include encouraging exclusive breastfeeding up to six months, therapeutic and supplementary feeding, and replacement feeding under acceptable, affordable, sustainable and safe conditions. In addition, micronutrient supplementation will be provided.

Psychosocial support will include counseling of older children, recreation, and play through links and referral to OVC community based child care centers. Mothers will receive support for infant health and feeding through mother/grandmother groups.

Activity 6: Capacity Building of Service Providers

Partners will provide training, supportive supervision, and mentoring for providers and volunteers. The partners will train providers to meet expansion and quality of services needs, using national training protocols and guidelines, including services being implemented for the first time, such as child counseling or pain management.

In addition, providers will also be trained in monitoring and reporting to ensure adequate monitoring of the program. Training will also be provided in organizational development.

Activity 7: Advocacy/policy, quality, and standards

Through a grant to the APCA and its partner organization in Malawi, PACAM, Pact will contribute to advancing palliative care issues at the national level. This will include rolling out use of the new national palliative care curriculum, as well as developing and disseminating care standards to ensure quality of services.

Activity 8: Linkages

Palliative care is part of the integrated treatment, care, and support for both children and adults living with HIV/AIDS. Thus the services are closely linked through internal and external referral systems to ensure effective utilization of all available services along the HIV continuum of care. ART services for both children and adults, including pregnant women, are provided through designated health facilities. Patients in areas without such services are linked to treatment through an effective referral system. The program is implemented in collaboration with the Ministry of Health through the District Health Offices (DHOs), which provide drugs and supplies used for palliative care.

Activity 9: Annual Program Statement (APS)

With FY 2008 EP funding, Pact will release an APS for additional partners to implement similar palliative care programs for FY 2009. Some of the partners specified may be funded with FY 2008 EP funds; other partners will be added via the Annual Program Statement mechanism.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11144

Related Activity: 17387, 17391, 17392, 17393,
17394, 17761, 17762

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21338	10359.2133 8.09	U.S. Agency for International Development	Pact, Inc.	9279	5666.09	PACT CSH	\$751,140
11144	10359.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	\$627,000
10359	10359.06	U.S. Agency for International Development	Pact, Inc.	5459	5459.06		\$226,728

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17387	11020.08	7742	5666.08	PACT CSH	Pact, Inc.	\$523,000
17761	11023.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$400,000
17762	11295.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$550,000
17391	10360.08	7742	5666.08	PACT CSH	Pact, Inc.	\$773,000
17392	10361.08	7742	5666.08	PACT CSH	Pact, Inc.	\$655,000
17393	11276.08	7742	5666.08	PACT CSH	Pact, Inc.	\$261,000
17394	10363.08	7742	5666.08	PACT CSH	Pact, Inc.	\$425,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training
- *** In-Service Training

- * Task-shifting

- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	145	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	22,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,775	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5571.08

Prime Partner: Lighthouse

Mechanism: Lighthouse GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 10720.08

Planned Funds: \$20,000

Activity System ID: 14612

Activity Narrative: Summary

In response to severe congestion in the medical wards resulting from large numbers of HIV/AIDS patients being admitted at Kamuzu referral Hospital in Lilongwe, Lighthouse was established in 1997 to provide care for discharged patients unable to receive appropriate ongoing care in a home environment. Lighthouse started as a non-traditional hospice (i.e. a HBC referral network) but with support from USG and other partners, it has grown to become the leading comprehensive HIV care center in Malawi providing CT, ART, TB care, and Home-Based care services including facility-based stabilization day care for severely ill patients that do not require admission.

Background

The new Lighthouse Martin Preuss Centre at Bwaila Hospital, the old wing of Kamuzu Central Hospital (KCH), opened in December 2006 to provide on-going care to about 3,000 PLWHA. The center was refurbished with Emergency Plan (EP) funding. The new center focuses on supporting HIV care and routine ART, whilst Lighthouse's main clinic will continue to manage more problematic cases including patients on second line and alternative first line regimens. Enrollment into the new center will be primarily from the TB Registry via Lighthouse counseling and testing (both TB and CT will co-locate) and from PMTCT services also on the same site. EP FY 2007 funds will support these activities.

Lighthouse runs a nurse-led community CHBC program, funded by the USG through Pact within its comprehensive care and treatment model. The program has four full-time nurses working with 16 CBOs and more than 300 active volunteers, who collectively extend care services to homes of over 150 severely ill patients and provide support to their family members as well. In FY 2008 Lighthouse will use EP funding to train new community volunteers on Palliative care; initiate focused HIV prevention activities for ART patients served at its clinic and collaborate with PSI to introduce the use of Water Guard for home based care clients as a strategy to reduce incidence of diarrhea.

Lighthouse Palliative care activities funded through Pact are described under the Pact activity narrative for Home Based Care.

USG Malawi's cooperative agreement with Lighthouse supports Lighthouse as an institution. These funds make Lighthouse exceptional. Support through Pact will pay for direct services by Lighthouse.

Activity 1: USG-funded Water Guard for HBC

Lighthouse will collaborate with PSI in FY 2008 to pilot Water Guard water purification technology in a HBC setting to improve access to safe water. It is envisaged that this will reduce incidence of diarrhea diseases in immuno-compromised patients in the home based care program. Initial phase of this activity will be limited to evaluating patient acceptability, led by PSI. Lighthouse personnel will collect qualitative data on acceptability of Water Guard among HBC patients and their family members. If it is well accepted then it will be scaled up during the third quarter of FY 2008 and beyond.

Activity 2: Prevention for Positives

Lighthouse comprehensive care centre houses one of the busiest ART clinics in Malawi registering over 4000 contacts with HIV positive patients on ART each month. This clinic presents an opportunity where HIV preventive interventions will be delivered routinely to ART patients at each visit. Lighthouse has an existing patient education and counseling program into which prevention messages for positives will be incorporated. The ITECH - supported training officer will work with HBC and clinic staff to develop focused messages targeting individuals with HIV. The messages will be delivered through group education sessions, one-on-one counseling, and IEC materials. The primary focus will be on assisting HIV infected individuals to disclose their HIV status to partners, reduce their risk of transmitting HIV, and reduce the risk of primary STI infection or HIV re-infection.

Activity 3: Training Community Volunteers for the HBC Program

As a pioneer in delivery of Palliative Care services in Malawi, Lighthouse continues to chair the Palliative Care Association of Malawi (PACAM), and plays a leading role in the development of palliative care policies and services. In 2007 Lighthouse made significant technical inputs in the development of Malawi's national curriculum for training on Palliative care. Lighthouse will use FY 2008 EP funding to train 15 health care workers in from Lilongwe District on Palliative Care. Lighthouse will use FY 2008 funds to support facilitation costs for training volunteers and health care workers from other institutions and partners providing palliative care services in Lilongwe. Beneficiaries of the USG supported facilitation services by Lighthouse will however pay for other associated costs.

With previous USG funding, Lighthouse provided leadership for the Palliative Care Association of Malawi and supported national policy and training curriculum development for palliative care. Through USG funding in FY 2008, Lighthouse will introduce a much needed program of prevention for positives in its comprehensive HIV care clinic and provide training in palliative care for health care workers and community volunteers in Lilongwe.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10720

Related Activity: 14618, 14613, 14615

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21318	10720.21318.09	HHS/Centers for Disease Control & Prevention	Lighthouse	9272	5571.09	Lighthouse GHAI	\$20,000
10720	10720.07	HHS/Centers for Disease Control & Prevention	Lighthouse	5571	5571.07	Lighthouse GHAI	\$24,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14618	14618.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$20,000
14613	5948.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$35,000
14615	5970.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$135,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5657.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (USAID)

Budget Code: HBHC

Activity ID: 5936.08

Activity System ID: 17116

Mechanism: CRS CSH

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$0

Activity Narrative: Summary

I-LIFE, a consortium of seven NGOs co-lead by CRS and CARE, aims at reducing food insecurity among vulnerable households in seven districts of Malawi. The other five NGOs include Africare, Emmanuel, Save the Children, The Salvation Army, and World Vision; each NGO implements I-LIFE activities in a separate district. To effectively manage overall program coordination, the co-leads have established an independently-housed Program Management Unit (PMU). The consortium has established six technical working groups on Agriculture/Marketing, Commodities, Decentralization, HIV/AIDS, Health and Nutrition, and Monitoring and Evaluation to provide sectoral guidance to consortium members. SAVE is the technical lead on HIV/AIDS.

Background

During FY 2006 and FY 2007, I-LIFE partners focused on improving the quality of palliative care as well as scaling up of service provision to chronically ill people in the seven I-LIFE districts. This was achieved through the training of both key HIV/AIDS partner project staff and the Home Based Care (HBC) volunteers in different palliative care areas. The program trained 492 HBC volunteers in palliative care provision, exceeding the set target of 50. The target was surpassed due to the overwhelming response by communities in the mobilization of volunteers along with a change in the refresher training structure that created room for additional training participants. The training resulted in the standardization of HBC provision practices and expansion of services by the volunteers as well as an overall improvement in the quality of care delivered.

492 trained volunteers provided palliative care to 1,682 (544 males and 1,138 females) chronically ill people in the I-LIFE districts. This achievement was below the set target of 2,000 due to changes in the volunteer work structure and volunteer drop-out. I-LIFE partners assigned 2 volunteers per village, resulting in a lower volunteer to beneficiary ratio than the 1:40 proposed in the FY 2006 COP. The new structure was found to be more cost-effective because volunteers do not cover long distances, which ultimately improved the quality of service provision.

Activity 1: Service Delivery

I-LIFE will conduct refresher courses for a total of 175 volunteers and health staff. HBC kits will be provided and/or replenished. The key elements of the quality care package of services to be delivered by I-LIFE trained CHBC volunteers, include basic nursing and care e.g. bathing and feeding of patients; Management of common health ailments through medical supplies provided in drug kits and referral to nearest health facilities where necessary; Psycho-social care incl. counseling of both infected and affected individuals; Promotion of VCT and linkage to PLWHA support groups; Provision of information on the dietary needs of the chronically ill and PLWHA; Promotion of positive living through food diversification, establishing labor-saving kitchen gardens, provision of information on nutrition and food processing demonstrations. In addition to this, the CHBC package implemented by I-LIFE partners encourages formation of volunteer support groups as part of caring for the caregivers and CHBC volunteers are supervised by Ministry of Health staff. All CHBC activities are carried out in close collaboration with MOH staff as well as with other stakeholders at district and community levels incl. NGOs, FBOs and CBOs. The program will also develop strategies to ensure HIV-positive children are reached and linked to pediatric care and treatment.

Activity 2: Stigma Reduction

A key area of focus for I-LIFE in FY 2008 is overcoming the stigmatization of people living with HIV/AIDS. This will be accomplished through partnerships with Johns Hopkins Bridge program that has effectively utilized the Hope Kit to address stigmatization. This will include Bambo wa Chitsanzo (Model Father) roll out - a complementary Hope Kit package that will be developed by Bridge. The consortium is also benefiting from the effective network of local and international partners established by USG-supported Umoyo program which has now ended. It is expected that sub-partners will provide 2,050 individuals with palliative care.

Activity 3: Volunteer Support

With FY 2007 funds, I-LIFE will focus on ensuring the provision of quality services, by reducing the ratio of volunteers to beneficiaries. This approach will also counter the high burn-out and drop-out rates of volunteers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11141

Related Activity: 17115, 17117, 17146

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24037	5936.24037.09	U.S. Agency for International Development	Catholic Relief Services	10333	5657.09	CRS CSH	\$0
11141	5936.07	U.S. Agency for International Development	Catholic Relief Services	5657	5657.07	CRS CSH	\$93,100
5936	5936.06	U.S. Agency for International Development	Catholic Relief Services	3885	3885.06		\$93,100

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17115	11047.08	7663	5657.08	CRS CSH	Catholic Relief Services	\$0
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,750	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	125	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3896.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5941.08

Activity System ID: 15432

Mechanism: Peace Corps GHAI

USG Agency: Peace Corps

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$15,000

Activity Narrative: Summary

This activity is a VAST (Volunteer Activity Support and Training) grant to support community-initiated programs by Peace Corps Volunteers.

Background

Peace Corps Volunteers are placed strategically at the grass-roots level, working with government staff at the local Ministry of Health, Ministry of Education, and Parks and Wildlife where they fill a much needed and neglected technical support gap in the areas of community health and HIV/AIDS. Volunteers work in home-based care related projects in all sectors. They support government protocols and guidelines pertaining to home-based care and healthy/positive living standards. Volunteers work through schools, health centers, CBOs and NGOs to improve the quality of life of HIV-infected adults, children and families affected by HIV/AIDS by training and education in the areas of home-based care, care-giver support, nutrition, permaculture, health, education, safe water access, improved sanitation and hygiene, treated bed net use, and economic support (income generating activities training) and developing organizational capacity and systems to increase sustainability in these same types of community organizations.

The proposed Peace Corps home-based care activities will build on the accomplishments of Volunteers already in the field (FY 2005 - FY 2007), and the experience and lessons learned of EP-funded Crisis-Corps Volunteers (10 six-month CCVs in FY 2006 and 8 one-year CCVs in FY 2007). FY 2008 funded home-based care activities revolve around training that will enhance counterpart and community technical knowledge in the areas of home-based care and healthy lifestyles.

In FY 2008, the above activities will continue and a grant program to fund community-initiated HBHC activities will be initiated. In addition, the Peace Corps and Pact will promote linkages between the Volunteers and Pact grantees that are operating in the same communities.

Trainings performed under this program area will also include ABC messages and information. (see activity ID #5917)

FY 2006 funding supported four six-month CCVs that worked closely with the District AIDS Coordinator's Office in four districts to support home-based care activities and programs as well as work with home-based care related CBOs to increase technical capabilities and develop capacity. FY 2008 funding will allow government staff (hospital workers, teachers, community leaders) as well as interested community members, including those infected and affected by HIV/AIDS, to increase their knowledge and technical capabilities in the areas of home-based care and positive living.

Activity 1: Grant Support

EP Funding for this program will support community-initiated home-based care activities such as trainings, education campaigns, club functions, organizational capacity building and systems development, etc. in this program area. Funding for activities under this program will follow a review and approval process to ensure projects are community-initiated and address EP emphasis areas, as well as Malawi-specific areas of focus and need (such as care for pregnant women and their children, orphans and vulnerable children, and people living with HIV/AIDS).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10754

Related Activity: 15431, 15434, 17390

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21401	5941.21401.09	Peace Corps	US Peace Corps	9301	9301.09	Peace Corps	\$37,300
10754	5941.07	Peace Corps	US Peace Corps	5580	3896.07	Peace Corps GHAI	\$63,000
5941	5941.06	Peace Corps	US Peace Corps	3896	3896.06		\$52,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15431	5917.08	7140	3896.08	Peace Corps GHAI	US Peace Corps	\$75,000
17390	10359.08	7742	5666.08	PACT CSH	Pact, Inc.	\$755,000
15434	15434.08	7140	3896.08	Peace Corps GHAI	US Peace Corps	\$236,672

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	395	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5674.08

Prime Partner: US Agency for International
Development

Funding Source: GHCS (USAID)

Budget Code: HBHC

Activity ID: 17782.08

Activity System ID: 17782

Mechanism: USAID CSH

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$145,638

Activity Narrative: Summary

Through Emergency Plan (EP) funding, USG Malawi will recruit and hire a Senior Technical Advisor to provide leadership and support for OVC and community care programming in Malawi. This is the same activity as HKID activity ID#17781 which describes the activities of the OVC Advisor who will also provide USG technical leadership in basic care.

Background

With nearly 1 million Orphans and Vulnerable Children (OVC) in Malawi, there is an urgent need to strengthen the capacity of the GoM and civil society to provide comprehensive care and support services. In 2004 USG Malawi and other donor partners provided support to the Ministry of Women and Child Development (MOWCD) to develop a National Plan of Action. Malawi was awarded a Global Fund Round 5 grant for OVC for \$20 million to the National Aids Commission with MOWCD as the implementing agency. As of September 2007, only \$1.98 million had been disbursed. Since FY 2002, USG Malawi has been supporting community and home-based care activities of NGOs, CBOs, and FBOs. The National Plan of Action for OVC was finalized in 2005 and districts are planning their own action plans in FY 2007 with UNICEF support. Essential OVC services have not been established nationally and there are large gaps in service delivery at the community level. Given the importance of OVC and the number of EP partners providing care services, the USG PEPFAR team has agreed on the need for a Senior Technical Advisor in Community Care and OVC to provide overall guidance on and advocacy for OVC and other priority HIV community care interventions, including palliative care.

The Advisor will provide technical leadership to the entire USG Emergency Plan (EP) team in developing, adapting, and integrating quality OVC standard and guidelines for service delivery to relevant populations and partners within USG supported programs. S/he will ensure OVC programming is integrated with food, prevention, pediatric treatment, and the vulnerable girls program under USG comprehensive funding for Malawi. The Advisor will provide national leadership and advocacy for OVC and Palliative Care priority interventions strengthening and scale up. Also, the Advisor will ensure that USG-supported OVC programs in Malawi provide a package of OVC care and support including education, care and shelter, health, psychosocial and child development, protection and rights, nutrition, and economic strengthening. The Advisor will work collaboratively with the EP interagency team, the Government of Malawi (GoM), other bilateral and multilateral donors and institutions, EP implementing partners, civil society, and other relevant stakeholders.

Activity 1: Technical Leadership

The Advisor will provide technical leadership and support to GoM, USG partners, USG Agencies engaged in EP to develop, adapt, and integrate appropriate standards and guidelines for effective delivery of quality OVC services and support consistent with the GoM's National Plan of Action and EP guidance. The Advisor will work with all relevant stakeholders including the GoM, UNICEF and civil society organizations to provide national leadership and advocacy for OVC the provision and scale-up of services. In addition, the Advisor will work with other USAID Strategic Objective teams to identify opportunities for wrap-around programs (e.g. food security and nutrition, education, and economic growth) that will benefit OVC. The Advisor will be the activity manager and lead Advisor to NGOs, CBOs and FBOS under USG support in OVC and Basic Care, especially Pact (see Activity #10359). In FY 2008, the Advisor will work with the above group to help develop a national M&E for OVC in form of database with TA on data management and data quality.

Activity 2: Donor Coordination

It is expected that the Community Care and OVC Advisor will work closely with other members of the USG EP team, UNICEF, the Ministry of Health, MOWCD, other bilateral and multilateral donors and organizations to harmonize technical approaches and maximize geographic coverage for OVC programs that are consistent with the National Plan of Action for OVC, district-level action plans, and sound OVC practices and host government strategic plans. As appropriate, the Advisor will provide technical support to the Global Fund Secretariat, the National AIDS Council, Ministry of Education, and the MOWCD to facilitate the implementation of the Global Fund Grant for OVC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17781

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17781	17781.08	7868	5674.08	USAID CSH	US Agency for International Development	\$185,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Economic Strengthening

* Education

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	False

Indirect Targets

This USG funded position will contribute to national targets.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$785,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Overview

HIV is the most important risk factor for TB in Malawi, and TB is the leading cause of HIV-related deaths. Recognizing the epidemiological link between TB and HIV including the sequence of events by which HIV drives the TB epidemic, Malawi started implementing joint TB/HIV activities in 2000 as part of the WHO-supported Pro-TEST initiative. The objective was to create an environment in which more people would choose to be tested by enhancing voluntary counseling and testing (VCT) linked to

appropriate clinical and supportive services especially in TB settings. Lessons from the Pro-TEST project were applied to develop the country's first 3-year TB/HIV development plan in 2002. The key objectives of this plan included provision of HIV testing to TB patients and the general public, provision of cotrimoxazole preventive therapy to HIV-positive TB patients and provision of antiretroviral (ARV) therapy to HIV-positive TB patients. At the expiry of the country's first National TB/HIV development plan in 2005, most of these activities were still in pilot phase.

Previous USG Support

With previous Emergency Plan (EP) support, Malawi has conducted annual situation analyses of TB and HIV services beginning in 2002. Information from these surveys has created a good framework for monitoring the performance of TB/HIV activities in the country. Results from 2002 to 2006 indicate that the number of TB cases reported in Malawi per year remains stable at 26,000, with nearly 70% of TB patients co-infected with HIV. Although steady progress has been made in increasing the number of TB patients tested for HIV annually, only 11 out of the country's 47 TB registration sites have integrated HIV testing services as a standard package of care for TB patients. The quality of TB/HIV services also vary widely across sites operated by different partners. According to situation analysis report for 2006, a total of 26,700 TB cases were reported in Malawi and 17,000 (66%) were tested for HIV. Of those tested, about 66% were HIV positive and 98% were started on CPT. Factors contributing to low HIV testing rate among TB patients include:

- TB officers not having adequate skills, knowledge and confidence to discuss HIV issues and recommend HIV testing as standard package of care
- Lack of HIV testing services within the vicinity of most TB clinics; this means that TB patients have to be referred for HIV testing in other departments or different health facilities.
This is associated with high drop out rate
- Inadequate efforts by health providers to provide HIV testing and counseling as part of diagnostic work up of TB suspects
- Inadequate public information on the benefits of HIV testing for TB suspects and patients

Other obstacles to program success include weak national coordination; severe human resource shortage, weak laboratory services and lack of a comprehensive monitoring and evaluation system to track program performance.

Leveraging and Coordination

USG Malawi is committed to joint management of TB and HIV interventions through the EP. The United States funded Tuberculosis Control Assistance Program (TBCAP) has provided focused support for the National TB reference Laboratory and TB/HIV activities in 2 selected districts and in FY 2008, USG Malawi will support two additional districts.

FY 2008 USG Support

TB/HIV activities in FY 2008 will include strengthening national coordination, rolling out successful pilot programs to national scale, introducing TB infection control measures in medical settings, strengthening monitoring and evaluation, enhancing referral linkages between TB and HIV services, and conducting a survey on multidrug resistant TB.

The primary recipients of USG funding for TB/HIV in FY 2008 will be TBCAP, Lighthouse and a new TBD partner. Collectively, their planned activities will build on gains made since 2003 when implementation of the first National TB/HIV development plan for Malawi started. Overall, TB/HIV activities in Malawi have been implemented in an environment where National TB and HIV programs are functioning reasonable well, but do so independently and with relatively weak interactions at the service delivery level. Through joint programming, the planned TB/HIV activities for FY 2008 will reflect improved linkages between TB and HIV at the service level.

In FY 2008 USG Malawi will support national level coordination and selected service level activities for components that are not funded as core activities by TB or HIV programs.

The center piece in strengthening national coordination is focused support for joint TB/HIV coordinating bodies at national, zonal, and district levels in line with the WHO interim policy on collaborative TB/HIV activities. Roll out of TB/HIV collaborative activities will involve countrywide replication of successful pilot programs that integrate HIV testing and counseling and referral to ART services as a standard package of care for TB patients, implemented as part of the Essential Healthcare Package (EHP). TB screening for HIV positive patients in HIV testing sites and ART clinics will also be rolled out. The planned activities will include development and implementation of a national plan for reducing transmission of TB in congregate medical settings. Additionally, surveillance and effective treatment for Multi drug resistant TB (MDR-TB) will be supported as a strategy for reducing risk of TB among people living with HIV. Standardized M&E practices will be supported at all levels as a basis for assessing quality, effectiveness and coverage of TB/HIV collaborative services. Expected outputs of planned activities include:

- Well functioning TB/HV coordinating body at the national, zonal and district levels
- Effective TB/HIV services by different partners that contribute to one national strategic plan and functional logically as a single program
- HIV Testing and counseling for TB patients increased from 66 to 85% in USG supported sites
- A national system for monitoring and referral from TB to ART and vice versa established
- Unified system for TB/HIV data capture and reporting established and functional
- Minimum package of TB infection control measures implemented at all 47 TB registration sites in the country
- Minimum package of TB infection control measures implemented in at least 5 major ART and TB clinics in the country
- System for surveillance of MDR-TB linked to treatment of identified cases established; with laboratory support systems for TB/HIV as an integral component

Activities in this program area will be implemented through a partnership between Tuberculosis Control Assistance Program (TBCAP), Lighthouse and a new partner to be determined by January 2008. Through the headquarters procured TBCAP, USG

Malawi is already supporting Directly Observed Therapy (DOTS) and joint TB/HIV activities in 8 target districts where previous USG EP funds supported significant systems strengthening activities implemented by MSH. TBCAP will use FY 2008 funds to consolidate and further enhance TB/HIV collaborative activities at district, zonal and community levels in the 8 focus districts. Lighthouse has used USG funding over the last two years to pilot an integrated approach where CT, TB and ART service are provided in one physical location linked to appropriate mechanisms for promoting adherence to both TB therapy and ARV. Lighthouse will use FY 2008 funds to support collaborative TB/HIV activities at its model compressive program in Lilongwe while continuing to inform national roll out of its successful projects by the National TB/HIV coordinating body. The new TBD partner to be determined by January 2008 will use FY 2008 funds to strengthen national coordination of TB/HIV activities while rolling out the model TB/HIV collaborative activities to other districts not covered by the TBCAP.

Products

Protocol for diagnostic HIV testing in TB clinics disseminated by MoH
 TB Register that includes HIV testing and linkage to ART further disseminated
 Electronic data system incorporating HCT, ART, and TB implemented at model site
 Model of integrated HCT, TB, and ART service delivery implemented in more sites
 Completion and reproduction of 800 copies of the TB/HIV Diagnostic HCT training package
 Further dissemination of TB training package to all TB/HIV sites

Program Area Downstream Targets:

- 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting
- 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease 1500
- 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) 195
- 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet 5500

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 9210.08	Mechanism: FY08 Compact - Staffing/CDC
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 21094.08	Planned Funds: \$150,000
Activity System ID: 21094	
Activity Narrative: The new lab coordinator on the USG Team will provide technical oversight for the expansion of lab services in support of the Malawian national efforts for treatment and care. The technical lead will oversee and provide empirical data for monitoring the effectiveness of the interventions during the scale-up phase of the new partnership.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7740.08	Mechanism: KNCV/MSH TB-CAP
Prime Partner: KNCV TB Foundation	USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 19176.08

Planned Funds: \$0

Activity System ID: 19176

Activity Narrative: Related to activity #1738, this is the PHE on MDR-TB surveillance. Funding level will follow.

Activity 6: MDR Survey Sub-Contract

Using FY 2007 funds, TBCAP will sub-contract the sample collection, data entry, and analysis aspects of the MDR survey to a dedicated Malawian research team. This team will work with the NTP for at least three months. TBCAP through Reach, NTP, and LSTM will engage the following research personnel: five dedicated logistics and sample collection officers, one data manager, and two data entry clerks. Administrative, transport, and logistic support will also be provided.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5571.08

Mechanism: Lighthouse GHAI

Prime Partner: Lighthouse

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 5948.08

Planned Funds: \$35,000

Activity System ID: 14613

Activity Narrative: Summary

Lighthouse was registered as a trust in 2000 and has since functioned as an integral part of Malawi's public health system with independent funding from USG and other sources including Global Fund monies administered by National AIDS Commission (NAC). Since 2003, Lighthouse has provided antiretroviral treatment and care including TB treatment within a comprehensive HIV service model that primarily targets people with HIV/AIDS in Lilongwe city and neighboring areas. USG Emergency Plan (EP) funds have supported the organizational development of Lighthouse which delivered these services with non-USG funds.

In 2006 and with support from USG and other Partners, Lighthouse worked with the Ministry of Health (MoH) to integrate HIV counseling and testing (HCT) and ART services at Martin Preuss Center (MPC) which is the largest TB registration facility in Malawi. This center has pioneered successfully a program that integrates CT as a standard part of Care for all TB patients and uses a register that captures HIV information on each TB patient. These collaborative TB/HIV activities will be rolled out nationally in FY 2008. To intensify and expand HCT for HIV in TB settings, Lighthouse will use FY 2008 funds to expand its program of testing for HIV to cover all TB suspects served at MPC.

These planned activities will contribute to a broader national TB/HIV plan that includes the contribution of a TBD partner (Activity ID# 15410) that will support coordination at national level, and TBCAP (Activity ID# 17384) that will strengthen national systems for TB/HIV services while supporting direct service provision in two focus districts.

Activity 1: Support National roll out of New TB/HIV Register

As a member of the National TB/HIV coordinating body, Lighthouse is part of the task force developing a new 5-year National TB/HIV plan for Malawi that will be completed by the end of 2007. The new TB/HIV plan emphasizes integrating HIV information in the National TB register and incorporating TB information in the ART register. With USG support, Lighthouse has piloted a program that integrates HCT as a standard package of care for all TB patients and captures HIV information on each TB patient in one register. The National TB/HIV coordinating body will work with Lighthouse to roll out this new register nationally. Lighthouse will use FY 2008 EP funds to support on-site training of TB officers on the use of new register and to monitor their ongoing recording and reporting practices through a program of joint supervision with the MoH staff.

Activity 2: Train TB Officers on collaborative TB/HIV activities

As part of the process of implementing a model pilot program integrating TB and HIV activities, Lighthouse adapted the WHO/CDC generic DTC training guidelines to the Malawian context, and used it to provide a two-day training to TB officers. Collectively, the trained TB officers (TBOs) have done well in the field and increased HIV testing rate for TB patients to over 93% within their clinics. About 40% of people reaching the TB registry actually had tested positive prior to arrival at the Lighthouse, but that was not being systematically captured in the registers.

Working in collaboration with the National TB/HIV coordinating body, Lighthouse will use FY 2008 EP funds to finalize the draft training package and apply the final version to train 15 TBO's as trainers. USG FY 2008 funds will be used to run a ToT for approximately 20 people (central unit and zonal officers). Lighthouse will then support (but not pay for) the roll-out through trainings in four referral hospitals and five zones, a total estimated 250 people. Lighthouse plans to focus on new Monitoring and Evaluation (M&E) system tools; integration of HCT, especially in Referral hospital (50% of registrations); and co-management of TB treatment and ART combined from 2 months.

Activity 3: Counseling and Testing for TB Suspects (New activity)

Studies in Malawi have shown that HIV prevalence in TB suspects submitting sputum for AFB microscopy is about 60% and compares closely with the rate in TB patients (70%). HIV screening of TB suspects therefore offers an opportunity for early identification of HIV as an underlying cause of symptoms in TB suspects. Lighthouse will use FY08 funds to introduce a program of routine HIV testing for all TB suspects presenting for investigation at the Martin Preuss Center (MPC), the largest TB registration site in Malawi. EP funding will support minor alterations specifically required to introduce patient movement patterns that will facilitate routine HIV testing for all TB suspects without increasing risk of TB transmission within the care facility.

The planned activities will result in improved TB/HIV services for hopefully over 4000 people. This figure is difficult to predict but Lighthouse is working hard to persuade the National TB program (NTP) to decentralize registration. Only about 35% of the TB patients registered at the MPC are actually managed there. However if registration is decentralized, a significant proportion of MPC registrations will be lost and Lighthouse will have to consider how to support its health centers in Lilongwe and other referring sites and how to get TB patients onto ART.

A new TB/HIV register developed in collaboration with NTP and the HIV/AIDS unit will facilitate better recording and reporting of TB/HIV services. The number of TB patients starting anti-TB treatment with known HIV status at MPC could increase to 95% through the routine offering of HCT as a standard package of care by trained TBOs. This is ambitious since people sometimes avoid testing. Implementation of improved M&E systems to monitor TB patients getting onto ART will lead to better understanding of the issues involved in referral and guide further improvement of linkages in future.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10724

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21319	5948.21319.09	HHS/Centers for Disease Control & Prevention	Lighthouse	9272	5571.09	Lighthouse GHAI	\$35,000
10724	5948.07	HHS/Centers for Disease Control & Prevention	Lighthouse	5571	5571.07	Lighthouse GHAI	\$40,000
5948	5948.06	HHS/Centers for Disease Control & Prevention	Lighthouse	3893	3893.06		\$145,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14612	10720.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$20,000
14614	5957.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$60,000
14615	5970.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$135,000
14616	10729.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$30,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,500	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7740.08

Prime Partner: KNCV TB Foundation

Funding Source: GHCS (USAID)

Budget Code: HVTB

Activity ID: 17384.08

Activity System ID: 17384

Mechanism: KNCV/MSH TB-CAP

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$400,000

Activity Narrative: Summary

Previously the USG has provided technical assistance (TA) and support for TB/HIV through the MSH-TB Control Assistance Program (TBCAP) with child health funding. The activities are focused on ensuring quality of TB and HIV diagnosis and treatment at the Central TB Reference Laboratory (CRL) and local laboratory sites in Zomba and Mangochi districts. The overall objective of the project is to strengthen management and technical systems for the delivery of TB/HIV services in Malawi. This wrap around activity is part of a larger USAID-funded TB program. In recognition of the needs of the National TB Program (NTP) in Malawi, USG will also provide direct support to the NTP in FY 2008 (see narrative HVTB ID# 15410).

Background

The National TB Program (NTP) in Malawi has attempted, and failed, to conduct an MDR-survey since 2001. The central obstacle to successful completion of this survey is the non-functional Central TB Reference Laboratory (CRL), particularly the lack of competent leaders and managers within the laboratory. Additional difficulties in the health system around sample collection and case detection though important, are non functional in some local labs.

USG Emergency Plan (EP) funds and other wrap around funding will be used to rebuild and strengthen the capacity of CRL and selected local labs to implement the MDR-TB survey. The proposed key activities to be funded with EP funds by TBCAP will include the complete refurbishment of CRL and selected local labs in Zomba and Mangochi districts, improving the management and technical capacity of CRL staff through international TA and sub-contracting of sample collection, data entry, and analysis aspects of the MDR survey by a dedicated Malawian research team to work with the NTP. In addition, a basic "TB/HIV package" will be implemented in selected health facilities that will help build capacity for joint TB/HIV planning, monitoring and evaluation (M and E), and surveillance of HIV prevalence in TB patients in Zomba and Mangochi districts. Malawi recently applied for a \$35million TB Grant through the Global Fund Round 7 call for proposals. Should additional resources become available, this effort by TBCAP could be expanded into more districts beyond Zomba and Mangochi.

Key previous achievements using USG support have included

- Drafting the Terms of Reference (TOR's) defining the working relationship between TBCAP and the National TB Program (NTP)
- Drafting the TOR's defining the working relationship between TBCAP, REACH Trust, and the Liverpool School of Tropical Medicine (LSTM)
- Conducting the baseline survey in Zomba and Mangochi from the 22nd to 27th May 2007
- Conducting orientation meetings of 400 Health Center health workers on the role and function of TBCAP

TBCAP started activities in April 2007. During the three months start-up period, the project team focused on organizing the administrative and logistics support as well as providing orientation to the MoH district teams. Now they are shifting focus to technical activities.

Activity 1: Build Capacity for TB/HIV Control

The following activities will be implemented with FY 2007 EP funds:

- i) TBCAP will organize collaborative national meetings between NTP and the HIV/AIDS unit; the Zonal Health Management Team (ZHMT) in selected zones, districts, health centers, and communities in an effort to implement the model of care for TB and HIV.
- ii) TBCAP will identify/set up/support district and community level committees with broad representation, to guide and monitor TB/HIV activities.
- iii) TBCAP will assist the NTP and the MoH's ART program to organize stakeholders to fine tune, implement, and scale up the model for the "continuum of integrated TB/HIV care" in a step-wise approach in selected districts in the South East Zone.
- iv) Using current norms and guidelines of the TB and ART programs, TBCAP will adapt the roles and responsibilities for integrated TB/HIV services at each level and document in the form of SOPs.
- v) TBCAP will develop/adapt training and reference materials for community health workers, home-based care workers, and HSA's.
- vi) TBCAP will mobilize the communities to become engaged in TB and HIV integrated care.

Activity 2: Consolidate Model of Integrated TB/HIV Care from Zones to Home Model.

TBCAP will support the implementation and scaling-up of community sputum collection sites and use EP funds to assist the District Health Officer (DHO) implement and monitor the integrated model of care at the district level.

To improve case detection on TB/HIV cases and quality of care the project will design and implement a "TB/HIV kit" in line with the Essential Health Package (EHP) on selected health facilities in Zomba and Mangochi districts. The EHP is the minimal set of services offered to every Malawian through the Sector Wide Approach (SWAp) plan. USG EP funding will support minor refurbishment of treatment areas for TB and TB/HIV patients in selected health facilities in both districts.

Activity 3: Complete Refurbishment of CRL and Local Labs in Zomba and Mangochi Districts.

With previous USG support, TBCAP initiated refurbishment of CRL. With FY 2008 EP funds, TBCAP will complete the refurbishment of the CRL, ensuring that basic working and biosafety conditions are in place. Once the refurbishment is completed, the MDR survey will be conducted finally.

Activity Narrative: Activity 4: Provide Technical Assistance to the CRL

Technical assistance to the CRL is an identified need. With FY 2008 EP funds, TBCAP will hire an external consultant detailed to the CRL through REACH Trust, NTP, and the LSTM tasked with training the CRL team, including the transfer of knowledge and skills to assist effectively the implementation of MDR survey activities. The Consultant will be in hired for 6 months.

Activity 5: Improve Management and Technical Capacity of CRL staff.

Using FY 2008 EP funds, TBCAP will review the position descriptions of the 2 laboratory technicians currently employed by the CRL to ensure the staff are capable of doing the necessary laboratory work in microbiology, run quality assurance, and link the latter with the external quality control measures provided by the supra-regional laboratory in South Africa for the MDR survey. The lab technicians will be provided with the necessary training to ensure they are technically capable of providing reliable data for the survey. This is a new activity.

Activity 6: MDR Survey Sub-Contract

Using FY 2007 funds, TBCAP will sub-contract the sample collection, data entry, and analysis aspects of the MDR survey to a dedicated Malawian research team. This team will work with the NTP for at least three months. TBCAP through Reach, NTP, and LSTM will engage the following research personnel: five dedicated logistics and sample collection officers, one data manager, and two data entry clerks. Administrative, transport, and logistic support will also be provided.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14613, 15410

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14613	5948.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$35,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	0	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	0	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	45	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	0	False

Indirect Targets

This partner will indirectly:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting: 20

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease: 1000

Number of registered TB patients who received counseling and testing for HIV and received their test results at a USG-supported TB service outlet: 1,500

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$1,764,400

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Overview

The devastating effect of HIV/AIDS in Malawi is nowhere better captured than in the number of children orphaned or made vulnerable as a result of the epidemic. In Malawi's National Plan of Action (NPA) for OVC, the Government of Malawi (GoM) reported that of its estimated 1,008,000 OVC, nearly half (500,000) were a direct result of HIV/AIDS. Additionally, children were rendered vulnerable due to factors which impacted their physical and psychosocial health and protection, their access to

education, food, and other material needs. One third of all Malawian households and 50% of female-headed households are now reported to care for at least one orphan.

Malawi's National Plan of Action (NPA) for OVC for 2005-2009 was developed in 2004 by the Ministry of Women and Child Development (MOWCD) with support from USG Malawi and other key partners including UNICEF. However, due to inadequate dissemination of the NPA, implementation has been weak. A number of organizations provide services to the one million OVC in the country with little coordination and some competition between service providers. Poor supervision and inadequate training of service providers further compounds the situation. Currently UNICEF is leading efforts to roll out the NPA at the district level with support from USG Malawi OVC partners.

Leveraging and Coordination

USG Malawi's OVC program is planned to complement Malawi's Global Fund Round 5 OVC grant. The \$19 million grant enables the GoM to build on "best practices" for national scale-up of care, as well as improvements of policy and legal framework for OVC services. Proposed activities work through existing government and non-governmental networks to improve delivery of services including attention given to nutrition, medical care and education. To date however, only \$1.98 million of Global Fund OVC monies have been disbursed and this process is constrained by difficulties between the MOWCD and the NAC. USG Malawi plays a strategic role in addressing the bottlenecks from NAC to beneficiaries.

There are two coordinating bodies for OVC programs in Malawi, the National OVC Steering Committee housed at the NAC and the National OVC Technical Working Group at the MOWCD. The USG currently participates in the Steering Committee and in FY 2008, the new Community Care and OVC Technical Advisor will participate on both to be more effectively involved in strategic leadership on OVC and support national-level efforts such as development of materials, implementation of the NPA, and advocacy for OVC.

EP will leverage food and nutritional support through partnership with World Food Program and Malawi's P.L. 480 Title II food aid program to ensure integration of nutrition into OVC support. The EP will also explore linkages with other donors, foundations, and private entities poised to provide food and nutritional supplementation to various child development programs. As the President's Malaria Initiative (PMI) rolls out, OVC, including children living with HIV, will be targeted with Insecticides Treated bed Nets (ITNs) and EP programs will assist PMI in delivery of this service to communities.

Previous USG Support

In FY 2007, EP funding helped increase psychosocial, health, nutritional, and educational support for OVC in Malawi, through support for development of a minimum package of services for OVC for the GoM. EP support improved referrals with other organizations, resulting in more children accessing other care and support services. EP also supported development of community initiatives such as Community Based Child Care Centers (CBCCs) where children under the age of five receive care and support.

FY 2008 will represent a transition in USG Malawi's OVC programming, as the large FHI and Save the Children Umoyo projects conclude in FY 2007. Continuity of these programs and services will be maintained under the new agreement with Pact, continuing projects and scaling up with new local partners increasing coverage and quality of OVC programming. Pact completed an annual program statement competition in FY 2007 and awarded seven organizations to serve OVC in 4 districts.

FY 2008 Support

In FY 2008, funding through the EP will promote a holistic approach to OVC care and support service delivery and scale-up at the community and household level. The MOWCD's Technical Working Group on OVC is working on establishing a list of essential services for OVC as part of a minimum package. OVC will continue to be identified by local communities and EP funds will support the delivery of these essential services, based on monitoring of children across all service areas (food/nutrition, education and vocational training, shelter and care, health services, protection, psychosocial support, and economic strengthening). Local FBOs and CBOs supported by EP funds through new and existing partners will provide quality, coordinated, and community-led OVC services to more than 50,000 OVC. EP will provide educational support in the form of scholastic materials, school fees and uniforms to help children stay in school, as well as strengthen access to health care and social support services for OVC.

i. National Level Activities

Under the EP, OVC implementing partners will continue to work to advocate for policy changes, strengthen systems, and monitor and evaluate OVC programs, both at the national level and through the District AIDS Coordinating Committees. Though EP funds will provide some direct service delivery for OVC, EP also will utilize partners with significant technical OVC expertise to provide technical assistance to new partners; draw on national networks to compile and disseminate 'best practices'; and conduct national level advocacy and policy strengthening.

Through the EP Malawi team and Regional Support, EP funds will assist the MOWCD to develop national M&E for OVC in the form of a database, data management, and data quality. With the aim of better operationalization of the NPA, USG plans to assist the MOWCD in a human resources assessment and gap analysis. The USG will also support the participation of MOWCD staff in a regional training on "Quality in OVC Programming" in order to advance the national process of improving OVC interventions and follow-on with specific quality and standards for the Malawi context.

EP funds will be used to support a Senior Technical Advisor to provide leadership and support for OVC and Community Care programming in Malawi.

ii. District and Community Level Activities

EP funding will promote age- and gender-specific interventions to best meet the needs of children, by targeting CBCCs which provide care (food and nutrition as well as early childhood education) to children under 5 throughout Malawi. Programs targeting older OVC will increase vocational skills training. While HIV/AIDS leaves both boys and girls vulnerable, female orphans tend to drop out of school before their male counterparts and are more vulnerable to sexual abuse and exploitation. Working closely with the MOWCD, OVC programs will ensure involvement of vulnerable girls by keeping them in school and enrolling them in livelihood programs for income-generating skills. During FY 2008, EP will better assess whether children are succeeding, developing, and growing, while continuing to monitor the number of resource interventions delivered.

EP funds will provide training, capacity building opportunities, and resources for improving the quality of care provided to OVC. EP is placing particular emphasis on building the capacity of FBOs and CBOs to better respond to the needs of OVC and their communities. In FY 2008, USG partners will train nearly 400 persons in OVC supportive services. Training will target local OVC organizations and focus on community-based registration of orphans, establishing standards of care, developing referral networks, and monitoring OVC programs. OVC programs also will provide support to guardians of OVC to keep the family together through identification and follow-up by Community OVC Committees. Child protection will be a focus this year with EP supporting mobilization at the community level around child rights and legal protection and collaboration with UNICEF on the national Child Protection Offices initiative.

iii. Household Level Activities

EP OVC programs will link with CHBC, AB, and PMTCT programs as entry points for program scale-up. Care for OVC will be directly linked to palliative care programs so that when a parent dies, children will be immediately linked to OVC services. In addition, OVC programs will be linked to youth prevention and abstinence promotion activities. USG Malawi will also be one of the three countries participating in the centrally-funded Vulnerable Girls Initiative to prevent HIV infection in the most vulnerable adolescent girls. This activity will be coordinated with OVC programs in the districts served. EP funding will advance a family-centered approach by targeting households with vulnerable children, including children who have lost one or both parents, children in child-headed households, children tended by elderly caregivers, children in extreme poverty or unable to meet their basic needs, and children with chronically or terminally sick parents. OVC found to be HIV-infected will be referred to pediatric ART and family support units for children living with AIDS. EP funds will also provide psychosocial counseling, post-exposure prophylaxis, and ART treatment referral services for children who have been sexually abused.

Products

Continued NPA dissemination, HIV/AIDS and nutrition counseling tools for PLWHA including children, community guide for community structures in CHBC/OVC

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	52500
*** 8.1.A Primary Direct	19996
*** 8.1.B Supplemental Direct	32549
8.2 Number of providers/caregivers trained in caring for OVC	960

Custom Targets:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5666.08	Mechanism: PACT CSH
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 10360.08	Planned Funds: \$773,000
Activity System ID: 17391	

Activity Narrative: Summary

Pact's local partners are COPRED in Blantyre District, Console Homes in Lilongwe, Lusubilo in Karonga, Mponella AIDS Information and Counseling Centre (MAICC) in Dowa, Tutulane in Chitipa, and NAPHAM in Machinga, Rumphu, and Nsanje districts will support programs contributing to the National Plan of Action (NPA) for OVC in Malawi, whose overarching goal is "to build and strengthen family, community, and government capacities to scale up response for the survival, growth, protection and development of orphans and other vulnerable children by the end of 2009."

Background

MAICC and the other partners have implemented simple but effective OVC care and support models involving communities in the project cycle through community OVC committees (COVC's) focused on addressing the needs of OVC at different age groups. Console Homes has implemented an OVC program with a model that includes active participation of OVC in program management through an Orphan Affairs Unit (OAU). Such models and other best practices will be replicated by the Pact Malawi's partners operating in similar settings. Age group-specific interventions, i.e., 0-5 years, 5-8 years, 9-12 years, and 13-18 years, will be implemented by all the partners to ensure each child gets relevant support to promote growth, development, and protection.

Pact's partners will identify and register OVC, then implement activities to meet the needs of OVC at specific age groups. Activities will include community based child care centers, children's corners, formal education, and vocational skills training. In addition, the selected NGOs will provide support for social mobilization to enhance awareness on child rights and issues affecting OVC, for example, stigma and discrimination and legal protection. Other activities will focus on strengthening community safety nets through family and community economic empowerment and capacity building to enable them to meet the needs of OVC, including shelter, health care, education, psychosocial support, and other material needs such as food, clothing, and blankets. The partners will build capacity through training of staff and volunteers in technical skills and monitoring, evaluation, and reporting to facilitate quality services and effective program implementation.

The OVC activities will be implemented within the context of the national OVC program framework, school support (school fees and uniforms), and school requisites (provided by the Ministry of Women and Child Development as well as other partners). The OVC program is part of the overall HIV/AIDS impact mitigation strategy for people affected and infected with HI and therefore, closely linked to other HIV/AIDS services through effective referral systems including prevention, testing and counseling, PMTCT, treatment, care, support, reduction of stigma, and psychosocial care through support groups and post-test clubs (see Pact's submissions in these other areas).

Pact will also partner with the Hope for African Children Initiative (HACI) to provide OVC policy, advocacy, and quality guidance to the Government of Malawi and organizations providing OVC services.

Activity 1: Social Mobilization to Increase Community Awareness of OVC issues

Pact with its local partners will target community leaders in their catchment areas with messages to help them understand the critical needs of OVC and the role they can play to encourage the community to support the program. Community members will be sensitized on issues affecting OVC and encouraged to promote child protection, as well as stigma and discrimination reduction.

Pact's partners will support sensitization of the community on children's rights, prevention of harmful cultural practices, families taking precautionary measures such as succession planning, and birth certification to reduce suffering of children in the case of a parent's death. Furthermore, HIV prevention activities including referral to HCT, PMTCT will be integrated in this process.

Activity 2: Identifying and registering OVC

Children aged 0-18 years will be targeted for support. Selected community members/leaders and project staff for COPRED, Console Homes, Lusubilo, MAICC, and Tutulane, with support from Social Welfare officers, will participate in the process using prescribed criteria to ensure gender balance and that only intended beneficiaries are included. NAPHAM will target children of the PLWHA support groups' members. The partners will provide support for community meetings and orientation of community members to OVC selection procedures and selection of volunteers to assist with services. In addition, MAICC and Console Homes will support renovation of centers to be utilized for different OVC activities by the community members.

Activity 3: Care for OVC Aged 0-5 Years

All partners will support scale up of OVC care for children aged 0-5 years to address the need for normal physical, cognitive, psychosocial, moral, spiritual, and emotional development through expansion of community based child care services (CBCC) through existing centers. NAPHAM will provide child support for PLWHA members, including recreation and feeding while the parents attend support group activities. The service package for local partners will include health and nutrition counseling and feeding through the CBCC centers, growth monitoring, and prevention of childhood illnesses including immunizations, with support from health staff in their districts, clean water supply, hygiene, and sanitation. Children will have early learning and play sessions for stimulation. Lusubilo will provide nutrition support through a rehabilitation center for severely malnourished children, while all the partners will support OVC by establishing home gardens. This service package will involve participation of volunteer community members who will be trained and mentored to ensure quality of services. Parents and care givers will be supported with skills acquisition in parenting to promote a conducive environment for normal child growth and development.

Activity 4: Care for OVC Aged 5-8 Years

Local will support scale up of care for OVC aged 5-8 through transitioning children to formal school through

Activity Narrative: links and referral systems for children recommended for formal school enrollment and provision of psychosocial support through expanding or establishing children's corners. Health and nutrition counseling support will be provided and micronutrient supplementation, hygiene and sanitation, and treatment of childhood illnesses through the HBC program, and severely sick children will be referred to the health center. Children will be taught life skills, including prevention of child abuse, exploitation, and HIV. Lusubilo will provide meals for OVC from homes without food through community feeding center, insecticide treated bed nets. Play and recreation will constitute a major component of this service. Parents and care givers will be provided skills to reinforce support and security provided through children's corners in the home.

Activity 5: Care and Support for OVC Aged 9-12 Years

Care and support for 9-12 year olds will be scaled up through formal school and provision of psychosocial support services including sport and recreation, memory books, and other activities to build resilience. MAICC and Tutulane will provide life skills and sports activities through youth resource centers. Health, nutrition, hygiene, and sanitation support will be offered. Food rations to child-headed families will be provided by Lusubilo and Tutulane, and referral of sick OVC to health centers will be done through HBC program by all the partners. All the partners will support OVC homes with establishment of home gardens. Children will also be taught life skills and the basics of health issues and HIV/AIDS.

Activity 6: Care and Support of Older OVC aged 12-18 Years

Services for this age group will target both boys and girls with services including psychosocial support and protection from abuse and exploitation through youth programs, encouraging continuation of formal education, sport, recreation, and life skills/HIV prevention through peer counseling and education on abstinence and being faithful. Links will be made to HIV, including HTC, and reproductive health services through youth friendly health services. Peer educators will be supported with training and other incentives to keep them motivated. Console Homes will support other partners in implementing innovative interventions to encourage youth participation in decision making on issues that concern them. Partners will provide school support for OVC in form of school fees, uniforms, and other school requisites and monitoring the children's school performance.

Activity 7: Household and community support

The partners will provide support to households and communities to strengthen their capacity to provide care and support for OVC. This will enable them to be more responsive to the needs of OVC and take ownership of interventions to address OVC issues. In addition support will be provided to empower them to improve their economic capacity through access to credit and basic business skills. Support will also be provided for other innovative approaches to strengthen the community safety nets, as well as food security through support from agriculture extension workers and live stock rearing.

Activity 8: OVC Policy, Advocacy, and Quality Guidance

Pact will partner with the Hope for African Children Initiative (HACI) to provide guidance in these areas to the Government of Malawi and organizations providing OVC services.

Activity 9: Annual Program Statement (APS)

Pact will release an APS for additional partners to implement similar OVC programs for FY 2009. Some of the partners specified may be funded with FY 2008 EP funds; other partners will be added via the Annual Program Statement mechanism.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11247

Related Activity: 17387, 17388, 17396, 17389, 17390

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21339	10360.2133 9.09	U.S. Agency for International Development	Pact, Inc.	9279	5666.09	PACT CSH	\$1,043,250
11247	10360.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	\$519,041
10360	10360.06	U.S. Agency for International Development	Pact, Inc.	5459	5459.06		\$234,333

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17387	11020.08	7742	5666.08	PACT CSH	Pact, Inc.	\$523,000
17388	11048.08	7742	5666.08	PACT CSH	Pact, Inc.	\$381,100
17396	17396.08	7742	5666.08	PACT CSH	Pact, Inc.	\$100,000
17389	11134.08	7742	5666.08	PACT CSH	Pact, Inc.	\$300,000
17390	10359.08	7742	5666.08	PACT CSH	Pact, Inc.	\$755,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	52,500	False
8.1.A Primary Direct	32,549	False
8.1.B Supplemental Direct	19,951	False
8.2 Number of providers/caregivers trained in caring for OVC	960	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5667.08

Mechanism: PSI CSH

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 5952.08

Planned Funds: \$5,900

Activity System ID: 17448

Activity Narrative: Summary

PSI will conduct vocational training for Orphans and Vulnerable Children (OVC), aged 10-17 in combination with life skills and adolescent sexual and reproductive health education.

Background

In 2004, PSI/Malawi established a pilot project to work directly with faith communities to promote HIV/AIDS prevention. The Faith Communities Program (FCP) works with faith communities in two pilot areas to increase safe sexual and reproductive behaviors, which will result in decreased incidence of HIV/AIDS and improve the health of the members in these communities. In addition to implementing behavior change communication activities in the pilot areas, the program also includes a small vocational skills training component targeting OVC.

The FCP conducts on-going vocational skills training in tailoring and carpentry with OVC aged 10-17, in combination with life skills and adolescent sexual and reproductive health education. The program's objective is to develop self-reliant behaviors and reduce the vulnerability of the OVC in PSI/Malawi's centers to cross-generational and transactional sex. The outcome of the program is a cadre of OVC equipped with relevant vocational and life skills, which will help them play a productive and effective role in their communities, and help to protect them from contracting HIV/AIDS. The OVC program is linked directly with other FCP program activities reported under the Abstinence and Being Faithful Program Area. Since most of the OVC reached are out-of-school youth, there are limited linkages with the Youth Alert program. However, PSI/Malawi does conduct some Youth Alert presentations with out-of-school youth using other sources of funding.

Due to the \$2,000,000 annual ceiling limit on USG HIV funding for PSI/Malawi, no expansion is planned for the FCP OVC program during FY 2008 using USG FY 2007 funds. The new request for FY 2008 funds will enable the continuation of FCP OVC activities for approximately 3 to 4 months during the planned close-out period of the USAID-funded EHAP-IFH project which begins October 1st, 2008. Given this we have established the FY 2009 targets at approximately 30% of the FY 2008 target levels.

The OVC program is directly linked with other FCP program activities reported under the Abstinence and Being Faithful Program Area.

OVC project activities have continued as planned during the last 12 months. However plans to expand the program into new geographic areas have not been realized due to limited funding.

The new FY 2008 funds requested will be used to ensure approximately 3 to 4 months of ongoing FCP activities during the planned close-out period of the EHAP-IFH Project.

Activity 1:

The FCP conducts on-going vocational skills training in tailoring and carpentry with orphans and vulnerable children (OVC) (10-17) in Mpembe and Lirangwe, close to Blantyre, Malawi, in combination with life skills and adolescent sexual and reproductive health education. The on-going program supports the Malawi HIV and AIDS National Action Framework (NAF) 2005-2009 Impact Mitigation: Socio-Economic and Psychosocial Action Area 1 [To promote sustainable income generating projects (IGPs) to PLHA, OVC, widows, widowers, and the affected elderly] and NAF Area 4 [To improve access of OVC to essential social services, integrated and comprehensive community-based support services].

The program is aimed at developing self-reliant behaviors among OVC and reducing their vulnerability to cross-generational and transactional sex. The skills the OVC learn are designed to help them play productive and effective roles in their communities and help them to protect themselves from contracting HIV/AIDS. Numbers of OVC reached are recorded at PSI/Malawi and will be reported for FY 2007. In CY 2007, 126 OVC graduated from the program, nine of whom have reported gaining employment since their graduation. We have assumed that, given current funding ceilings and other budgetary pressures, that this program will not be expanded. However, we will continue to seek for incremental funding to do so. Targets are captured under Supplemental Direct below.

PSI/Malawi makes resources available to project personnel for relevant professional development training courses, including participation in the Results Initiative (see SI section).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11249

Related Activity: 17446

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24045	5952.24045.09	U.S. Agency for International Development	Population Services International	10335	5667.09	PSI CSH	\$0
11249	5952.07	U.S. Agency for International Development	Population Services International	5667	5667.07	PSI CSH	\$5,900
5952	5952.06	U.S. Agency for International Development	Population Services International	3888	3888.06		\$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17446	5918.08	7765	5667.08	PSI CSH	Population Services International	\$350,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	45	False
8.1.A Primary Direct	0	False
8.1.B Supplemental Direct	45	False
8.2 Number of providers/caregivers trained in caring for OVC	0	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Religious Leaders

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7875.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (USAID)

Budget Code: HKID

Activity ID: 17795.08

Activity System ID: 17795

Mechanism: TBD VG Central

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$0

Activity Narrative: Summary

This activity narrative refers to field support which will augment the central Gender Initiative, "PEPFAR Gender Initiative on Girls' Vulnerability to HIV".

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV has been developed as part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13-19 year old girls by developing innovative program interventions to 1) modify contextual factors associated with increased sexual risk behavior and rates of HIV infection; and 2) assess the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Background

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who commonly are found outside of these settings. Those at highest risk need to be reached with a package of comprehensive services, including economic strengthening activities, to meet their unique needs. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, even though this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The goal of the Initiative is to prevent HIV infection in the most vulnerable adolescent girls. The objectives are: 1) To identify and expand promising new and existing program approaches for addressing the contextual factors which place some adolescent girls at especially high risk of HIV; and 2) To evaluate the feasibility, sustainability, and effectiveness of these interventions and their potential for adaptation and scale-up to other settings. Initiative activities will be closely linked with other prevention and OVC activities, as well as relevant wrap-around programming.

A multi-component approach with a focus on the most vulnerable girls will be undertaken to address the antecedents of risk. Age-segmentation and targeting based on different types of risks girls face will be utilized to prevent girls from adopting risky behaviors as well as addressing the needs of girls already engaged in risky behaviors. Program components may include the following:

- HIV prevention education focused on the "ABC" approach;
- Non-material support for girls' continuation in, or return to, school;
- Outreach and linkages with HIV-related health services as well as RH services such as pregnancy prevention;
- Wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services;
- Parenting skills among parents and guardians of adolescents;
- Peer influence by promoting positive group norms and behaviors; and
- Community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

For those adolescents without parents, this activity will include specialized subjects such as developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member and providing lessons on empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including making decisions within relationships, families, and communities.

Specific activities are TBD, pending selection of the Task Order contractor and development of the workplan (anticipated to begin Oct 2008).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17793, 17794, 17146, 17797,
17798, 17147, 17148

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17797	17797.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$40,000
17793	17793.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17798	17798.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$10,000
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985
17148	5979.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$29,095

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Wraparound Programs (Health-related)

- * Family Planning

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	0	False
8.1.A Primary Direct	0	False
8.1.B Supplemental Direct	0	False
8.2 Number of providers/caregivers trained in caring for OVC	0	False

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5674.08

Prime Partner: US Agency for International
Development

Funding Source: GHCS (USAID)

Budget Code: HKID

Activity ID: 17781.08

Activity System ID: 17781

Mechanism: USAID CSH

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$185,500

Activity Narrative: Summary

Through Emergency Plan (EP) funding, USG Malawi will recruit and hire a Senior Technical Advisor to provide leadership and support for OVC and community care programming in Malawi. This is the same activity as HKID activity ID#17781 which describes the activities of the OVC Advisor who will also provide USG technical leadership in basic care.

Background

With nearly 1 million Orphans and Vulnerable Children (OVC) in Malawi, there is an urgent need to strengthen the capacity of the GoM and civil society to provide comprehensive care and support services. In 2004 USG Malawi and other donor partners provided support to the Ministry of Women and Child Development (MOWCD) to develop a National Plan of Action. Malawi was awarded a Global Fund Round 5 grant for OVC for \$20 million to the National Aids Commission with MOWCD as the implementing agency. As of September 2007, only \$1.98 million had been disbursed. Since FY 2002, USG Malawi has been supporting community and home-based care activities of NGOs, CBOs, and FBOs. The National Plan of Action for OVC was finalized in 2005 and districts are planning their own action plans in FY 2007 with UNICEF support. Essential OVC services have not been established nationally and there are large gaps in service delivery at the community level. Given the importance of OVC and the number of EP partners providing care services, the USG PEPFAR team has agreed on the need for a Senior Technical Advisor in Community Care and OVC to provide overall guidance on and advocacy for OVC and other priority HIV community care interventions, including palliative care.

The Advisor will provide technical leadership to the entire USG Emergency Plan (EP) team in developing, adapting, and integrating quality OVC standard and guidelines for service delivery to relevant populations and partners within USG supported programs. S/he will ensure OVC programming is integrated with food, prevention, pediatric treatment, and the vulnerable girls program under USG comprehensive funding for Malawi. The Advisor will provide national leadership and advocacy for OVC and Palliative Care priority interventions strengthening and scale up. Also, the Advisor will ensure that USG-supported OVC programs in Malawi provide a package of OVC care and support including education, care and shelter, health, psychosocial and child development, protection and rights, nutrition, and economic strengthening. The Advisor will work collaboratively with the EP interagency team, the Government of Malawi (GoM), other bilateral and multilateral donors and institutions, EP implementing partners, civil society, and other relevant stakeholders.

Activity 1: Technical Leadership

The Advisor will provide technical leadership and support to GoM, USG partners, USG Agencies engaged in EP to develop, adapt, and integrate appropriate standards and guidelines for effective delivery of quality OVC services and support consistent with the GoM's National Plan of Action and EP guidance. The Advisor will work with all relevant stakeholders including the GoM, UNICEF and civil society organizations to provide national leadership and advocacy for OVC the provision and scale-up of services. In addition, the Advisor will work with other USAID Strategic Objective teams to identify opportunities for wrap-around programs (e.g. food security and nutrition, education, and economic growth) that will benefit OVC. The Advisor will be the activity manager and lead Advisor to NGOs, CBOs and FBOS under USG support in OVC and Basic Care, especially Pact (see Activity #10359). In FY 2008, the Advisor will work with the above group to help develop a national M&E for OVC in form of database with TA on data management and data quality.

Activity 2: Donor Coordination

It is expected that the Community Care and OVC Advisor will work closely with other members of the USG EP team, UNICEF, the Ministry of Health, MOWCD, other bilateral and multilateral donors and organizations to harmonize technical approaches and maximize geographic coverage for OVC programs that are consistent with the National Plan of Action for OVC, district-level action plans, and sound OVC practices and host government strategic plans. As appropriate, the Advisor will provide technical support to the Global Fund Secretariat, the National AIDS Council, Ministry of Education, and the MOWCD to facilitate the implementation of the Global Fund Grant for OVC.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 17782, 17797, 17798, 17793,
17794, 17795, 17448, 17390,
17391

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17797	17797.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$40,000
17793	17793.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17798	17798.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$10,000
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17390	10359.08	7742	5666.08	PACT CSH	Pact, Inc.	\$755,000
17782	17782.08	7868	5674.08	USAID CSH	US Agency for International Development	\$145,638
17448	5952.08	7765	5667.08	PSI CSH	Population Services International	\$5,900
17391	10360.08	7742	5666.08	PACT CSH	Pact, Inc.	\$773,000
17795	17795.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	0	False
8.1.A Primary Direct	0	False
8.1.B Supplemental Direct	0	False
8.2 Number of providers/caregivers trained in caring for OVC	0	False

Indirect Targets

This USG funded position will contribute to national targets.

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$1,720,271

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

Malawi's HIV Counseling and Testing (HCT) program implementation is guided by uniformly applied standard national guidelines, a national training package, and a quality assurance system developed through financial and technical support from USG Malawi. USG technical officers work with the Government of Malawi (GoM) to periodically review the policies, guidelines, and operating procedures for the national HCT program to ensure that services meet international standards and quality is maintained as the program is rolled out.

Expansion of HCT is a critical step towards achieving Malawi's ambitious universal access targets of having at least 250,000 patients with advanced HIV disease alive and on ART by 2010. Malawi's Universal Access target for HCT is to attain a testing rate of 993,000 people per year by 2010. Although the country has recorded a large increase of testing sites from 39 in 2001, to 351 in 2006, and a correspondingly sharp increase in number of people tested annually from about 52,000 to 661,400, knowledge of HIV sero-status among adults over 15 years remains low at only 15%. The continued expansion of HCT services in Malawi faces

many challenges including inadequate human resource capacity for program coordination at a national level, shortage of trained counselors, and weak coordination of testing activities in medical settings. Another challenge includes low testing rate for couples and children.

Previous USG Support

As a way of measuring progress of HCT and other HIV/AIDS services in Malawi, USG has supported the annual situation analysis surveys of HCT and other HIV services including TB/HIV activities since 2002. Based on the results of these surveys, the performance of the HCT program has been well-tracked over the last five years. The number of people tested for HIV has increased sharply over the last six years. Only 40,805 tests were done in 2001 but the number has steadily increased over the past 5 years to 149,540 tests in 2002; 215,269 in 2003; 283,461 in 2004; 482,364 in 2005; and 661,400 in 2006. Currently, USG funding supports HCT activities at a national level as well as the service delivery level.

Malawi is among the first few countries in Sub-Saharan Africa to embrace the concept of a National HIV testing campaign and conducted the first National HCT week campaign in July 2006 with significant support from the USG that covered procurement of HIV testing commodities, additional test kits, and supervision and technical assistance in planning and documentation. Following the success of this first National HIV testing campaign, Malawi took a bold step and incorporated this activity into its program of work as an annual event, and launched a second successful testing week in July 2007.

In 2006, HCT sites receiving direct USG support provided HCT to 140,000 people thereby contributing 20% to the total tests performed in Malawi and accounted for 10% in terms of national geographical coverage of CT. In addition 500 HCT providers were trained by programs supported by USG funds in 2006. In the same year USG also played a critical role in providing scientific evidence and technical advice, which promoted a recent shift in national policy to adopting serial testing.

Leveraging and Coordination

USG programs receive national level support primarily through partnership with the National AIDS Commission (NAC) and principal recipient of the GFATM Round 1 grant which funds HCT in Malawi and has been receiving EP funds for national coordination including the placement of Technical Advisor in HCT within the MoH. USG support for service level activities in HCT cover national training provided by Malawi AIDS Counseling and Resource Organization (MACRO) and Lighthouse, and direct service provision by multiple partners operating nearly half of the existing 356 fixed HCT sites in the country. USG funds for service delivery in HCT are programmed through Pact Malawi to enhance leveraging and coordination since Pact's efforts go beyond HIV/AIDS TA and include strengthening local partners' organizational capacity including ability to access independently locally available HIV/AIDS resources.

While USG funding and technical support for HCT in FY 2008 will fill critical gaps in Malawi's response to HIV/AIDS, the projected resource gap cannot be filled adequately with funds requested in this COP. Most of Malawi's direct HCT services planned for FY 2008 will be supported through the Global Fund and the development partners pooled resources in the Common Fund which supports the Sector Wide Approach (SWAp) in health. USG HCT priorities for Malawi will leverage the larger resource contributions by the Global Fund, Bilateral partners, local NGO's and the GoM (by providing funding through NAC for a HCT technical advisor within the MoH). In addition Global Fund resources for PMTCT will help strengthen HCT services in antenatal settings.

FY 2008 USG Support

The USG plan for HCT in Malawi during FY 2008 builds on the FY 2007 COP planned activities, and will provide additional impetus for ongoing efforts to increase access and uptake of HCT both for primary prevention and as a point of entry into care and treatment services. Malawi has made remarkable achievements in rolling out both client-initiated HCT (VCT) and provider-initiated HCT (PITC). However, reports on HIV testing activities in clinical settings including medical wards, ANC, TB and STI clinics, clearly indicate that PITC still lags behind. The USG will support this shift to PICT by supporting strengthening its linkages with treatment and care services in FY 2008 through USG partners. This will be done while continuing to support direct service delivery and roll out of VCT in community settings through a combination of static and outreach approaches. Also FY 2008 funds will support further development of the national quality assurance system for HCT program. Overall, the planned activities will result in increased access to PITC in medical setting and increased access to VCT in both medical and non medical settings especially in underserved and hard to reach rural communities.

In FY 2008 USG will work with five implementing partners to support HCT activities at both national and service delivery levels. National level support will be through partnership with NAC and will cover strengthening national coordination, transitioning from parallel to serial testing, supporting national HIV testing week campaign, and revising national guidelines to address gaps relating to PITC. Service level support will cover direct HCT service provision at 88 outlets operated by Pact Malawi through its 8 local sub partners including MACRO and Lighthouse. Planned support will strengthen linkages between HCT sites and facilities that provide ARV treatment; and palliative care will be strengthened by routine referral of HIV positive individuals to co-located ART/care sites or those within easy reach for eligible clients based on standard referral database held by each HCT site.

In FY 2008, an estimated 180,000 clients will receive HCT through outlets receiving direct USG support. Ongoing national HCT training activities established by MACRO and Lighthouse through USG support also will be supported in FY 2008. Collectively these two USG-supported training organizations will provide HCT training to 240 MoH personnel in FY 2008. A major new feature of planned activities will be the use of family planning (FP) platform to promote HCT in 8 districts covered by the TBD TASC III project (Activity ID#17790). In these target districts, HCT services will be provided within FP clinics where feasible and through FP outreach sites. Community based FP activities will also incorporate education on the benefits of HCT and provide outreach testing or refer clients to nearby fixed HCT outlets. Outreach CT activities by TASC III (MSH), BASICS and PACT will be part of integrated community reproductive and child survival programs that primarily target rural women. These activities will increase access to PMCT through identification and appropriate referral of underprivileged rural women to available PMTCT services.

In 2007, USG supported evaluation of Malawi's National HIV testing strategy and provided objective evidence that guided discussion leading to approval of a proposal to switch from parallel to serial testing strategy. This move will result in significant saving of costs on HIV rapid test kits. In the same year, national guidelines for pediatric counseling and testing were developed and will be printed and disseminated in FY 2008.

Products

- Roll-out of national standards and guidelines for provider-initiated HCT
- Roll –out of standards and guidelines for pediatric HCT
- Roll out of national quality assurance strategy
- Roll-out of guidelines for outreach HCT
- National HCT testing week

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	50
9.3 Number of individuals trained in counseling and testing according to national and international standards	531
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	532080

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7874.08	Mechanism: MSH TASC III
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 17790.08	Planned Funds: \$125,000
Activity System ID: 17790	

Activity Narrative: Summary

Management Sciences for Health (MSH) recently won the TASC III award. This activity will support the Government of Malawi's goal of promoting reproductive health through informed choice and integration with HIV/AIDS. The program has three main components: behavior change and communication, outreach, and health provider capacity building. The overall purpose of this task order is to promote through informed choice, safer reproductive health practices by men, women, and young people, including increased use of high quality, accessible family Planning/Reproductive health (FP/RH) and HIV/AIDS services.

Background

Integration of HIV/AIDS and FP has proven to be an effective approach to stimulate new demand as well as meet active demand for HIV counseling and testing (HCT) by overcoming constraints to accessing services. The overall purpose of this task order is to promote integration of family planning and HIV/AIDS through increased use of high quality, accessible FP/RH and HIV/AIDS services. The activities to be implemented in FY 2008 are part of an initiative to be undertaken starting in October 2007 through TASC III in eight districts with USAID Child Survival Health Population funds (POP) and 2007 Emergency Plan (EP) funding. The program will implement various activities in three program areas: Condoms and Other Prevention, Counseling and Testing, and Other Policy and Systems Strengthening, to accomplish the following results:

- Community knowledge and interest in FP and HIV/AIDS services increased
- Social norms for SRH/FP/HIV/AIDS improved
- Access and utilization of FP/HIV/AIDS services in communities increased
- Increased integration of HIV issues into FP services and vice versa
- Linkages between point of service and the community and household levels improved
- An enabling social environment for FP/RH and HIV/AIDS services and behaviors strengthened.

Achievement of these results shall be carried out principally through partnerships with the district health offices in Malawi.

Expansion of HCT is a critical step towards achieving Malawi's ambitious universal access targets of having at least 250,000 patients with advanced HIV disease alive and on ART by 2010. Malawi's Universal Access target for HCT is to attain a testing rate of 993,000 people per year by 2010. Although the country has recorded a large increase of testing sites from 39 in 2001 to 351 in 2006, and a correspondingly sharp increase in number of people tested annually from about 52,000 to 661,400; knowledge of HIV sero-status among adults over 15 years is only 15%. The expansion of HCT services in Malawi still faces many challenges including inadequate human resource capacity for program coordination at a national level, shortage of trained counselors, and weak coordination of testing activities in medical settings. Other challenges include low testing rate for couples and children.

Activity 1: Community Based Counseling and Testing

TASC III will initiate community-based family planning and CT services in eight districts and scale up operations by expanding coverage, access, and consistent use of FP/RH and HIV services. The focus of the expansion should be in rural and underserved areas and among high risk populations defined by high unmet demand for services or marginalized groups. Consideration will be given to cost effectiveness and potential health impact in identifying areas and population for expansion. TASC III will focus on consistent family planning use and look for windows of opportunity to leverage increased access to HIV/AIDS services, particularly in HIV counseling and testing and positive living as well as addressing gender related reasons for lack of access such as women's limited financial resources and lack of partner support for contraceptive use.

Activity 2: Post Test Clubs

TASC III will support post test clubs that are designed to decrease stigma and discrimination experienced by PLWHA. Innovative approaches to expand use of HIV and other RH services available to women through community-based distributors (CBDs) thereby increasing women's access to services in rural areas shall be strengthened. CBDAs will include HIV/AIDS prevention messages, support testing, treatment seeking, and adherence behaviors.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17788, 17791

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17788	17788.08	7874	7874.08	MSH TASC III	Management Sciences for Health	\$125,000
17791	17791.08	7874	7874.08	MSH TASC III	Management Sciences for Health	\$250,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Family Planning

- * Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	16	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	136,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

Religious Leaders

Teachers

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4015.08

Prime Partner: Association of Schools of
Public Health

Funding Source: GAP

Budget Code: HVCT

Activity ID: 18527.08

Activity System ID: 18527

Mechanism: ASPH Base

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$75,000

Activity Narrative: Summary

In FY 2008, an ASPH Fellow will be recruited to assist MACRO manage their training, static HCT services, outreach HCT services, ambulatory treatment programs, and to mentor staff.

Background

Over the past 5 years USG-Malawi has provided direct financial and technical support to MACRO, one of the most renowned HCT service providers in the country. MACRO has expanded her portfolio to include training of counselors and testers for both public and private sector institutions. They have also expanded their services to include outreach programs over and beyond the static sites for which they are well known. In FY 2007 MARCO began providing ambulatory ART treatment services at some of their sites. With funds from the USG-Malawi, MACRO completed the construction of a multi-purpose HIV/AIDS Service Delivery center in Mzuzu. This center will address their training, static CT services, outreach HCT services, as well as their ambulatory treatment program needs for the northern region of the country. In FY 2008 a similar center will be constructed in Lilongwe to service the central region of the country. The management of these projects by MACRO is becoming increasingly complex. The candidate has been recruited as an ASPH fellow to assist MACRO as well as mentor critical staff to manage these programs. The Fellow will be working with MACRO in three major areas;

- i. Strategic re-organization of MACRO to help them meet their expanding service portfolio
- ii. Expansion of their training curriculum and agenda to meet the increasing demand of trained counselors especially counselors trained in provider-initiated HCT in the country
- iii. Expansion of their HCT outreach program to help increase access to HCT services and referral of clients to care and treatment services.

Activity 1:

The fellow will work with the board of trustees and the technical staff of MACRO to develop and updated a strategic plan that addresses the key issues of integrating HCT and ART treatment services at their sites. The Fellow will work with them to balance their portfolio between HCT services, training, and ART provision. The Fellow will help them organize their staffing footprint to better reflect their programmatic needs. The Fellow will work with MACRO leadership to improve and consolidate the quality of their services at static HCT sites at the same time work with them to re-invigorate the focus on expanding services to clients through outreach and referral.

Activity 2:

The Fellow will work with the training staff at MACRO to update their training curriculum ensuring that it includes provider-initiated HCT. The Fellow will help them plan and implement their HCT trainings as an expert resource and faculty to the trainers. The Fellow will help establish a system to monitoring the quality of training as part of exit competency. The Fellow will help provide shorter refresher training courses for already certified HCT providers.

Activity 3:

The Fellow will work with MACRO service providers to map outreach HCT service needs for different regions of the country where MACRO has a presence. The Fellow will work with them to develop and implement plans to provide outreach services in a systematic manner. The Fellow will work with them to set monthly targets and help them achieve those targets. The Fellow will establish a monitoring plan that would help track accomplishments and advise on periodic adjustments and distribution of resources.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15415, 14452, 17392

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17392	10361.08	7742	5666.08	PACT CSH	Pact, Inc.	\$655,000
15415	15415.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$331,271
14452	5958.08	6844	3881.08	MACRO GHAI	Malawi AIDS Counseling Resource Organization	\$191,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	0	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	0	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	0	False

Indirect Targets

These USG funded positions will contribute to national targets.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7564.08

Prime Partner: Partnership for Child HealthCare Inc.

Funding Source: GHCS (USAID)

Budget Code: HVCT

Activity ID: 11257.08

Activity System ID: 17763

Mechanism: BASICS Task Order II CSH

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$50,000

Activity Narrative: Summary

The USG Partnership for Child Healthcare Inc. (PCHC, Inc) project, through the mechanism BASICS, will be implemented in 8 priority districts with high infant mortality as well as high HIV prevalence. In FY 2008, BASICS will support HIV Counseling and Testing (HCT) service delivery to 8 district hospitals.

Activity 1: HCT Service Provision

The USG bilateral program had previously provided support for the provision of HCT services through the deployment of 16 full-time counselors to district hospitals (two per district hospital). BASICS will continue to support this activity as the relatively low cost, but high impact intervention, to ensure the provision of regular HCT services in these facilities. During CY 2006, these counselors contributed approximately 42% of all tests done in the 8 USG supported districts – approximately 38,000 out of 90,000 tests. BASICS will recruit, train, and supervise these HCT providers. These counselors will be seconded to MoH facilities by BASICS.

Counselors provide support for all HCT activities which occur at district hospitals. This includes client- and provider-initiated services, such as routine and diagnostic testing. Counselors will contribute to the provision of outreach services which take place at regularly scheduled times at community outreach points. The HCT activities will continue to build on initiatives developed during the bilateral program – strengthening the provision of PMTCT services, strengthening the implementation of routine testing in pediatric wards, strengthening the implementation of active case-finding for TB through HCT sites as well as important initiatives such as couples counseling. The counselors have helped provide a solid testing platform to support the very successful ARV scale up in Malawi, and have helped identify the need for the MoH to deploy full-time counselors at health facilities in Malawi, rather than becoming reliant on Health Surveillance Assistants (HSA's).

FY 2008 funds will be used to continue provision of reliable and regular HCT services at 8 district hospitals in Malawi – services including HCT for client-initiated testing, PMTCT, TB/HIV, routine pediatric, diagnostic testing, and outreach testing.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11257

Related Activity: 17146, 17446, 17131, 17384

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21347	11257.2134 7.09	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	9282	7564.09	BASICS Task Order II CSH	\$50,000
11257	11257.07	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7564	7564.07	BASICS Task Order II CSH	\$50,042

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17446	5918.08	7765	5667.08	PSI CSH	Population Services International	\$350,000
17131	5924.08	7665	5630.08	JHPIEGO CSH	JHPIEGO	\$100,000
17384	17384.08	7740	7740.08	KNCV/MSH TB-CAP	KNCV TB Foundation	\$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	0	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	33,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5666.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (USAID)

Budget Code: HVCT

Activity ID: 10361.08

Activity System ID: 17392

Mechanism: PACT CSH

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$655,000

Activity Narrative: Summary

Pact, together with local partners Malamulo Adventist Hospital in Thyolo district; MACRO in Lilongwe, Blantyre, Zomba, Kasungu, Mzuzu, and Karonga Districts; MAICC Dowa; NAPHAM in Rumphu, Machinga, and Nsanje Districts, Nkhoma Synod in Lilongwe; and Synod of Livingstonia/Ekwendeni in Mzimba District, will contribute to scaling up HIV testing and counseling (HCT) in Malawi. The partner NGOs have experience in delivery of HCT services through static and outreach sites within their catchment areas with MACRO, Malamulo, MAICC, Nkhoma, and Synod of Livingstonia directly funded by PEPFAR. They will all apply best practices and experience to scale up the current HCT services by establishing additional static and outreach sites. MACRO will expand HCT services to remote inaccessible rural areas through mobile HCT services with vans to be provided by National AIDS Commission (NAC).

Background

The partner NGOs in this program area will participate in the national HCT week and other national events that provide opportunities for extending HCT to communities, especially in inaccessible areas. The NGOs will support capacity building of staff to provide HCT through mobile services, integration of PMTCT information in counseling, and training additional staff to meet the required quality and expansion of services. Activities will target men, women, couples, and special groups such as in- and out-of-school youth, TB and STI patients, HIV exposed and suspected infants at 18 months, and pregnant mothers at sites where PMTCT is not available. The activities will include training and follow up support of staff; community mobilization to increase service demand and utilization; and provision of comprehensive HCT including individual or group pre-test counseling, HIV testing, post-test counseling, and continued post-test support through groups for psychosocial support of HIV positive clients, and post-test clubs.

HCT services will be implemented in partnership with the Ministry of Health (MoH) and District Health Offices (DHOs), which provide the HIV test kits to all service providers. HCT is the entry point for access to other services for different levels of HIV prevention for negative clients and HIV treatment care and support for HIV positive clients. Thus, the services are linked to HIV treatment services, including ART, which may be provided within the same facility or through referral to another site. Referrals are also made to other post-test services, including nutrition and psychosocial support that may be available within the facility or through other organizations and community support systems, as well as to prevention activities in the community.

Activity 1: Community Mobilization

Pact with its' local partners will sensitize and mobilize communities for HCT. Community leaders will be sensitized on HIV/AIDS, the importance of HCT and the need for their involvement in influencing community members to utilize available HCT services as well as promotion of individuals to go for HCT with their partners. Community members will be targeted with appropriate messages on HIV, the importance of HCT, and on services available to increase demand and utilization. Partners will target high-risk groups such as migrant workers, youth, and pregnant women and their partners (Malamulo); fishermen and sugar plantation workers, including pregnant women and their partners, (SAT and SWAM in Nkhotakota); youth (MAICC), youth, pregnant women, and their partners by Synod Livingstonia Ekwendeni hospital; youth, migrant workers, and rural, inaccessible communities (MACRO and NAPHAM). This will be done with involvement of PLWHAs and youth groups, using different culturally accepted methods such as drama, song, and dance. Synod of Livingstonia will use male motivators to ensure mobilization of men for HCT and support for PMTCT mothers.

Activity 2: HIV Testing and Counseling

Pact's partners, working in collaboration with the DHOs, which supply HIV test kits, will provide HCT services to communities in their catchment through static and outreach sites, as well as mobile services targeting men, women, youth, and HIV exposed and suspected infants aged 18 months and above. Pregnant women will also be targeted by MAICC where PMTCT services don't exist; mothers will be referred to Dowa District Hospital for ante-natal care and PMTCT services. All the partners will provide couple counseling for individuals coming with their partners. Parents will be counseled for young children who undergo testing, and child counseling provided for older children. Malamulo, Nkhoma, and Ekwendeni hospitals, which are participating the pediatric diagnosis pilot project by Baylor Pediatric care in collaboration with the MoH, will provide HCT services for children aged six months using PCR.

All the HCT partners will integrate TB and STI services, and chronically ill patients will be offered routine HCT, applying the opt-out strategy. Pre-test counseling will be group or individual, depending on the situation, and rapid HIV tests will be used to ensure clients get their test results the same day.

Post-test support will include individual post-test counseling by all the partners to provide clients the opportunity to make an informed choice on use of treatment and other support services available. HIV positive clients for Malamulo, Ekwendeni, and Nkhoma will be referred within their facilities for follow-up HIV clinical care, including management of opportunistic infections, clinical staging, and ART for eligible clients within their institutions; while the other organizations will refer clients to other facilities and to support services, such as psychosocial support through groups for PLWHA, nutrition, and other community support systems. HIV negative post-test support will include referral to post-test clubs and other prevention activities for continued information, education, and communication to meet their needs for HIV prevention to maintain a negative HIV status.

Activity 3: Establishing/Strengthening an Effective Referral System

Malamulo MACRO, MAICC, NAPHAM, Nkhoma Synod, Lusubilo, and Synod of Livingstonia will set up effective internal and external referral systems to facilitate referral of clients, such as TB and STI patients, to HCT services and post-test clients to care and support services. Referrals will be to clinical and other post-test support services for HIV positive clients. HIV negative clients will be referred to post-test clubs and other prevention programs in the community. In addition, the NGOs will strengthen or establish post-test clubs and PLWHA support groups where they do not exist.

Activity Narrative: Activity 4: Capacity Building of Service Providers and Volunteers

Implementing partners will support capacity building of volunteers and service providers through training, supportive supervision, and mentoring to ensure application of knowledge and skills to practice. The service providers will be targeted for capacity building in HIV counseling, including integration of PMTCT, STI, and TB information in counseling, and HIV testing using the rapid test, couple counseling, and child counseling. In addition, service providers will be supported in capacity building in psychosocial support to enable them to support strengthening PLWHA groups and post-test clubs or encourage establishment where they do not exist in order to meet the community needs. Community volunteers will be targeted for development of skills in their related areas of involvement, such as community mobilization, community counseling, and psychosocial support.

Pact will train the staff of partner organizations in monitoring, evaluation, and reporting, as well as organizational development matters. See Pact's SI and Policy/Systems Strengthening submissions.

The expected results include an increase in the number of service outlets providing HCT according to national and international guidelines, increase in the number of individuals that receive testing and counseling and receive their test results, increase in the number of PLWHA support groups and post-test clubs, number of volunteers trained in community mobilization, increase in the number of service providers trained in HCT, couple counseling, and child counseling, number of service providers trained in provision of psychosocial support, and number of service providers trained in strategic information.

Activity 5: Annual Program Statement (APS)

Pact will release an APS for additional partners to implement similar AB programs for FY 2009. Some of the partners specified may be funded with FY 2008 EP funds; other partners will be added via the Annual Program Statement mechanism.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11254

Related Activity: 17387, 17388, 17396, 17389,
15415, 14452, 14614, 14603

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21340	10361.21340.09	U.S. Agency for International Development	Pact, Inc.	9279	5666.09	PACT CSH	\$208,650
11254	10361.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	\$710,600
10361	10361.06	U.S. Agency for International Development	Pact, Inc.	5459	5459.06		\$234,333

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17387	11020.08	7742	5666.08	PACT CSH	Pact, Inc.	\$523,000
17388	11048.08	7742	5666.08	PACT CSH	Pact, Inc.	\$381,100
17396	17396.08	7742	5666.08	PACT CSH	Pact, Inc.	\$100,000
17389	11134.08	7742	5666.08	PACT CSH	Pact, Inc.	\$300,000
15415	15415.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$331,271
14452	5958.08	6844	3881.08	MACRO GHAI	Malawi AIDS Counseling Resource Organization	\$191,000
14614	5957.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$60,000
14603	10711.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$183,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	25	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	140	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	335,080	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

Religious Leaders

Teachers

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3883.08

Prime Partner: National AIDS Commission,
Malawi

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 10711.08

Activity System ID: 14603

Mechanism: NAC GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$183,000

Activity Narrative: Summary

The National AIDS Commission (NAC) of Malawi is responsible for coordinating all HIV and AIDS responses in the country and works closely with the HIV/AIDS Unit in the Ministry of Health (MoH) in developing policies and promoting compliance with operating guidelines for all HIV prevention and care activities. NAC does not directly implement CT program activities but uses funds from multiple sources to support CT efforts of the MoH and other service delivery organizations. NAC's current program of work (Integrated Annual Work Plan (IAWP)) emphasizes rolling out of CT including supporting a full-time technical assistant to provide technical and programmatic leadership for the national CT program to which the USG has responded. With FY 2008 EP funding, the USG will continue to support CT technical assistance (TA) to the MoH and support National HIV testing week initiative and other innovative strategies aimed at increasing access to CT by underserved communities.

Background

Through FY 2006 EP funds, the USG placed a full-time technical assistant in the MoH to provide leadership in National scale up of CT and mentor key MoH staff to assume this leadership role eventually. This TA has played a key role in increasing CT sites from 236 to 351 while maintaining quality of services through an intense program of mentoring and supervision of providers. In addition, this TA spearheaded two successful National HIV Testing week campaigns in July 2006 and July 2007. Malawi has now incorporated this campaign in the national program as an annual event.

Apart from central level training of trainers and supervisors in CT, all activities planned for FY 2008 funding are at a national level, and contribute to creating an environment that supports rapid expansion of CT, and are only associated with indirect targets.

Activity 1: Support for Full-time CT Technical Assistant at the MoH

This is an ongoing activity. The USG will continue to support the salary for a full-time CT Technical Assistant at the HIV/AIDS Unit of the MoH. The Technical Assistant will work within the Government of Malawi (GoM) structure providing both technical and programmatic guidance for CT scale up while building local capacity for coordination of CT activities at National level.

Key responsibilities of the Technical Assistant will include:

- Provision of technical guidance to MoH on CT policy guidelines, CT sites development, and CT training
- Support to MoH in planning, co-ordination and implementation of CT in a variety of settings, including health care facilities, NGOs, CBOs and private sector
- Development of national system for CT standardized generic training, Training of Trainers (TOT), and training of CT Supervisors
- Provision of technical guidance in setting quality standards for CT.
- Assistance to MoH in developing and implementing a national system for CT supervision, M&E, and reporting
- Conceptualizing and implementing innovative interventions for increasing uptake of CT by underserved communities

Activity 2: Support for Malawi's National HIV Testing Week Initiative

Following successful implementation of the first National HIV testing and counseling week in 2006, Malawi has incorporated this activity in its program of work as an annual event. Consequently a second round of this campaign was conducted in July 2007 and will be followed by similar campaigns every year. Lessons from first round of the campaign were applied to improve planning and implementation of the second round resulting in higher achievement. This success has attracted international attention leading to multiple requests for partnerships from countries seeking to learn from Malawi's experiences. Documentation and dissemination of permanent records of this important national exercise will be a priority for Malawi in FY 2008 and beyond. Good documentation will create a framework for continuous improvement and learning over time.

With FY 2008 funding, NAC will improve documentation of this exercise and develop Malawi-specific guidelines for implementation of future HTC week campaigns. Through this investment, it is envisaged that Malawi will produce timely technical reports for each campaign and periodically publish its experiences as case studies to guide other countries.

The HIV Testing and Counseling event is a high profile national campaign involving accelerated community education on benefits of CT coupled with creation of opportunities for all Malawians to access HIV testing and counseling. The bulk of services during the weeklong campaign are provided in temporary sites as outreach to underserved communities. Resources for the exercise including HIV test Kits are provided largely through Global fund monies programmed for CT. The campaigns increase visibility of CT services and give every segment of the population an opportunity to be tested for HIV where they live.

EP funding will support the development of standard planning tools, quality assurance system, and data management guidelines for CT week campaigns. This activity will also include coordination of external technical assistance in logistics, social mobilization and other priority components of the national campaign.

Through these efforts, national coordination of CT activities will be strengthened and country specific guidelines for planning and implementation of National CT week campaigns will be developed. A framework for continuous improvement will be created based on documentation of lessons from each CT week campaign. These efforts will also inform planning of the International HIV testing day(s) initiatives at regional and global levels.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10711

Related Activity: 15422, 15415, 14452, 14614,
17392, 18527

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21332	10711.2133 2.09	HHS/Centers for Disease Control & Prevention	National AIDS Commission, Malawi	9278	3883.09	NAC GHAI	\$183,000
10711	10711.07	HHS/Centers for Disease Control & Prevention	National AIDS Commission, Malawi	5356	3883.07	NAC GHAI	\$130,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17392	10361.08	7742	5666.08	PACT CSH	Pact, Inc.	\$655,000
15415	15415.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$331,271
18527	18527.08	7069	4015.08	ASPH Base	Association of Schools of Public Health	\$75,000
14452	5958.08	6844	3881.08	MACRO GHAI	Malawi AIDS Counseling Resource Organization	\$191,000
14614	5957.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$60,000
15422	15422.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$260,262

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	0	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	75	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	0	False

Indirect Targets

Number of service outlets providing counseling and testing according to national and international standards: 500

Number of individuals trained in counseling and testing according to national and international standards: 75

Number of individuals who received counseling and testing for HIV and received their test results (excluding TB): 850,000

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5571.08

Prime Partner: Lighthouse

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5957.08

Activity System ID: 14614

Mechanism: Lighthouse GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$60,000

Activity Narrative: Summary

The services provided by Lighthouse include HIV counseling and testing (HCT), free anti-retroviral therapy, clinical outpatient and daycare, community home based care, and training services especially in HCT and ART. HCT services are provided through a network of seven sites, three of which offer traditional VCT while the remaining four sites offer provider-initiated HCT in medical settings. The VCT sites provide outreach HCT services to neighboring communities and one prison within Lilongwe city. Being a center of excellence in comprehensive HIV services, Lighthouse has been certified as a national center for training and mentoring in HCT and ART.

Background

Lighthouse is a Malawian Public Trust established in 2001 to provide comprehensive HIV services including, HCT, treatment, and home based care for people living with HIV. Since 2003, with USG support, Lighthouse has been providing integrated HIV services and training providers for the central region of Malawi. Lighthouse also serves as the largest anti-retroviral program in Malawi and operates a HCT program providing services to an average of 2500 clients every month. Provider initiated HCT services provided by Lighthouse are offered within a comprehensive care model that integrates testing in a TB treatment center, an antenatal clinic, children's ward and adult medical wards. Direct HCT service provision at Lighthouse is supported by a combination of EJAF and CAFORD (pays staff salaries and direct operation costs), and Emergency Plan (EP) funds. USG supports overall institutional development at Lighthouse including HCT Training and mentoring activities both through direct funding to Lighthouse, funding through ITECH, as well as funding for monitoring and evaluation through Baobab.

EP funding in FY 2006 and FY 2007 have been used to strengthen the Lighthouse as an institution, funding senior staff, organizational capacity building, and cross-cutting activities. This allowed Lighthouse to monitor and evaluate HCT services closely and to lead the development and piloting a new national HCT register that has been approved for use by all sites in the country. FY 2008 funds will enable Lighthouse to continue its support to MOH in national supervision of HCT services and to manage additional supervision, training and mentoring activities for transitioning from parallel to serial testing strategy.

Activity 1: Supervision of MoH HCT Services

Lighthouse has an ongoing close working relationship with MoH which enables it to support national level HCT policy development, training, supervision, and piloting HCT innovations before they are rolled out nationally. Support to national supervision of HCT remains a high priority to Lighthouse because it helps to maintain service quality nationally and to provide a comprehensive picture of HCT services as they evolve. This support fills an important gap since the capacity at MoH to conduct routine supervision is limited as other priorities compete and funding for supervision is inadequate. Lighthouse senior counselors and HCT providers complement MoH HCT personnel and cover half of the country during quarterly supervision field visits. Using 2006 PEPFAR funds, Lighthouse, with USG support, directly funded two rounds of quarterly supervision. In FY 2008 Lighthouse will continue to support quarterly national supervision of HCT by the MoH. USG funding will also support the revision of the existing tools used in supervision and provide training to Lighthouse counselors and other national supervisors to impart supervision and mentoring skills.

Activity 2: Mentoring MoH HCT Service Providers

This activity includes a mentoring system in which protégés become mentors and support program roll out. As a certified center for training HCT counselors in the central region of Malawi, Lighthouse maintains a close link with the network of HCT counselors within its training target areas and has piloted a program of district-wide mentoring for HCT counselors to improve quality of counseling through observed practice and feedback. With FY 2008 funds, Lighthouse will work with the District HCT Officer in Lilongwe to consolidate the mentoring program based on experiences from the pilot phase. Lighthouse will target 16 counselors in eight health centers, visiting each of them once a month. Progress of each counselor will be evaluated based on a set of predetermined criteria and when they meet the desired performance level, then each will take on the mentoring of another two counselors, with periodic support from Lighthouse. By the end of FY 2009, Lighthouse will have reached and trained 100 counselors.

Recognizing the importance of building the esteem and identity of counselors, Lighthouse will work to strengthen its existing link with counselors and establish a Central Region Counselors' Network using USG funding. The network will institute regular meetings of practicing counselors and initiate a mechanism to reward those who primarily focus on counseling and use this incentive as a means to promote identity of counselors.

Activity 3: Support National Transition from Parallel to Serial Testing Strategy

MoH plans to roll-out serial whole-blood rapid HIV testing in 2008. Lighthouse works with the USG funded technical assistant that sits in the MOH and is heading this effort. Lighthouse has already provided technical support to the MOH by designing a package to train counselors in new HIV testing protocols and will provide training to more than 1,000 counselors during transition from parallel to serial testing in the last quarter of CY 2007. Lighthouse will use FY 2008 funds to support enhanced supervision and mentoring of HCT counselors trained in the new HIV testing strategy. This pilot of best practice will set the standard and provide input to MOH for action. Lighthouse will use the supervision contacts with HCT counselors to provide on job orientation on new monitoring and evaluation tools and concepts including routine screening of all HIV positive HCT clients for TB.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10725

Related Activity: 14618, 14613, 15437, 14452, 15415, 17392

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21320	5957.21320.09	HHS/Centers for Disease Control & Prevention	Lighthouse	9272	5571.09	Lighthouse GHAI	\$60,000
10725	5957.07	HHS/Centers for Disease Control & Prevention	Lighthouse	5571	5571.07	Lighthouse GHAI	\$80,000
5957	5957.06	HHS/Centers for Disease Control & Prevention	Lighthouse	3893	3893.06		\$144,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14618	14618.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$20,000
14613	5948.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$35,000
15437	10715.08	7141	3899.08	I-TECH	University of Washington	\$50,000
17392	10361.08	7742	5666.08	PACT CSH	Pact, Inc.	\$655,000
15415	15415.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$331,271
14452	5958.08	6844	3881.08	MACRO GHAI	Malawi AIDS Counseling Resource Organization	\$191,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	9	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	28,000	False

Target Populations

General population

Children (5-9)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3881.08

Prime Partner: Malawi AIDS Counseling
Resource Organization

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5958.08

Activity System ID: 14452

Mechanism: MACRO GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$191,000

Activity Narrative: Summary

Malawi AIDS Counseling and Resource Organization (MACRO) started in 1992 as a VCT service provider in Blantyre city. With financial and technical support from USG it has evolved to become the leading non-governmental (NGO) provider of VCT in Malawi, operating two service outlets in each of the three regions of the country. In 2005, MACRO was certified by the Ministry of Health (MoH) to provide National training in CT and to provide ART at three of its VCT sites located in Blantyre, Lilongwe and Mzuzu. With USG funds and technical support, MACRO has established a national CT training center whose operations will be expanded using FY 2008 funds. MACRO's program of national training in CT is linked to direct CT service provision funded through Pact.

MACRO's national training activities in CT are part of a logically cohesive program that provides VCT through a network of testing sites in all the regions of Malawi and provides treatment and care services at three model comprehensive care centers. Training activities are funded through USG funding while ART and direct CT service provision are funded through Global Funds programmed through the National AIDS Commission (NAC). Additional funding for direct CT service provision is through Pact which is a USG-supported umbrella grant mechanism.

As a national training institution and leading provider of comprehensive HIV prevention and care services, MACRO works closely with MoH and NAC in developing guidelines, training packages, quality assurance and monitoring systems.

Activity 1: Support for a National CT Training and Post-training Mentoring Center

MACRO established National CT training and post training mentoring center and trained 129 CT counselors in CY 2006 using FY 2005 EP funds. By the end of the third quarter of CY 2007 the center had trained an additional 120 VCT counselors. With FY 2008 EP funding, this center will continue its close linkage with the direct services outlets operated by MACRO and will provide training to 160 country nationals using a revised CT curriculum that has reduced the training duration from 5 to 3 weeks.

Each course will be limited to a maximum of 20 participants and deliberate efforts will be made to ensure fair representation of males and females in each course. The training center will collaborate with district CT supervisors to mentor newly qualified CT counselors and give feedback on their performance using standard tools developed for this purpose. In districts with no structures for decentralized mentoring, trainers from MACRO will visit each newly trained counselor at least once within the first 6 post-training months.

MACRO trainers employed with USG EP funding played a key role in the revision of National CT training curriculum that resulted in a shorter National CT training. With ongoing USG support, the number of counselors trained will increase from 120 in FY 2007 to 200 per year by September 2009. MACRO will also monitor and evaluate the performance of counselors trained using the revised curriculum and give appropriate feedback to the MoH and other stakeholders. The Training Center will continue to conduct courses for trainees from the Southern and Northern regions. Trainings for the Central region will be conducted by Lighthouse, a USG partner implementing comprehensive HIV programs and training services in Lilongwe city and its environs.

The MACRO training team will interact closely with and support the MoH in an environment of changing national CT training needs. MACRO will use FY 2008 funds to diversify the scope of its training program to include additional special courses such as couple counseling, pediatric counseling, provider-initiated CT and ART to ensure greater responsiveness to evolving national training needs. These additional topics will be covered initially in short refresher trainings but will be integrated into the existing standard course in subsequent years.

In order to ensure sustainability of the training program MACRO, has already initiated a flexible cost recovery program for VCT training with subsidies that target organizations unable to meet full cost of training. FY 2008 funds will be used to subsidize trainings for resource constrained organizations and for jump starting new courses required to support scale-up of anti-retroviral therapy (ART) in Malawi.

Through FY 2008 Funding, MACRO will broaden the scope of its national CT training program to cover specialized areas such as pediatric counseling, couple counseling and provider initiated CT while training increased numbers of service providers.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9960**Related Activity:** 15415, 14614, 14603, 17392, 17763, 17790

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21323	5958.21323.09	HHS/Centers for Disease Control & Prevention	Malawi AIDS Counseling Resource Organization	9273	3881.09	MACRO GHAI	\$200,000
9960	5958.07	HHS/Centers for Disease Control & Prevention	Malawi AIDS Counseling Resource Organization	5350	3881.07	MACRO GHAI	\$216,900
5958	5958.06	HHS/Centers for Disease Control & Prevention	Malawi AIDS Counseling Resource Organization	3881	3881.06		\$191,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17790	17790.08	7874	7874.08	MSH TASC III	Management Sciences for Health	\$125,000
17392	10361.08	7742	5666.08	PACT CSH	Pact, Inc.	\$655,000
17763	11257.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$50,000
15415	15415.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$331,271
14614	5957.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$60,000
14603	10711.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$183,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	0	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	0	False

Indirect Targets

This partner will contribute to national targets:
 Number of service outlets providing counseling and testing according to national and international standards:
 500
 Number of individuals trained in counseling and testing according to national and international standards:75
 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB):
 850,000

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3886.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HVCT

Activity ID: 15415.08

Activity System ID: 15415

Mechanism: CDC Base

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$331,271

Activity Narrative: Summary

USG Malawi put into place a Counseling and Testing Agency staff member beginning in 2000 to provide technical leadership and program management in CT, as well as in TB/HIV and PMTCT. The CT specialist works directly with the Government of Malawi (GoM) and implementing partners to provide technical assistance (TA) on national policy, produce policy documents, guidelines, training packages, and to manage USG CT programs.

Using FY 2008 funds, the USG country team will continue to maintain a CT Specialist within its multidisciplinary technical team. As a member of the USG interagency team, the CT specialist will provide up-to-date technical information relating to CT, monitor CT activities of local partners to ensure adherence to prescribed standards, and work with the GoM to develop and change policies in CT. Other core responsibilities of activities of the CT specialist will include collecting and analyzing performance information to track progress toward planned results, use performance information to inform program decision-making and resource allocation, and communicate results achieved for all CT partners.

This activity is linked to, and will complement, the NAC-supported full time CT Technical Assistant (TA) within the MoH (Activity ID#10711). The NAC-supported TA will work within the MoH structure directly coordinating all CT activities and leading day-to-day implementation of activities at all levels. The USG CT specialist will work within the USG country team to strategically support Malawi's national CT program and ensure that activities meet quality standards for the USG emergency Plan (EP) plan for Malawi.

During FY 2007, the CT specialist provided significant technical input for landmark CT activities in Malawi including the second round of the National CT week campaign, the change in policy to switch from parallel to serial testing, development of guidelines for HIV testing in Children, the revision of national curricula for training CT counselors, and the incorporation of CT as part of the standard package of care for TB and STI patients.

Activity 1: Full-Time CT Specialist within USG Malawi Technical Team

USG will use FY 2008 funding for CT to maintain a full time CT specialist within USG Malawi's interagency team. In FY 2008, the CT specialist will continue to support policy development including review and revision of existing national CT documents. Specific tasks in FY 2008 will include guiding the transition from parallel to serial testing, and further developing provider initiated CT in Malawi. The activities of the CT specialist are as follows:

i) Technical Assistance (TA)

The CT specialist will provide TA to NAC, the MoH, NGOs, and other collaborating organizations in the planning and implementation of CT activities in Malawi. S/he will assist the Interagency team in ensuring that priorities, goals, and objectives consistent with the USG policies, international guidelines, and those of host country are established and followed. The CT specialist will advise on appropriate quality assurance procedures, staffing, facilities, patient information, client confidentiality, outreach efforts, reporting, and record keeping procedures. Other activities will include promoting collaborative efforts with minimal overlap by collaborating organizations, promoting coordination with lab support staff to ensure quality assurance for HIV testing as required, serving as the primary contact for all CT collaborators within Malawi to the USG team assisting in resolving significant issues arising in the implementation and delivery of CT services in Malawi and advising the USG inter-agency on the key issues related to the planning and implementation of CT activities.

ii). Program Planning

The CT specialist will plan and monitor activities and budgets with USG CT partners, assist partners with development and monitoring of work plans, assist in writing the technical aspects of funding mechanisms (such as cooperative agreements and contracts) and budgets with partners. The CT activities will include ensuring that partners' quarterly reports are timely and accurate. On a regular and on-going basis, the CT specialist will assess partners' progress in meeting program targets, goals, and activities; recommends corrective action if a partner fails to perform well; promote and monitor the routine offer of HIV Testing and Counseling from services such as STI treatment, PMTCT, and TB treatment; promote and monitor that CT providers refer clients and patients to appropriate services; and ensures that partners perform regular supervision and quality assurance activities for counseling and testing consistent with MoH and USG guidance.

iii). Monitoring and Evaluation

The CT specialist will collaborate with the USG M and E officers; monitor CT programs and activities carried out by USG partners in Malawi; and review CT data collected, record keeping procedures, and methodologies and approaches used in the delivery of CT services. The CT Specialist will analyze data collected to assess accuracy, trends, and quality of services; develop, monitor, and present special studies/evaluations to inform site, district and national level; review efforts by collaborators to maintain quality assurance in the delivery of services; assist in analyzing the effectiveness of activities in terms of their appropriateness, methodology and coverage; and evaluate activities of collaborators in reaching agreed-upon goals and objectives and recommend actions to enhance and improve CT services and activities. Where appropriate, participates in and supports dissemination efforts to inform CT practice and policies.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 17392, 17763, 15437, 17790,
14603, 14614, 14452

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15437	10715.08	7141	3899.08	I-TECH	University of Washington	\$50,000
17790	17790.08	7874	7874.08	MSH TASC III	Management Sciences for Health	\$125,000
17392	10361.08	7742	5666.08	PACT CSH	Pact, Inc.	\$655,000
17763	11257.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$50,000
14452	5958.08	6844	3881.08	MACRO GHAI	Malawi AIDS Counseling Resource Organization	\$191,000
14614	5957.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$60,000
14603	10711.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$183,000

Emphasis Areas

Human Capacity Development

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	0	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	0	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	0	False

Indirect Targets

This USG funded position will contribute to national targets:

Number of service outlets providing counseling and testing according to national and international standards:
500

Number of individuals trained in counseling and testing according to national and international standards:75

Number of individuals who received counseling and testing for HIV and received their test results (excluding TB):
850,000

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3899.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 10715.08

Activity System ID: 15437

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$50,000

Activity Narrative: Summary

With FY 2008 funding, the International Training and Education Center on HIV (I-TECH) Technical Advisor for Training, in collaboration with Lighthouse (LH), will play a key role in the development of systems of training, supervision, and mentoring of CT staff at both Lighthouse and Ministry of Health (MoH). Activities of the Training Advisor also relate to activities in PMTCT, Other Health Policy/Systems Strengthening, and HIV Treatment/ARV services. Activities are identified and driven by the Lighthouse Trust and in collaboration with the MoH. I-TECH provides technical assistance (TA) to Lighthouse through the placement of the Technical Advisor for Training.

In 2007, the I-TECH Training Advisor played a major role in revising a 5-week HIV Counseling and Testing training to a 3-week training on behalf of the MoH. The training advisor was responsible for leading a Work Group through this intensive process, including pilot testing and evaluation of the revised CT curriculum. In 2008, monitoring and evaluation (M and E) of this curriculum will continue using FY 2007 Emergency Plan funds. Minor updates are also expected before the curriculum is finalized in early 2008. The curriculum includes key components of TB screening for HIV+ individuals and PMTCT protocols and referral. The primary target populations are nurses, counselors, home-based care nurses, and other health care staff.

The I-TECH Training Advisor provides TA to Lighthouse nurses, counselors, home-based care nurses, and other health care staff assisting them to improve group education skills. The Advisor also responds to the training needs of the MoH and provides training and curriculum revision on behalf of the MoH. Activities include: mentoring, training, curriculum revision, quality improvement, and supportive supervision.

In 2007, Lighthouse and the I-TECH Training Advisor were charged with the task of leading the revision of Malawi's national counseling and testing curriculum alongside the Ministry of Health. The central accomplishments were facilitating a successful curriculum re-design workshop in February and re-designing the curriculum in preparation for the pilot in March. The positive feedback from MoH, participants in the workshop suggested that the workshop and subsequent revisions were successful. These two outputs were accomplished within 4 weeks time. In early April, results from the pilot training were compiled and revisions to the curriculum were made based on feedback from: participants, facilitators, observers, and outcome indicators (i.e. pre and post test). Revisions were completed in May and a 2.5 day TOT workshop was conducted with 60 HTC trainers (30 in Lilongwe and 30 in Blantyre). I-TECH Training Advisor planned and facilitated the TOT in Lilongwe.

Activity 1: Human Capacity Development in Training for Counseling and Testing

In collaboration with Lighthouse, the I-TECH training advisor will contribute to the development and revision of sustainable systems and materials to improve national HIV Testing and Counseling (HTC) mentoring and supervision at 300 HTC sites throughout Malawi. The I-TECH Training Advisor works with Lighthouse staff to build overall training capacity of the institution. Therefore, when projects are implemented, it is difficult to separate Lighthouse contributions from I-TECH's contributions, as the Advisor coaches, encourages and supports Lighthouse counterparts to build the capacity of other Lighthouse and MoH staff.

This will include the development of a mentoring skills curriculum, review of monitoring systems, and focus on outputs of the mentoring. In 2008, the I-TECH Training Advisor and Lighthouse counterparts will make significant improvements to the "cascade" approach, where LH mentors outstanding site counselors how to mentor others at their site. The Training Advisor also contributes to planning and scale-up through a National-level HTC mentoring Work Group. LH will build the understanding that sharing counseling skills and experience through observed practice and mentorship is a natural and essential part of a counseling service. Both mentoring and supervision programs will focus on 1) developing capacity for provider initiated counseling and testing; 2) working with TB Officers and clinicians to ensure that appropriate routine referrals for CT are made; and 3) refining counseling protocols to improve consistency of message and efficiency. Mentoring/training may include curriculum update and revision, training of HCT trainers, and leading and evaluating training of trainers (TOT's) workshops. The primary target populations are nurses, counselors, home-based care nurses, and other health care staff. The outcome of this activity will be of benefit and relevance to both men and women in the general population.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10715**Related Activity:** 14603, 15438, 15440**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21349	10715.2134 9.09	HHS/Health Resources Services Administration	University of Washington	9283	3899.09	I-TECH	\$50,000
10715	10715.07	HHS/Health Resources Services Administration	University of Washington	5360	3899.07	I-TECH	\$13,084

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14603	10711.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$183,000
15438	6168.08	7141	3899.08	I-TECH	University of Washington	\$50,000
15440	6174.08	7141	3899.08	I-TECH	University of Washington	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	0	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	0	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	0	False

Indirect Targets

This partner will contribute to national targets:

Number of service outlets providing counseling and testing according to national and international standards:
500

Number of individuals trained in counseling and testing according to national and international standards:75

Number of individuals who received counseling and testing for HIV and received their test results (excluding TB):
850,000

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Total Planned Funding for Program Area: \$650,000

Percent of Total Funding Planned for Drug Procurement

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Overview

In the past 12 months Malawi spent \$12,000,000 from GFATM to procure and deliver ARV drug to nearly 80,000 AIDS patients that are alive and on treatment, at a cost of \$150 per patient per year. This is the only source of funding for ART drugs and the procurement was made through UNICEF. The EP in Malawi does not pay for any ART drugs.

At the start of the national roll out of ART services three years ago, the Central Medical Stores (CMS) was considered a potential nexus for forecasting, procurement, storage, and distribution of all drugs and commodities for HIV/AIDS services. Unfortunately, CMS was fraught with so much corruption and incompetence that the GFATM in consultation with the CCM and the Ministry of Health (MoH) agreed to have UNICEF procure, pre-package consignments for the districts in Copenhagen, Denmark, and deliver all ARV drugs to the individual districts. This has been a very expensive exercise but has assured uninterrupted service with no drug stock-outs since its initiation three years ago.

There is a concerted effort now by the Government of Malawi (GoM) to re-vitalize CMS by re-building its capability and capacity to deliver not only ARV drugs and supplies such as HIV test kits and OI drugs such as cotrimoxazole, but the very large increase in commodities for the Presidents Malaria Initiative (PMI) and the TB program. Bench marks have been set for considering the transition of logistics of ARV drugs procurement and distribution to the CMS. These include initiating market capitalization of CMS, re-structuring management, training staff, increasing warehouse space, and the providing efficient management of commodities such as HIV rapid tests and cotrimoxazole. A Chicago-based company Glocoms Inc. has been contracted through the Sector Wide Approach (SWAp) mechanism that supports the Health Program of Work, to overhaul the management and operations of the CMS. Glocoms would not only be bringing in a computerized system for forecasting drug requirements, procurement, and distribution of drugs, they will be helping CMS transition to a semi-autonomous Trust.

The USG in FY 2008 will work with CMS and Glocoms through USG partners the the DELIVER Project and MSH-SPS, to address both the pharmaceutical management and rational drug use policy and practice and the logistics of drug procurement and delivery. The efforts not only will be at the central level but it will mean provision of direct support at the facility level. The major areas of involvement would include updating national drug policy; integrating ART drugs into the national procurement, delivery and use system; and developing standard operating procedures for services, effective training, and monitoring.

With the substantial resources for PMI commodities directed at CMS and the associated investment in management training, opportunities for synergy will be sought to increase the ability of CMS to meet its benchmarks for assuming the responsibilities for managing the procurement and logistics of ART drugs from UNICEF. Until that ability is demonstrated there is a general lack of confidence in transitioning the logistic services of ART drugs to CMS. To ensure local ownership and sustainability, the Malawi EP team in FY 2008 will work very closely with Glocoms and CMS to meet their benchmarks and hopefully replace UNICEF the sourcing, procurement, and distribution agent for ARV drugs; for this is the desired outcome of the GoM.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5660.08

Mechanism: JSI CSH

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (USAID)

Program Area: HIV/AIDS Treatment/ARV
Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 11261.08

Planned Funds: \$150,000

Activity System ID: 17133

Activity Narrative: Summary

The activities proposed within this area are aimed at overall capacity-building and support for the Central Medical Stores (CMS) system to better procure, supply, and manage the distribution of HIV/AIDS-related commodities such as HIV test kits, drugs for Opportunistic Infections (OI's) and ultimately antiretrovirals (ARV's) to points of service. The DELIVER Project will second Regional Logistics Officers (RLO) to provide support to the District and Service Delivery Points (SDP) levels; and support targeted minor improvements to commodity facilities when needed. In addition to the activities focused on CMS, the project also proposes to develop a supply chain logistics Pre-Service Training Curriculum with local partners, including a component for handling of HIV/AIDS-related commodities.

Background

The role of CMS is the procurement, storage, and distribution of public medical supplies. Under the health Sector Wide Approach (SWAp), the Ministry of Health and its collaborating partners recognize the need for efficient reforms of the drug and supply system to improve access to drugs and are committed to, among other things, improving stock management controls and strengthening accountability mechanisms at CMS and RMS. The USG through the DELIVER Project has been supporting supply chain system strengthening since 2000 with special focus on the lower levels of the distribution system using reproductive health funding. This is a wrap-around project that combines EP funding with PMI and reproductive health resources to build an integrated supply chain management system within the MoH.

Under the DELIVER Project, USG funds were used to computerize processing of MoH logistics data from 400+ service delivery points at 26 district-level facilities using Supply Chain Manager, which was in turn used to order electronically contraceptives, sexually transmitted infection (STI) products, EHP drugs, and other products from the RMS's. Use of the computerized system resulted in improved availability of contraceptives and information for decision making for other essential drugs at the SDPs. In the first year of the DELIVER Project, the USG funds had been used to assist the MOH including CMS to use effectively the available information to guide their forecasting and quantification exercise for selected drugs and medical supplies.

With FY 2008 EP funding, the DELIVER Project will provide assistance at the national and regional levels to strengthen the capacity of CMS to manage and distribute HIV related commodities like HIV Test kits, OI's and eventually the system will have the capacity to support management of ARV's which until now are managed through a parallel system. The activities will also contribute to ensuring continuous, uninterrupted and adequate supply of approved quality and affordable HIV/AIDS commodities.

Activity 1: Secondment of three Regional Logistics Officers

The first activity under this is to support the logistics function at Malawi's three Regional Medical Stores by seconding a Regional Logistics Officer (RLO) to each office. The Regional Logistics Officer will be responsible for maintaining a sound, efficient, and effective drug storage (warehousing) and distribution system for all commodities, including HIV/AIDS-related commodities, handled by the RMS. In addition, he/she will provide direct support to districts and health centers through constant supervisory visits and on-the-job training to ensure that drugs are requisitioned, stored and issued/dispensed properly. The RLO will prepare and submit regular (monthly and quarterly) progress reports to the Pharmacist In-Charge for onward submission/transmission to the Director.

These positions are a continuation of positions created in 2007, and will eventually be funded from within CMS.

Activity 2: Curriculum development

The second activity will be to develop a Pre-Service Curriculum for Pharmacy Technicians, Nurses, and other Service Delivery Point (SDP) workers. The curriculum will focus on integrating a logistics module/unit into the training programs for each group, focused on Standard Operating Procedures for HIV/AIDS-related and other health commodities. This curriculum follows the National Training Strategy developed by the project in 2007, and will be developed in partnership with the appropriate units at the Ministry of the Health, the national universities, pre-service trainers, and non-university training programs.

Key components of the proposed curriculum will include:

- Introduction to basic principles of supply chain logistics for health commodities
- Overview of Malawi's supply chain for HIV/AIDS-related and other health commodities
- In-depth, position-specific training on forms for ordering, reporting, and record-keeping
- Storage requirements for ARVs, test kits, and other commodities
- Training on Supply Chain Manager and other LMIS software as needed for district-level pre-service personnel and pharmacists
- Testing and evaluation criteria for the module/unit

Activity 3: Storage improvements

The third activity in the area is general storage improvements for facilities at the RMS, District, and SDP levels with specific focus on the improvements required for improved management of ARVs, HIV/AIDS Test Kits, and Laboratory supplies. As part of the supervisory visits, Regional Logistics Officers (activity 1 in this area), will also be asked to regularly report any areas in need of minor improvements. In addition, facilities at any level reporting the need for minor improvements will be eligible for improvements on a case by case basis, as requested by CMS. This could include, for example, shelving units or added security for high-demand commodities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11261

Related Activity: 17137, 17134, 18515

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21307	11261.21307.09	U.S. Agency for International Development	John Snow, Inc.	9268	5660.09	JSI CSH	\$150,000
11261	11261.07	U.S. Agency for International Development	John Snow, Inc.	5660	5660.07	JSI CSH	\$55,166

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18515	18515.08	7872	7872.08	MSH - SPS	Management Sciences for Health	\$500,000
17137	17137.08	7666	5660.08	JSI CSH	John Snow, Inc.	\$400,000
17134	11272.08	7666	5660.08	JSI CSH	John Snow, Inc.	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

* Malaria (PMI)

Food Support

Public Private Partnership

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7872.08

Prime Partner: Management Sciences for Health

Funding Source: GHCS (USAID)

Budget Code: HTXD

Activity ID: 18515.08

Activity System ID: 18515

Mechanism: MSH - SPS

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Drugs

Program Area Code: 10

Planned Funds: \$500,000

Activity Narrative: Summary

The activities in this area will focus on strengthening the pharmaceutical management for HIV/AIDS commodities at facilities in line with the Ministry of Health's (MoH) policy to integrate HIV/AIDS pharmaceuticals into the Ministry's supply system and the rational use of ART drugs. It will address the capabilities in monitoring the system, and will involve training of service providers, development of Standard Operating Procedures (SOP's), facilitating their implementation at the facility level, and the introduction of management tools. In addition, technical assistance (TA) to the MoH for reviewing, updating and disseminating essential drugs list and standard treatment guidelines will be provided.

Background

With FY 2008 Emergency Plan (EP) funding, MSH/SPS will support the MoH scale up plans for counseling and testing, ART, and PMTCT services by facilitating the integration of HIV/AIDS medicines into the general supply chain to improve overall pharmaceutical management for HIV/AIDS programs. Current support in pharmaceutical management addresses each HIV/AIDS area individually and there is need to consolidate these efforts under the umbrella of the National Drug Policy in terms of drug selection, procurement, distribution, and rational use.

Experiences, lessons learned, and tools from other countries supported by MSH within the region will be drawn on to strengthen the pharmaceutical management of HIV/AIDS commodities in Malawi.

The procurement of all medicines and medical supplies in Malawi is done in accordance with the Malawi National Drug List and the Essential Health Package. The National Drug Committee is charged with the responsibility of selecting drugs and reviewing the Essential drug list and standard treatment guidelines (STG). MSH/SPS will work with the MoH to update the Malawi Essential Drug List as well as STG with HIV/AIDS medicines, to provide a facilitative policy environment for HIV/AIDS commodities integration into routine supply chain systems, and their rational use at facility levels.

The expected results include improved ART dispensing and management of ART patients at facility levels and improved management of ART drugs. Also, it is expected that the HIV/AIDS unit will have the capacity to quantify HIV drugs for the country.

With EP funding, MSH/SPS will increase the number of ART service providers trained in proper management of ART drugs using updated training materials that are incorporated in the national training materials for all health workers, as well as increase the capacity at the facility and CMS level to estimate more accurately HIV/AIDS commodities requirements and promote the rational use of ART drugs.

MSH/SPS will work closely with the DELIVER Project and the MoH (the new HIV/AIDS M and E unit) to ensure a seamless complementarity of assistance and training between the two projects. This activity focuses on pharmaceutical management and rational drug use while the JSI - Deliver project focus is on logistics and information systems.

Activity 1: Review and Dissemination of EDL

MSH/SPS will support the updating and dissemination of the Malawi Essential Drugs List (MEDL) and Malawi Standard Treatment Guidelines (MSTG) to incorporate the new drugs being used for treatment of HIV/AIDS, opportunistic infections, and in PMTCT. This will be a wraparound initiative with the Presidential Malaria Initiative (PMI), as the review and dissemination will include the new Malaria drugs (i.e. ACT) into the MEDL and MSTG. The EP funds for this activity will be used to support 3 review workshops of the National Drug Committee, and dissemination of guidelines through training of 1325 health workers on the proper use of the guidelines.

Activity 2: Incorporate HIV Pharmaceuticals into Pharmaceutical Training Curricula

This activity will support the incorporation of a management for HIV/AIDS medicines module in the pre-service pharmaceutical training curriculum for all health workers. The revised curricula will address issues of pharmaceutical management of HIV/AIDS medicines. These would include prevention of adverse drug reactions, the promotion of drug safety including rational use, preventing medication errors, and minimizing factors that contribute to therapeutic ineffectiveness. Examples include non adherence, poor quality drugs, drug interactions, and microbial resistance. These topics will be covered during pre-service training not only of health workers directly involved in ART, but other health staff working in primary health care settings. The activity will initially target the Malawi College of Health Sciences and CHAM (private sector hospitals) training schools.

Activity 3: Pharmaceutical Management of ART Drugs

With EP funding, MSH will build capacity of health workers in the pharmaceutical management of ART commodities to improve management of ART drugs and supplies and the quality of care provided at facility level. Building capacity of health workers involved in managing ART at facility level as well as Central Medical Stores in pharmaceutical management of HIV drugs will involve training through a Monitoring, Training, and Planning (MTP) approach. The training will be given to 340 health workers (at least two from each ART site) from public sector as well as the private sector through the Malawi Business Coalition for HIV/AIDS and will focus on adherence monitoring, rational use, recognizing suspected adverse drug interactions and how to report them, and drug interactions. In facilities where both ART services and malaria treatment are provided, deliberate effort will be made to link the pharmaceutical management of ART and antimalarials trainings.

Activity 4: Strengthening ART Pharmaceutical Care Management Procedures at the Facilities that Provide ART services Including Central Medical Stores.

The activity will primarily involve:

(i) Introduction of SOPs for ART management in both public and private sector (e.g. CHAM Hospitals). These SOPs will ensure standardized drug management procedures in all facilities that are providing ART

Activity Narrative: and will focus on stock management, dispensing, medication counseling, ADR reporting, medication errors, and side effects management.

(ii) Introduction of the ART dispensing tool in the district hospitals to promote good medicines and patient management as well as dispensing leading to improved care and treatment of HIV/AIDS patients. The manual management of data on patient profiles and treatment regimens is a challenge as the number of patients enrolled in the ARV program progressively increases. There are currently 100,000 patients enrolled in the program. The ART dispensing tool will be used in conjunction with existing software in the district hospitals. Additional funding will be needed/leveraged to procure hardware to support those district hospitals that will need new hardware.

(iii) Coordinate with Deliver/USAID and national stakeholders for policy decisions leading to the development of an ART inventory management system at CMS to track ART consumption at facility level, identification, and installation of inventory management software for CMS that can accommodate the ART management information system.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17133, 16528, 16527, 16529

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17133	11261.08	7666	5660.08	JSI CSH	John Snow, Inc.	\$150,000
16528	16528.08	7141	3899.08	I-TECH	University of Washington	\$300,000
16527	16527.08	7141	3899.08	I-TECH	University of Washington	\$400,000
16529	16529.08	7141	3899.08	I-TECH	University of Washington	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Public Private Partnership

Indirect Targets

This partner will contribute to national targets.

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area: \$1,145,262

Amount of Funding Planned for Pediatric AIDS	\$60,000
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Overview

The Global Fund for AIDS, TB and Malaria (GFATM) plays a central role in the ART treatment program in Malawi. The GFATM funds all ARV drugs and their delivery to point-of-care sites at a current cost of \$12,000,000 per year. The Round 1 HIV/AIDS grant to Malawi for \$197,000,000 over 5 years (2003 – Sept 2008) recently received a six month cost extension through March of 2009. Malawi hopes that funding through the Rolling Continuation Channel, which is a cost extension of the Round 1 grant, will allow it to scale-up treatment services through 2016. The USG contribution is designed to “fill in the missing gaps” and provide TA to facilitate the implementation of the Global Fund grants in supporting treatment services. USG supports and complements the GFATM.

Malawi continues to make steady progress in her plans to have started 250,000 patients on antiretroviral therapy by the end of 2010. As of June 30 2007, 114,375 patients had been started on ART in 146 public and private sector facilities. Sixty nine percent of the patients (79,398) were alive and on treatment. Of these, 4300 patients were enrolled and managed in 37 private sector facilities. Both the public and private sectors follow standardized guidelines for provision of services approved by the Government of Malawi. In addition to strengthening referral services from TB facilities, Malawi is striving to increase the number of children who access life-saving ART services from the current 7% of all who ever started ART to 15% by 2010. Similarly, Malawi strives to increase the proportion of pregnant women benefiting from ART treatment services from the current 1% to 5% by 2010.

In the past year there have been several changes to Malawi’s response to ART services which taken together should improve access to treatment as well as the quality of care. Firstly, the second edition of the treatment guidelines was published and new trainers including private sector trainers were engaged to expand the number of trained ART service providers in the country. In the last six months alone, 59 new private sector staff were trained in ART delivery with USG direct support. The cumulative number of new staff trained and certified in ART since 2004 is 2,367 (256 doctors, 613 clinical officers, 174 medical assistants and 1,324 nurses).

The revised ART guidelines highlights the recommendation for prioritizing CD4 enumeration for HIV-positive pregnant women as well as individuals classified as belonging to clinical stage I using the WHO classification of AIDS illness. This should increase significantly the number of eligible individuals, especially pregnant women who are underrepresented in the national treatment figures. It is estimated that an additional 25% more pregnant women would be eligible for treatment with the introduction of the CD4 criteria.

Of importance also is the shift in policy from an opt-in to a provider initiated opt-out counseling and testing strategy at all public and private sector service delivery points. This should greatly increase the number of individuals who present in clinical settings knowing their status and accessing services.

The USG in partnership with the Ministry of Health (MoH), Baylor College of Medicine, Taiwan Medical Mission, and others established a network for pediatric diagnosis and referral services of HIV infection, using dried blood spot technology, a courier system, and DNA PCR testing at two laboratories in the central and northern regions of the country. This should hopefully increase the number of infants and children accessing care and treatment.

Malawi continues to use Triomune as the standard regimen for treatment. Even though 69% of the patients are alive and thriving, there is still some concern about the extent to which Malawi, with its very fragile health care system would cope with the emergence of ART drug resistance. To date, all central hospitals and some district hospitals receive small supplies of second line treatment, and by June 30 2007, 265 patients in the country were alive and taking a second line regimen.

Previous USG Support

In FY 2007, the USG’s primary focus for ARV services was on the central-level leadership and coordination at the MoH, the

decentralization of services to the districts, ensuring that there is adequate support for monitoring and evaluation of services, monitoring drug resistance, expanding access to pregnant women and children, and advancing prevention for persons on ART. Significant progress was made in most of the areas of focus. Because ART service delivery continues to be a very dynamic environment, emphasis in FY 2008 will be placed on consolidating gains made in FY 2007 while addressing the new and emerging issues.

FY 2008 USG Support

The strategic focus of the USG support in treatment services is to address specifically key challenges and bottlenecks in the roll-out of ART in Malawi, particularly in the area of human resources. Furthermore there will be an effort to increase the number of patients accessing treatment services while paying close attention to the quality of services. There will also be a strong emphasis on vigilance for ART drug resistance.

- i. Critical to the expansion of ART services throughout the country is central level coordination at the MoH. Most of this coordination has been spearheaded by an expatriate technical expert supported by the USG. Unfortunately, this expert's tenure expires in March 2008. A major challenge in providing a new technical expert to the MoH is the need for ensuring future sustainability of the program. USG plans to recruit another expatriate and two Malawian counterparts as Staff Fellows to be mentored by the expatriate while the MoH creates positions that would assure sustainability of the program.
- ii. Management of AIDS patients is anticipated to be increasingly complex as patients continue to be on treatment for the foreseeable future. In the FY 2007 COP, USG Malawi requested a Medical Officer to add to its staffing matrix to advise on these very complex issues. In 2008, a US board certified expert in internal medicine will join the team to participate in addressing patient needs as well as addressing the compounded difficulty of TB/HIV co-infection, potential emergence of multi-drug resistance, and even X-DR TB in the country. The potential issues of complex drug regimens for pregnant mothers, as well the difficulty of treating babies with complex drug cocktails without proper laboratory monitoring, is also a cause for concern. The issues of alternate first line regimens, second line drug regimens, treatment changes, and switching are expected to be increasingly complex.
- iii. In FY 2008, the USG will continue to support Lighthouse as a "Center-of-Excellence" with a focus on training, demonstration of concepts such as "Task Shifting" and "electronic data systems", and active community participation in all aspects of HIV/AIDS treatment and care. In FY 2008, a particular emphasis will be placed on knowledge and experience dissemination throughout the country and beyond. Nurses and clinical officers will be major targets for these efforts.
- iv. Through partnership with Howard University, Baylor College of Medicine, Taiwan Medical Mission, UNICEF, Clinton Foundation, and the MoH, USG plans to expand early infant diagnosis of HIV infection (see laboratory narrative ID#10749) and improve referral services for care and treatment. A network model that involves laboratory hubs, satellite clinics, and a courier system for specimens and results has been established in the central and northern regions of the country. In FY 2008, the existing networks would expand the number of participating satellite ART delivery clinics. A new network will also be established in the southern region to ensure national coverage.
- v. In addition to the system already present at the Mzuzu Central Hospital, the northern hub for the pediatric diagnosis and referral project, the USG is using FY 2007 funds to procure two high throughput CD4 machines with the capability of not only measuring CD4 but could also enumerate CD4%. The two machines will support laboratory-based staging of pregnant women and children and will be commissioned in FY 2008 at two hospitals: the Kamuzu Central Hospital in the central region and the Queen Elizabeth II Referral Hospital in the southern region. This equipment will complement ongoing CD4 testing carried out in the respective districts. It provides an opportunity for assuring the quality of testing at these three major hubs as well as uniformity of reagents and supplies (procured by the Clinton Foundation) thereby minimizing variables and ensuring comparability of results from the three sites.
- vi. With the increased work load of patients managed at treatment sites, the paper-based record keeping is becoming slowly unmanageable. In FY 2008 the USG will support the completion of a pilot project of an electronic data system started in FY 2007. Findings from the pilot will advise the expansion of services to key treatment centers in the country.
- vii. In FY 2008, the USG will intensify its support to CHSU to continue with the on-going threshold surveys for ART drug resistance. The USG will also support prospective monitoring of ART drug resistance (CHSU SI narrative #10708).

Products

Increased number of ART sites with electronic data systems developed
Roll out of integrated treatment/prevention service delivery model
Decentralization of ART to more health center facilities
Establishment of a 3rd infant diagnostic center in the south
Roll out of national ART operational research agenda

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	0
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0

11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards 777

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9208.08

Prime Partner: Howard University

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 21082.08

Activity System ID: 21082

Mechanism: Howard GHCS (State)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$240,000

Activity Narrative: Summary

This activity has split funding and is the same activity as HTXS ID # 14640

Background

Malawi is striving to increase the number of children who access life-saving ART services from the current 8% of all who ever started ART to 10-15% by 2010. The Early Infant Diagnosis (EID) Program is a demonstration project aimed at decreasing mortality and morbidity of HIV-infected infants by early identification and referral for care and treatment. Previously in Malawi, HIV-exposed children born to HIV-infected mothers could not be reliably diagnosed as HIV infected until the age of 18 months. Without proper care and treatment, greater than 50% of infants who are HIV infected through MTCT would die before the age of two.

Under the leadership of the Head of the HIV Unit of the MoH, a consortium comprising the USG, Baylor College of Medicine, Taiwan Mission, Clinton Foundation, University of North Carolina (UNC), UNICEF, and WHO was established. The consortium was tasked with developing a one-year demonstration project that will provide the foundation for the Malawi national scale-up plan for pediatric ART care and treatment. The USG's specific role in the consortium was to provide leadership and direction, recruit critical staff, provide training on DBS collection, storage and shipment, provide start-up equipment, train laboratory staff, and establish a quality assurance program. Other partners provide complementary support such as clinical care, reagents and supplies, and support for a courier system to collect samples and return results.

To date, the EID Program has established diagnostic capability for children and referral networks for care and treatment services in the Central and Northern regions which are now operational. Two major sites at Lilongwe (central) and Mzuzu (north) have become the diagnostic hubs that each supports 7 satellite clinics. In December 2005, 1,999 children aged 12 years and below were on ART, representing less than 5% of all patients on ART in Malawi. However, it is estimated that children represent up to 14% of HIV-infected individuals requiring ART. Ten Laboratory Technicians from Lilongwe and Mzuzu were trained on Laboratory diagnosis of HIV infection in infants from Dried Blood Spots (DBS) using DNA PCR. Following the training, 7 lab techs have performed tests successfully using proficiency panels and been certified to perform DNA PCR testing. As of July 31, 2007, 577 children had been enrolled in the pilot program from 13 health facilities. Among them, 346 test results had been entered into the database and are available to be entered into the quarterly reporting system. Among the 346 infants that DNA PCR results were available, 64 (18%) were HIV-positive and some have been referred to ART clinics for further evaluation and possible inclusion in ART. As of August 31st, 2007 809 infant DBS specimens had been tested and children referred to treatment.

The DBS samples have been tested on infants from 6 weeks to 18 months of age at the two major testing hubs Mzuzu and Kamuzu Central Hospital Laboratories. With assistance from the EID M&E officer, a comprehensive quality assurance program has been put in place to manage quality control, proficiency testing, inventory, specimen management, standard operating procedures, and documentation of lab results. In the first 2 months of the reporting period a total of 146 infants received single dose NVP within 72 hours and 8% had a positive DNA PCR result. At the same time, 31 children did not receive single dose NVP and 23% had a positive DNA PCR result.

In FY 2008, HUTAP will use Emergency Plan (EP) funds to continue supporting the expansion and sustainability of the Ministry of Health (MoH) EID program in the following areas: 1. Laboratory capacity building; 2. Human capacity building and training; 3. Uninterrupted flow of laboratory supplies and reagents; 4. QA/QC systems and 5. Service contracts for essential laboratory equipment.

Activities under this program area are linked to the laboratory infrastructure program area.

Activity 1: In-Service Training

In-service trainings will be conducted at all the laboratories providing EID. This will not only be restricted to DNA PCR, but technicians will also be trained in CD4 and CD4% enumeration, chemistries, hematology, and the diagnosis of common infections including opportunistic infections. The training will be aimed at building the capacity of lab staff to provide support for other HIV services such as PMTCT and ART treatment while maintaining quality standards. This activity will build on HUTAP's existing training activities for strengthening the capacity of laboratory personnel.

During FY 2008, Emergency Plan (EP) funds will be allocated for the expansion of EID services to the Southern Region of Malawi. Queen Elizabeth Hospital is proposed to become the third major testing hub for HIV Infant Diagnosis. HUTAP will provide the training support and assist with the establishment of a Quality Assurance Program for this region.

Activity 2: Procurement of Reagents and Supplies, and Provision of Service Contracts for Equipment

HUTAP, in collaboration with CDC, UNICEF, and the Clinton Foundation will continue to support the MoH in building the capacity of laboratories to provide testing services for HIV diagnosis and disease monitoring. Reagents and other consumables will be procured through HUTAP and the Clinton Foundation to supplement orders currently procured by the MoH through the Global fund and SWAp common fund.

Activity 3: Coordination of Diagnostic Testing and Referral Networks

This activity will focus on strengthening the laboratory infrastructure at EID sites as entry points for quality laboratory testing that would support all HIV/AIDS-related treatment and care. Currently, several of the sites are linked to PMTCT and ARV programs at district hospitals and rural health centers in the central and northern regions. Currently the program is relying completely on a local courier service to transport specimens for PCR, CD4, and Hematology and Chemistry testing due to the limited capacity for these referral sites to provide routine, consistent testing services. HUTAP will assist the MoH in building the capacity of the district hospital laboratories/EMLS to carry out routine hematological, chemistry and CD4 testing; develop SOPs; implement quality assurance programs; and improve the laboratory infrastructure

Activity Narrative: where appropriate. HUTAP will assist the MoH in strengthening the referral system for sites that may not have the full complement of laboratory capabilities.

Activity 4: Human Resources Support

During FY 2008, HUTAP will continue to build laboratory capacity for EID services through hiring technical and management staff. Through existing funding, HUTAP hired a Program Manager for the EID program, a Laboratory Coordinator and three Laboratory Technicians. New funds will be used to retain the current staffing and fill human resource gaps at other sites where required.

HUTAP will accelerate the implementation of its activity plan to support the rapid scale-up of the ARV program. In doing so, HUTAP will increase the number of testing sites with diagnostic capability for early infant diagnosis, PMTCT and disease monitoring; increase the capacity of tests performed at major testing sites through the placement of trained lab technicians, functioning equipment with backup service and a consistent supply of reagents; and solid performance in quality assurance programs for HIV, CD4, and PCR testing.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9210.08

Mechanism: FY08 Compact - Staffing/CDC

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 21096.08

Planned Funds: \$100,000

Activity System ID: 21096

Activity Narrative: The new lab coordinator on the USG Team will provide technical oversight for the expansion of lab services in support of the Malawian national efforts for treatment and care. The technical lead will oversee and provide empirical data for monitoring the effectiveness of the interventions during the scale-up phase of the new partnership.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3899.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 16528.08

Planned Funds: \$300,000

Activity System ID: 16528

Activity Narrative: Summary

In FY 2008, the USG proposes to fully fund a new clinical support team to assist the HIV Unit of the MoH with the expansion of HIV/AIDS treatment services in the country. The team will comprise of an expatriate Senior Technical Assistant (TA) and two Malawian Staff Fellows as counterparts. The team will be housed at the MoH. The Staff Fellowship program is intended to attract Malawians into a mentorship program to help address concerns of the MoH regarding sustainability of this very successful HIV/AIDS treatment program. The new team will directly support the MoH's aspiration of expanding ARV treatment services from the current 114,375 patients started on ARV treatment as of June 2007 to 250,000 patients by 2010. Specifically, their functions will involve, but not be limited to coordinating: provider-initiated HIV counseling and testing in the context of care; ARV treatment for adults, pregnant women, and children; adverse drug effects monitoring; drug regimen changes and switching to second line drugs; management of TB/HIV co-infection; OI management (including prophylaxis); palliative care (including home-based care); and monitoring and evaluation (M&E) of the clinical outcomes of care and treatment. Additional details of the new model in terms of the duration of support and remuneration of the Staff Fellows is being negotiated. The new clinical team will be working very closely with the USG Medical Officer (HTXS ID# 15422) to ensure appropriate and timely support from the EP team.

Background

Over the past four years, the USG recruited and placed a Senior Technical Assistant (TA) within the HIV Unit of the Ministry of Health (MoH). This TA has overseen the expansion of HIV/AIDS treatment services from a mere 4000 patients at nine sites in December 2003 to more than 114,375 patients ever started on ART in 146 public and private sector facilities by June 2007. Currently, 69.4% of the patients who ever started treatment are alive and continuing their treatment. The TA has coordinated the training of service providers in all treatment sites, led a team of on-site supervisors on a regular quarterly basis, collated data from all the sites, and produced a comprehensive report of progress every three months. This is a remarkable achievement considering that patient identification was based on WHO clinical staging and patient monitoring was based on clinical presentation. In spite of these successes, the MoH has expressed some concerns about the lack of adequate complementary Malawian staff in leadership roles to ensure sustainability of this effort. The current contract for the TA expires in March 2008 and a new model for providing assistance is being considered.

Activity 1. Recruitment and placement of an Expatriate Senior Technical Assistant to assist the MoH with the expansion of ART Services

USG will work with MoH and HHS/HRSA/I-TECH to identify a suitable candidate for the senior Technical Advisor position. This Senior Technical Assistant will be placed within the HIV Unit of the MoH and report directly to the HIV Unit Director. The responsibilities of the Senior Technical Assistant will be divided equally between oversight for the expansion of ART services and training, supervision, as well as mentoring the senior leadership team of the HIV Unit including the Malawian Staff Fellow counterparts.

Activity 2. Recruitment and Placement of Malawian Staff Fellow Counterparts

USG will work with MoH to identify two suitably qualified Malawian counterparts that will be recruited under a newly proposed Staff Fellowship program and placed in the HIV Unit of the MoH. The Staff Fellows will be supervised by the Senior Technical Assistant under the overall leadership and direction of the HIV Unit Director. The plan is for these positions to transition into MoH permanent staff within two years. The Ministry anticipates that length of time is needed to obtain permanent positions for the fellows.

Activity 3. Resource and on-site Support Supervision

This new clinical team will bring additional technical expertise and expand the capabilities of the HIV Unit. Additionally, they will be a resource to all other ARV service providers through training and on-site support supervision. They will oversee the collection and collation of valuable data on the expansion of ARV services and ensure the quality of the services as programs expand. The team will work with others in the HIV Unit to prepare long-term plans, annual work-plans, 6-monthly reports, and other ad hoc reports on the state of scaling up and performance of the ART support services and operations research. The Unit will ensure timely dissemination of reports and updated guidance.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16527, 16529

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16527	16527.08	7141	3899.08	I-TECH	University of Washington	\$400,000
16529	16529.08	7141	3899.08	I-TECH	University of Washington	\$100,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	715	False

Indirect Targets

Number of individuals newly initiating antiretroviral therapy during reporting period - 50,000

Number of individuals who ever received antiretroviral therapy by the end of the reporting period - 215,000

Number of individuals receiving antiretroviral therapy by the end of the reporting period - 132874

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3899.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 6168.08

Activity System ID: 15438

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$50,000

Activity Narrative: Summary

In FY 2008, Lighthouse plans to continue its work on building the capacity of clinicians, nurses, and others in ART management. Special emphasis will be placed on training key Lighthouse staff and trainers on training curriculum development and dissemination for care givers. The initial beneficiaries will be students of the clinical attachment program and new Lighthouse staff. Lighthouse will expand the curriculum to include pediatric treatment and care as well as the management of TB/HIV co-infection.

Background

Since 2005, I-TECH using USG resources has provided a full-time Training Advisor to the Lighthouse Trust to support ARV scale-up and increase capacity of clinical staff in the provision of HIV services. In collaboration with the Lighthouse staff and the I-TECH M&E Advisor, the Training Advisor has played an important role in building capacity for HIV treatment care and support. Training of Lighthouse healthcare workers (HCW) has included various strategies ranging from formal classroom training to learner-driven mentoring. In previous years, the Training Advisor provided direct support to the training attachment program for ART management. After formal training of nurses and clinical officers, graduates were sent to Lighthouse on a clinical attachment. For a period of 2 weeks nurses and clinical officers from different parts of the country work with, and are mentored by Lighthouse staff who have experience managing AIDS patients. This program was developed at the Lighthouse and rolled out nationwide. It emphasized the importance of management of OIs especially TB in parallel with building skills in ART delivery.

In the new role of Lighthouse as an MoH designated Center-of-Excellence for AIDS patient management it was important that staff acquire the skills of scientific information dissemination. This involved developing staff skills at distilling complex scientific information into communication messages for academics, clinical and nursing staff, and the general public. In 2006/7, the Training Advisor worked with the Lighthouse nurses to write and submit 4 abstracts centering on findings associated with the various departments of Lighthouse, including Home Based Care, Day Care Ward, the Nursing Empowerment Project, and Adherence to the National Conference for the Association of Nurses in AIDS Care.

The priority activities for FY 2008 will include :

Activity 1: Human Capacity Development in ART Management and Distribution (Continuation Activity and Expansion).

This training activity will support the implementation of the revised ART guidelines and efforts to increase pediatric treatment. In FY 2008, Lighthouse will continue its work to build the capacity of clinicians, nurses, and others in ART management and distribution. The Training Advisor will assist in planning and support for the ART mentoring program for both newly recruited Lighthouse staff and staff sent on attachment programs to Lighthouse. The training advisor will design, pilot, and evaluate training of healthcare workers in the treatment of HIV/AIDS. The Training Advisor will contribute to the appropriate design and implementation of new programs that are intended to scale up the provision of HIV treatment services at the Lighthouse. Capacity development in this area includes effective communication and dissemination of information and best practices to other Health Care Workers (HCWs), the MoH, and the public. Also, ongoing support is provided to build capacity of the nurses and counselors at Lighthouse to provide high quality ART for adults and children.

If funds are available, opportunities will be sought for Lighthouse staff to share their knowledge and expertise in ART delivery as well as learn new skills from their peers through participation in international and domestic meetings and conferences.

Activity 2: National Capacity Development: HIV/TB (Expansion Activity)

This activity is to develop ways to harmonize TB and HIV services for co-infected clients at Lighthouse clinics for treatment. The I-TECH Training Advisor will work with other Lighthouse staff to assist the MoH in integrating training strategies as they develop a national TB/HIV 5-year scale-up plan. This should include classroom training, attachments, mentoring, and supervision as appropriate. The Lighthouse will provide the venue for piloting this effort.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9995

Related Activity: 15439, 15440

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21350	6168.21350.09	HHS/Health Resources Services Administration	University of Washington	9283	3899.09	I-TECH	\$50,000
9995	6168.07	HHS/Health Resources Services Administration	University of Washington	5360	3899.07	I-TECH	\$39,251
6168	6168.06	HHS/Centers for Disease Control & Prevention	University of Washington	3899	3899.06		\$26,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15439	5983.08	7141	3899.08	I-TECH	University of Washington	\$200,000
15440	6174.08	7141	3899.08	I-TECH	University of Washington	\$100,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	12	False

Indirect Targets

This partner contributes to national targets:

Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites): 50,000

Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT): 215,000

Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT): 132,874

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3886.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HTXS

Activity ID: 15422.08

Activity System ID: 15422

Mechanism: CDC Base

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$260,262

Activity Narrative: Summary

The USG team will hire a US board-certified Medical Officer with expertise in AIDS care and infectious diseases management to provide leadership, expert advice, and direct technical support to the USG team in all matters relating to ART treatment and clinical care. The incumbent will be the Project Officer that provides technical oversight to the USG cooperative agreement with the Lighthouse Trust and the National TB Program.

Background

Malawi is making considerable progress towards achieving its target of enrolling 250,000 individuals into the ART program by 2010. By June 30, 2007, 114,375 patients had been enrolled into the ART program in both public and private sector institutions. Management of existing patients at the 146 public and private sector sites is anticipated to become increasingly complex as the Malawi program transitions from acute to chronic care. Changing from standard first line drug regimens to alternative first line drugs increasingly will be challenging. Viral resistance to first line drugs and switching to second line drugs is a cause for concern for those that have been on treatment for a long time. Even though resistance to ART drugs may not be an immediate threat, we will continue to conduct active surveillance and support the early warning system for drug resistance. The issues of TB/HIV co-infection and the management of multi-drug resistance for TB including X-DR TB is a looming specter in Malawi. This is further compounded by the changing treatment options for pregnant and breast feeding mothers as well as the proper management of infected infants.

The USG Malawi has supported the Ministry of Health (MoH) with ART service deliver by mostly investing in the management and coordination of the service and monitoring the service outcome. This has been done without a resident Medical Officer on the USG team. With the anticipated complexity of the ART service in Malawi, the USG team thought it prudent to recruit a Medical Officer that would play a leadership role in not only in advising the USG team on clinical matters relating to AIDS case management but would work actively with counterparts especially to TA that will be placed in the MOH to support the Government of Malawi (GoM) efforts at reaching the target of enrolling 250,000 patients on ART by 2010. The incumbent would provide technical input to any policy changes associated with the management of AIDS cases in the general adult population, pregnant women, and children

Activity 1: Clinical care

- The incumbent will represent the USG in all matters pertaining to HIV/AIDS treatment and care as well as provide expert advice and direct technical support to the GoM and private as well as Mission efforts at expanding ART services from the current 114,375 patients at 146 sites to 250,000 patients at 150 sites by 2010. This is in concert with Malawi's aspiration for Universal Access to ART services by 2010.
- The incumbent will provide expert advice in the development and implementation of a GoM strategy that would increase the number of children less than 15 years of age accessing ART services from 6% to 15% by 2010. This will be part of a broader PMTCT program.
- The incumbent will provide advise and actively provide support for the expanded management of opportunistic infections in AIDS patients, including wide spread use of cotrimoxazole.
- The incumbent will participate in the ART drug resistance monitoring effort in partnership with the epidemiology and laboratory teams. He/she would be a resource for any change in policy with regard to drug regimen changes.

Activity 2: Project officer

- The incumbent will be the Project Officer managing the Cooperative Agreement between USG and the Lighthouse Trust, the single largest provider of treatment and care services in Malawi. The incumbent will also oversee the new agreement in FY 2008 with NTP
- The incumbent will consider providing direct patient care at the Lighthouse, if so desired, as part of Continuing Medical Education.

Activity 3: Applied Research

- The incumbent will advise the USG on priorities for public health evaluations and and targeted operations research. In partnership with others in both the public and NGO sectors, the incumbent conduct applied scientific research targeted at improving clinical management and care for AIDS cases.
- The incumbent will work with the MoH and other partners to organize research findings dissemination meetings and workshops.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 14618, 15410, 14613, 15421, 15412

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14618	14618.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$20,000
14613	5948.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$35,000
15412	15412.08	6792	6792.08	Local GHAI	US Centers for Disease Control and Prevention	\$100,000
15421	15421.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$86,754

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Male circumcision

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	0	False

Indirect Targets

This USG staff position contributes to national targets.

Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites): 50,000

Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT):215,000

Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT):132,874

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5571.08

Prime Partner: Lighthouse

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5970.08

Activity System ID: 14615

Mechanism: Lighthouse GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$135,000

Activity Narrative: Summary

This USG support strengthens the Lighthouse as an institution, funding senior staff, building organizational capacity, and supporting cross-cutting activities. Even though funding for actual HIV/AIDS service delivery is from other sources, this USG funding to Lighthouse allows us to monitor and evaluate these services closely, identify challenges, and to develop and test innovative solutions. It also allows Lighthouse to maintain her close working relationship with the Ministry of Health (MoH) and to influence policy on the basis of data and experience derived from the institution. This USG funding afford Lighthouse the flexibility of piloting innovative approaches to service delivery at a much faster pace than the MoH could and the MoH looks to Lighthouse to carry out these interventions on its behalf. The quality of their work has made Lighthouse become the driver of policy in the MOH. Finally, this USG support allows Lighthouse to play an important capacity building role that translates these policies into practice nationwide.

Background

The Lighthouse Trust manages one of the largest ARV clinics in Malawi, and the new Martin Preuss Center which was inaugurated this year and partly funded by the USG, has doubled her capacity to provide HIV/AIDS services. The Lighthouse provides treatment services on behalf of the MoH. Approximately 5,000 patients are currently on treatment at Lighthouse facilities, and the number is expected to reach 7,000 by the end of 2008. As a designated Center-of-Excellence for HIV/AIDS service delivery by the MoH, the Trust is not only one of the largest treatment service providers in the country, but it is also a major learning and training center for the country. A component of USG funded support to the Lighthouse Trust is in the critical areas of placement and support of key staff, development and adaptation of important and innovative training models, and exploring new ways of service delivery that are responsive to the ever increasing workload of patient care.

The ART-related activities specific to USG funding focus on task shifting, decentralization, and community involvement in services in order to facilitate the management of large numbers of patients within an overstretched Health System.

This USG funding to Lighthouse is closely linked with and complementary to other USG support received by Lighthouse through the provision of M&E and training advisors. These activities also link closely to HTC, PMTCT, TB-related work, and to SI and systems strengthening. All Lighthouse work is designed for National scale-up in collaboration with the MoH.

Activity 1: Task Shifting

The success of the ART scale-up in Malawi brings with it many challenges, not least will be the burden on the health sector of managing a steadily increasing number of ART patients. By shifting routine tasks to less qualified staff, Lighthouse hopes to free up nurses and clinicians to prioritize patients who are experiencing problems on ART.

A pilot is under way in which specially trained HSAs (ART Assistants or ARTAs) evaluate patients against a standardized form. USG supports these HSAs through a pilot program that emphasizes their technical development through training and mentoring. Through this HSA-led review, the ARTAs identify stable, adherent patients who would be eligible to receive ART directly from the HSA. Each patient then sees a clinician, and results are compared to evaluate the performance of the HSA. Results from this pilot are expected early in 2008. If these results are encouraging, a second phase that evaluates HSAs competence in dispensing medicine and correctly recording their work will be done. Based on results this effort may be broadened to include a review of training methodologies and roll out to less well supervised settings.

Because of the sensitivity of this issue and the need to further engage the MOH, DHOs, and regulatory institutions, the primary focus of this activity will be to provide adequate quality data that will inform any final decision. More than 2000 additional HSAs earmarked for recruitment by the GFATM would benefit tremendously from the results of this activity.

Activity 2: Health Centre ART

In partnership with District Medical Officers, the Lighthouse decentralization program will identify two health centers in which to support HIV care and treatment services. Although no additional staff are planned for these centers, Lighthouse through funding from USG will provide minor refurbishment of rooms, furniture, and equipment; will support and train staff; and will provide on-site supervision. Ultimately, these sites will become satellite ART clinics of the Lighthouse. The Health Center support program will give Lighthouse a greater insight into some of the challenges facing the ART scale-up and integrated services in settings with very few staff. The sites will be selected in consultation with the MOH and the DHOs.

Activity 3: Roll-out of the ART EDS

This activity directly supports treatment services and could be under SI. Because of the ever growing burden of managing large number of patients at treatment sites, the paper-based system of registering and tracking patients is becoming inadequate to meet the program needs. The USG intends to support the transition from a paper-based tracking system to an electronic system. Lighthouse currently uses a USG funded touch screen system for CT services. A similar system has been adapted for patient registration. In FY 2008, Lighthouse will work with another USG Emergency Plan (EP) partner, Baobab Health Partnership, to pilot and improve innovations in the software and hardware for the new electronic data system (EDS).

In 2008 Lighthouse will replace the old touch screen system at Lighthouse with the EDS currently working at the Martin Preuss Center. Lighthouse will help design algorithms for the second version of the EDS, including options for more pediatric functionality and more integration of CD4 testing. Lighthouse will offer their facilities as beta testing sites for Baobab as they develop new modules for TB treatment, and for referral between ANC, PMTCT, and ART services.

Activity 4: Ndife Amodzi (Pact funded)

Activity Narrative: The Ndife Amodzi program is a USAID-Pact funded effort aimed at exploring effective ways to involve the community in the support of ART patients by using Community Volunteers to promote adherence, early referral, and positive living, and to support the monitoring of ART patients. The Lighthouse hopes to have city-wide coverage in Lilongwe of Ndife Amodzi, and 1,000 patients enrolled, by the end of 2007, through collaboration with other Home Based Care providers and their CBOs. If valid information is derived through Ndife Amodzi, Lighthouse would use the program to reduce the frequency of visits of community-supported patients to formal services.

Through HHS/CDC-supported senior staff and HHS/HRSA technical assistance staff, Lighthouse aims to establish Ndife Amodzi as an effective and appropriate 'minimum standard' of HBC and an effective reporting mechanism for HBC nationally, working in partnership with donors, other NGOs and the MoH.

Activity 5: ART Training Attachments

Traditionally, Lighthouse has provided two-week clinical attachments for over 75% of all clinical officers and nurses trained to provide ART services in Malawi. As the next round of expansion of ART sites approaches by the end of 2007, Lighthouse will again be the major venue for in-service attachments for staff establishing new ART sites. In FY2008 an additional 60 staff will be offered this clinical attachment. The expertise of Lighthouse clinical staff will be complemented by the training team to ensure the maximum impact of the two-week attachments.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10727

Related Activity: 14618, 14612, 14614, 15438, 17772, 17390, 14613, 14616

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21321	5970.21321.09	HHS/Centers for Disease Control & Prevention	Lighthouse	9272	5571.09	Lighthouse GHAI	\$135,000
10727	5970.07	HHS/Centers for Disease Control & Prevention	Lighthouse	5571	5571.07	Lighthouse GHAI	\$80,000
5970	5970.06	HHS/Centers for Disease Control & Prevention	Lighthouse	3893	3893.06		\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14618	14618.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$20,000
17390	10359.08	7742	5666.08	PACT CSH	Pact, Inc.	\$755,000
14612	10720.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$20,000
14613	5948.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$35,000
14614	5957.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$60,000
15438	6168.08	7141	3899.08	I-TECH	University of Washington	\$50,000
14616	10729.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$30,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	50	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	0	False

Indirect Targets

This partner contributes to national targets:

Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites): 50,000

Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT):215,000

Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT):132,874

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5577.08

Prime Partner: Howard University

Funding Source: GAP

Budget Code: HTXS

Activity ID: 14640.08

Activity System ID: 14640

Mechanism: Howard GAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$60,000

Activity Narrative: Summary

This activity has split funding and is the same activity as HTXS ID # 21082

Background

Malawi is striving to increase the number of children who access life-saving ART services from the current 8% of all who ever started ART to 10-15% by 2010. The Early Infant Diagnosis (EID) Program is a demonstration project aimed at decreasing mortality and morbidity of HIV-infected infants by early identification and referral for care and treatment. Previously in Malawi, HIV-exposed children born to HIV-infected mothers could not be reliably diagnosed as HIV infected until the age of 18 months. Without proper care and treatment, greater than 50% of infants who are HIV infected through MTCT would die before the age of two.

Under the leadership of the Head of the HIV Unit of the MoH, a consortium comprising the USG, Baylor College of Medicine, Taiwan Mission, Clinton Foundation, University of North Carolina (UNC), UNICEF, and WHO was established. The consortium was tasked with developing a one-year demonstration project that will provide the foundation for the Malawi national scale-up plan for pediatric ART care and treatment. The USG's specific role in the consortium was to provide leadership and direction, recruit critical staff, provide training on DBS collection, storage and shipment, provide start-up equipment, train laboratory staff, and establish a quality assurance program. Other partners provide complementary support such as clinical care, reagents and supplies, and support for a courier system to collect samples and return results.

To date, the EID Program has established diagnostic capability for children and referral networks for care and treatment services in the Central and Northern regions which are now operational. Two major sites at Lilongwe (central) and Mzuzu (north) have become the diagnostic hubs that each supports 7 satellite clinics. In December 2005, 1,999 children aged 12 years and below were on ART, representing less than 5% of all patients on ART in Malawi. However, it is estimated that children represent up to 14% of HIV-infected individuals requiring ART. Ten Laboratory Technicians from Lilongwe and Mzuzu were trained on Laboratory diagnosis of HIV infection in infants from Dried Blood Spots (DBS) using DNA PCR. Following the training, 7 lab techs have performed tests successfully using proficiency panels and been certified to perform DNA PCR testing. As of July 31, 2007, 577 children had been enrolled in the pilot program from 13 health facilities. Among them, 346 test results had been entered into the database and are available to be entered into the quarterly reporting system. Among the 346 infants that DNA PCR results were available, 64 (18%) were HIV-positive and some have been referred to ART clinics for further evaluation and possible inclusion in ART. As of August 31st, 2007 809 infant DBS specimens had been tested and children referred to treatment.

The DBS samples have been tested on infants from 6 weeks to 18 months of age at the two major testing hubs Mzuzu and Kamuzu Central Hospital Laboratories. With assistance from the EID M&E officer, a comprehensive quality assurance program has been put in place to manage quality control, proficiency testing, inventory, specimen management, standard operating procedures, and documentation of lab results. In the first 2 months of the reporting period a total of 146 infants received single dose NVP within 72 hours and 8% had a positive DNA PCR result. At the same time, 31 children did not receive single dose NVP and 23% had a positive DNA PCR result.

In FY 2008, HUTAP will use Emergency Plan (EP) funds to continue supporting the expansion and sustainability of the Ministry of Health (MoH) EID program in the following areas: 1. Laboratory capacity building; 2. Human capacity building and training; 3. Uninterrupted flow of laboratory supplies and reagents; 4. QA/QC systems and 5. Service contracts for essential laboratory equipment.

Activities under this program area are linked to the laboratory infrastructure program area.

Activity 1: In-Service Training

In-service trainings will be conducted at all the laboratories providing EID. This will not only be restricted to DNA PCR, but technicians will also be trained in CD4 and CD4% enumeration, chemistries, hematology, and the diagnosis of common infections including opportunistic infections. The training will be aimed at building the capacity of lab staff to provide support for other HIV services such as PMTCT and ART treatment while maintaining quality standards. This activity will build on HUTAP's existing training activities for strengthening the capacity of laboratory personnel.

During FY 2008, Emergency Plan (EP) funds will be allocated for the expansion of EID services to the Southern Region of Malawi. Queen Elizabeth Hospital is proposed to become the third major testing hub for HIV Infant Diagnosis. HUTAP will provide the training support and assist with the establishment of a Quality Assurance Program for this region.

Activity 2: Procurement of Reagents and Supplies, and Provision of Service Contracts for Equipment

HUTAP, in collaboration with CDC, UNICEF, and the Clinton Foundation will continue to support the MoH in building the capacity of laboratories to provide testing services for HIV diagnosis and disease monitoring. Reagents and other consumables will be procured through HUTAP and the Clinton Foundation to supplement orders currently procured by the MoH through the Global fund and SWAp common fund.

Activity 3: Coordination of Diagnostic Testing and Referral Networks

This activity will focus on strengthening the laboratory infrastructure at EID sites as entry points for quality laboratory testing that would support all HIV/AIDS-related treatment and care. Currently, several of the sites are linked to PMTCT and ARV programs at district hospitals and rural health centers in the central and northern regions. Currently the program is relying completely on a local courier service to transport specimens for PCR, CD4, and Hematology and Chemistry testing due to the limited capacity for these referral sites to provide routine, consistent testing services. HUTAP will assist the MoH in building the capacity of the district hospital laboratories/EMLS to carry out routine hematological, chemistry and CD4 testing; develop SOPs; implement quality assurance programs; and improve the laboratory infrastructure

Activity Narrative: where appropriate. HUTAP will assist the MoH in strengthening the referral system for sites that may not have the full complement of laboratory capabilities.

Activity 4: Human Resources Support

During FY 2008, HUTAP will continue to build laboratory capacity for EID services through hiring technical and management staff. Through existing funding, HUTAP hired a Program Manager for the EID program, a Laboratory Coordinator and three Laboratory Technicians. New funds will be used to retain the current staffing and fill human resource gaps at other sites where required.

HUTAP will accelerate the implementation of its activity plan to support the rapid scale-up of the ARV program. In doing so, HUTAP will increase the number of testing sites with diagnostic capability for early infant diagnosis, PMTCT and disease monitoring; increase the capacity of tests performed at major testing sites through the placement of trained lab technicians, functioning equipment with backup service and a consistent supply of reagents; and solid performance in quality assurance programs for HIV, CD4, and PCR testing.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14638

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14638	10749.08	6894	5577.08	Howard GAP	Howard University	\$134,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	0	False

Indirect Targets

This partner contributes to national targets:

Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites):
50,000

Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes
PMTCT):215,000

Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes
PMTCT):132,874

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$1,310,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

Effective laboratory services are critical to all biomedical components of the national response to HIV/AIDS in Malawi. Unfortunately, even though there has been remarkable expansion of services for ARV treatment, CT, and PMTCT, laboratory services have lagged far behind. This has been attributable for the most part on the Government of Malawi (GoM's) reliance on the Essential Medical Laboratory Service (EMLS) package, a national plan to provide tiered laboratory services at the district, and primary health care unit level. The plan was developed in 2002 and addresses issues such as physical infrastructure, personnel, training, equipment, reagents and supplies. Funding for implementation was to have been effected through the Sector Wide

Approach (SWAp) mechanism; unfortunately, this plan has not been fully funded. Since the plan was developed before the rapid scale-up of HIV/AIDS services, in its current form it will not meet the needs of the HIV/AIDS programs being implemented in the country. In the absence of any updates and full funding for the EMLS, national efforts at improving laboratory services by the MoH have been fragmented and incoherent.

Because the USG Malawi resources are very limited, a deliberate effort has been made in the past to invest in strategic areas of laboratory services that will not only meet the needs of HIV/AIDS but will serve as a platform for other essential medical and public health services. Efforts have been made to leverage other partners with complementary resources to provide laboratory support.

Should funds become available for the EMLS, the USG will partner with the MoH to update the EMLS recommendations and make them more relevant to the prevailing circumstances in the country.

Previous USG support

Between 2003 and 2007, USG supported the national reference laboratory at CHSU to provide HIV rapid test training, supervision, and quality assurance to all of the more than 300 sites that provided HIV testing in the country. Additional support to Howard University has re-established an effective pre-service medical laboratory training program at two national training institutions who now collectively graduate over 80 medical technicians a year. USG assistance to CHSU also has supported ARV drug resistance surveys that have important implications for the ART program.

With assistance to Lighthouse and the University of North Carolina, USG Malawi demonstrated that by strategic placement of CD4 services that target pregnant women, one could increase the identification of pregnant women who are eligible for ART treatment in Malawi by as much as 25%. This has obvious implications not only for the mothers but also for the prevention of mother-to-child transmission of HIV. This effort has resulted in a national policy change that advocates for CD4 enumeration for pregnant women as a complement to clinical staging when CD4 capability is available. Through UNITAID, GoM has embarked on establishing CD4 capability in each of the 28 district hospitals in the country.

In partnership with Howard University, Baylor College of Medicine and others, USG Malawi has worked with the MoH to establish DNA PCR-based infant diagnosis of HIV and referral systems of mothers and their infants for services. This has enhanced greatly the number of children benefiting from early infant diagnosis and referral to care and treatment.

FY 2008 USG Support

In FY 2008 the USG Malawi team will not only build on existing accomplishments in laboratory systems support for HIV/AIDS interventions, but will look to expanding services and taking full advantage of the contribution of new partners such as USG-funded JSI-Deliver.

i. A critical bottleneck in the delivery of laboratory services in Malawi is the breakdown of the supply chain management system operated by the Central Medical Stores (CMS). It has been extremely difficult to forecast laboratory needs adequately. Even when reagents and supplies are available the very weak distribution system has made laboratory services unreliable especially in public institutions. The USG team will leverage PMI resources to revitalize CMS. Through a national assessment and training in forecasting and re-building capacity at the CMS by the DELIVER project, laboratory commodities will be procured and distributed in a manner that will improve greatly the quality of laboratory services.

ii. EP funding will improve physical infrastructure and provide training, equipment, supplies, and placement of critical personnel to strengthen CHSU's capability to provide laboratory reference functions for HIV/AIDS to the nation. USG Malawi also will support CHSU to not only continue to provide QA for HIV rapid tests and assistance with ART drug resistance surveillance, but to expand their portfolio to include other analytes such as CD4 enumeration, DNA PCR, as well as basic chemistries, hematology, and diagnosis of opportunistic infections.

iii. Through the existing cooperative agreement with Howard University, the USG will work with the two laboratory training institutions not only to increase the number of students trained (both pre and in-service) but to expand their training curriculum to include newer technologies such as CD4 enumeration and DNA PCR. Critical personnel gaps within the faculty will be filled by USG-funded positions on a short term basis.

iv. With the increased need to demonstrate the added value of effective laboratory support to HIV/AIDS interventions, USG Malawi will intensify direct laboratory support to five major hospital laboratories across the country that collectively service a large catchment of the population and provide ART services for close to 40% of patients ever started on treatment. This is particularly important as the pool of patients in AIDS-related chronic disease care expands. Services will include improved diagnosis, CD4 capability, DNA PCR for infants, routine chemistries, and hematology.

v. The USG programs will aim to improve integration of laboratory-based HIV diagnosis for TB patients as well as TB testing in HIV settings (see TB/HIV program narrative).

vi. As decentralization of services unfold, USG programs will seek to advocate for and provide assistance with laboratory services improvement as part of the District Implementation Plans (DIPs).

Products

Three infant diagnosis centers established
Continued Roll-Out of QA system for HIV Testing
Continued Roll out of Lab Supervision Systems
Milestones at Central Medical Stores Documented
Roll-Out of Serial Testing for HI Rapid Tests

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	34
12.2 Number of individuals trained in the provision of laboratory-related activities	720
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	131290

Custom Targets:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5577.08

Prime Partner: Howard University

Funding Source: GAP

Budget Code: HLAB

Activity ID: 10749.08

Activity System ID: 14638

Mechanism: Howard GAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$134,000

Activity Narrative: Summary

This activity has split funding with activity ID#20183 and share identical narratives.

Beginning in 2008, HUTAP will request Emergency Plan (EP) funding to retain employees that oversee activities at the HIV Reference Laboratory and for the Pediatric HIV Diagnosis program. In addition, HUTAP is proposing a five-year laboratory infrastructure support plan with EP funding to: (1) update pre-service training curricula that target HIV diagnosis, disease monitoring and opportunistic infections diagnosis; (2) train trainers and clinical instructors on new HIV curriculum content, educational methodology and curriculum implementation; (3) conduct in-service-training in management, HIV diagnosis, and disease monitoring for lab technicians at service delivery sites; (4) support or create Laboratory Centers of Excellence at key high throughput service-delivery sites for HIV testing and patient monitoring; (5) bridge human resource gaps through recruitment and hiring of senior level laboratory personnel, and (6) continue to support the HIV epidemiologist that is implementing the HIV Surveillance activities, including ARV Drug Resistance and Monitoring, and HIV Behavioral Surveillance studies.

Background

For the previous four years, Howard University has provided technical assistance (TA) to Malawi with a focus on strengthening laboratory testing capacity for HIV/AIDS services. Until March 2007, the program received its funding through a cooperative agreement with USG through the CDC-GAP University Technical Assistance Program (UTAP). Through this program Howard University Technical Assistance Program (HUTAP) provided support to two pre-service laboratory training institutions which together now graduate as many as 80 laboratory technicians a year.

In FY 2007, HUTAP expanded its assistance to Malawi through a subcontract with the MoH. An epidemiologist, a laboratory manager, and a laboratory supervisor were hired and placed at the Epidemiology Unit and the National HIV Reference laboratory, CHSU. Also, through an existing funding mechanism, a project manager, laboratory coordinator, and three laboratory technicians were hired for the scale-up of the pediatric HIV diagnosis and referral network under the MoH.

HUTAP will continue its strategy to improve laboratory services in Malawi through the following activities:

Activity 1: Conduct In-Service-Trainings

HUTAP will build the capacity of laboratory staff in HIV diagnosis and disease monitoring, lab safety, and management through in-service training. HIV testing workshops will be conducted to cover topics such as HIV Rapid Testing, ELISA, Flow Cytometry and CD4 enumeration, PCR, and OI diagnosis. This activity will target laboratory technicians who are working at HUTAP supported laboratories and from other laboratories linked to HIV service delivery sites. The new funding will allow HUTAP to build on its achievements in FY 2007 where 82 lab technicians received knowledge and skills updates in Infection Prevention/Lab Safety, HIV testing including CD4 and PCR, Lab Management, and Effective Teaching Skills.

Activity 2: Strengthen and update laboratory pre-service curriculum in HIV diagnosis, disease monitoring, and opportunistic infections (OI)

In 2005, HUTAP along with a core team of laboratory tutors, technicians, and curriculum development experts, developed an HIV testing pre-service learning package. The competency-based curriculum was designed to address gaps that were identified in the HIV content in the pre-service curriculum. The core competencies (HIV testing, Lab Management, Safety and Ethics) were integrated into existing courses in which the content was taught.

With new funding, the learning package will be expanded to include theoretical and hands-on applications along with reference materials and assessment tools for CD4, PCR, and OIs. HUTAP will continue to procure the necessary equipment and supplies to support the practical training component. Prior to the implementation of the updated curriculum, HUTAP will conduct a training of trainers and clinical instructors on new HIV curriculum content, educational methodology and curricular implementation.

Activity 3: Employ High-level Managerial and Lab Technical Staff

An HIV epidemiologist, HIV reference laboratory manager, and supervisor were hired through a MoH/CDC subcontract in an effort to strengthen the National HIV/AIDS Reference Laboratory at CHSU under the MoH. Through the existing contract, they will continue to provide adequate management and supervision of the HIV reference lab and HIV surveillance activities, and assist in the development and implementation of the national quality assurance programs for HIV testing.

Through the previous CDC-UTAP COAG, HUTAP has hired two laboratory tutors at the Malawi College of Health Sciences to assist with the implementation of the HIV pre-service curriculum and to provide supervision and training of students at designated clinical training sites. Through this funding mechanism, HUTAP also recruited three lab technicians, one laboratory coordinator, and one Project Manager to assist the MoH with the scale-up of the pediatric treatment and care program. This one year demonstration project will advise the Malawi national scale-up plan for pediatric ART care and treatment.

HUTAP will request EP funds to extend these positions through FY 2009 based on results from program assessments and staffing needs. Where vacancies exist, HUTAP in collaboration with the MoH and USG, will recruit personnel from sub-Saharan region, including Malawi, to fill the positions.

Activity 4: Implement and Monitor QA programs for HIV-related Testing

Using FY 2008 Emergency Plan (EP) funds, HUTAP will increase the capacity at government and mission hospital laboratories to carry out quality HIV diagnosis and disease monitoring by establishing national quality assurance programs for HIV, CD4, and PCR testing.

Activity 5: Provide Mentoring and Training for Laboratory Supervisors

Activity Narrative:

HUTAP will provide training and mentorship to laboratory supervisors and managers from central and district hospitals. Through this training and mentorship, supervisors will be able to manage the laboratory more efficiently and to assure accuracy and quality in testing results. Supervisors will be trained to oversee quality assurance programs instituted for HIV testing. This will be a collaborative effort between HUTAP and the EMLS-MoH since the EMLS is mandated to provide management/supervision and training to laboratory staff in the district hospitals.

Activity 6: Refurbish Laboratories at Central and District Hospitals

During FY 2008, HUTAP will complete the refurbishment of the Malamulo Hospital laboratories with EP funding. All laboratories will be supplied with high quality laboratory furnishing, equipment, supplies, and reagents. Service contracts will be provided for all major equipment. HUTAP will provide support to laboratories that presently have the greatest capacity to carry out quality testing including trained staff, supervisory structure, and those that will participate in the national quality assurance program. These laboratories are closely linked to ARV and PMTCT service delivery.

Activity 7: Support or build laboratory Centers of Excellence (COE)

HUTAP will target the following sites as COEs: Kamuzu Central Hospital - KCH, Mzuzu Central Hospital, Thyolo District Hospital, Queen Elizabeth Central Hospital (QECH), Malamulo Mission Hospital, and Mzimba District Hospital. These sites will provide HIV testing services and will be linked to ARV and PMTCT referral sites. All laboratories will be refurbished by HUTAP in partnership with the MoH through the Sector Wide Approach (SWAp). Though USG funds are not pooled in Malawi, USG partakes in the Program of Work for the MoH by supporting earmarked activities in the SWAp plan. Critical equipment will be upgraded, training provided, and systems for ensuring consistent stock of reagents and supplies will be established. They will be enrolled in national and international QA programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10749

Related Activity: 15083, 14619, 18197

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10749	10749.07	HHS/Centers for Disease Control & Prevention	Howard University	7561	7561.07	Howard Base	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18197	18197.08	6894	5577.08	Howard GAP	Howard University	\$0
14619	6062.08	6888	3897.08	CHSU GHAI	Ministry of Health, Malawi	\$90,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	0	False
12.2 Number of individuals trained in the provision of laboratory-related activities	0	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	0	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3897.08

Prime Partner: Ministry of Health, Malawi

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 6062.08

Activity System ID: 14619

Mechanism: CHSU GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$90,000

Activity Narrative: Summary

In FY 2008 CHSU will focus on expanding a refresher supervisory training course for Quality Assurance and Referral Laboratories (QARL), provide national quality assurance including external quality assurance for all diagnostics and patient monitoring associated with HIV/AIDS, conduct additional quality assessments at HIV/AIDS service provision sites, support the ART drug resistance surveillance, and provide infrastructure improvements at the national reference laboratory.

Background

The Ministry of Health (MoH) has the sole responsibility to provide centralized HIV reference-laboratory services through the National HIV Reference Laboratory (NHRL). The NHRL, a component of the Community Health Sciences Unit (CHSU) has been responsible for comprehensive reference functions including quality assurance for all testing including HIV diagnosis and monitoring, the evaluation of new testing materials, the development of standard operating procedures, training and certification of HIV test providers, as well as the national field supervision of laboratory service providers. Also CHSU is responsible for providing refresher supervision training for QARL technicians.

The MoH financially supports CHSU with all of its day to day administrative costs. PEPFAR funds in the past have supported laboratory infrastructure improvements, HIV surveillance including ARV drug resistance, training, and quality assurance for HIV testing. Through the Howard University Technical Assistance Program (HUTAP), PEPFAR funds have been used to recruit, place, and support critical staff at the NHRL.

Limitations of the physical infrastructure at CHSU, lack of the appropriate complement of equipment, shortage of staff, and inadequate transportation were a major impediment to the full utilization of the NHRL at CHSU. In spite of those constraints, in FY 2007 all laboratory staff involved in HIV and STI surveillance, including ARV drug monitoring and threshold surveys were trained as part of implementation of specific surveillance programs or activities using FY 2006 Emergency Plan (EP) funds. CHSU provided quality assurance support to more than 300 VCT coordinators, counselors, and other health staff in 27 districts. CHSU evaluated several HIV rapid tests and was able to use the data to advise the MoH on the transition from parallel testing to serial testing with tremendous savings to the GoM.

Activity 1: Conduct Refresher Supervision Training for QARL Technicians

Three consecutive EQA program supervision reports between Nov 2006 and May 2007 have detailed the fragility of the EQA program in absence of orientation of all VCT coordinators and other health staff in 27 districts to ensure standardization and consistency in the implementation of the national EQA program. In addition, the arrival of new technicians and rotation of existing ones in most Quality Assurance Referral Laboratories (QARLs) necessitates refresher training to enhance supervision skills for the HIV EQA activities in general. The refresher training provides an opportunity to introduce changes in national HIV testing algorithms and to train the staff for biosafety and specimen management (collection, storage, packaging, and transportation) for existing technicians and other relevant support staff at the QARLs. Technicians are medical technicians working in medical hospitals (both Government and private), district hospitals, and three Christian Health Association of Malawi (CHAM) hospitals.

Since it is difficult for a government institution (MoH) to supervise CHAM and vice versa, CHSU provides oversight to supervisors who manage their own sites. Refresher training for QARL technicians is an on-going activity supported with EP funds. In order to ensure sustainability, DHOs are contributing to and incorporating these activities into their budgets.

Activity 2: Provide National Quality Assurance for all Surveillance and Laboratory-based Activities in Support of the Diagnosis, Treatment, and Care of HIV/AIDS

The national external quality assurance (EQA) program is in its infancy and thus fragile. Many districts have started including key activities in their district implementation plans. However, it is still necessary for CHSU to provide strong leadership, through provision of technical advice, supervision, and logistics, on a quarterly basis until a significant number of districts truly can continue without this intensive probing by CHSU. Intensity of involvement will vary according to supervision/surveillance activity.

This quality assurance activity feeds back into the QARL. In activity one, the target population were the medical technicians. This target population includes everyone involved in HIV/AIDS testing, including district HIV/AIDS coordinators, counselors, health surveillance assistants, and national supervisors. Special populations such as those in the prison service, defense forces, police, etc. are being targeted. Quality assurance programs need to be in place in order to ensure that these disparate populations are receiving quality HTC services.

This is an on-going activity supported by the EP. These national quality assurance activities also are supported by MACRO international, MSF, NAC, and wrap around Child Survival funds to USAID.

Activity 3: Conducting Additional Quality Standards Evaluations

Since technology is constantly changing, it is important to remain knowledgeable of revised test kits and new laboratory methodologies, HIV testing algorithms, and procedures. As technology changes, CHSU will conduct additional quality standard evaluations to ensure that new procedures adhere to best practices. This is an on-going PEPFAR activity. New funding will be used to support the multiple stages of evaluations including field use of test kits.

Activity 4: Support the ART Drug Resistance Survey

In FY 2007 with EP funding, the NHRL conducted a successful ART drug resistance threshold survey. Data from that survey indicated a <5% resistance in drug naive populations. A similar retrospective survey of drug resistance was conducted in populations who have been on treatment for 1 year. This also showed a <5% prevalence. With FY 2008 funding, the NHRL will continue to conduct threshold surveys as well as

Activity Narrative: prospective surveys.

Activity 5: Physical modifications to Existing Laboratory Facilities at CHSU to Meet Appropriate Technical and Security Requirements for the Proper Functioning of a National HIV Reference Laboratory in Malawi.

Renovating HIV laboratories is essential in order to keep up with the demand for and complexity of HIV/AIDS testing services. In FY 2006, benches and shelves were installed but more work needs to be done. Floor tiles will be fixed, hoods will be replaced, safety cabinets installed, ceilings repaired, and an air conditioning system installed. Also there is a need to maintain communication infrastructures, including the installation of telephone lines, internet services, and new computers that can be hooked to modern equipment (e.g. CD4 testing machines). Finally, issues of lab security including restricted access will be addressed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9975

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21329	6062.21329.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Malawi	9277	3897.09	CHSU GHAI	\$90,000
9975	6062.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Malawi	5354	3897.07	CHSU GHAI	\$85,500
6062	6062.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Malawi	3897	3897.06		\$75,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	27	False
12.2 Number of individuals trained in the provision of laboratory-related activities	480	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	81,290	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Other

Religious Leaders

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5660.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (USAID)

Budget Code: HLAB

Activity ID: 17137.08

Activity System ID: 17137

Mechanism: JSI CSH

USG Agency: U.S. Agency for International
Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$400,000

Activity Narrative: Summary

Critical to any functional national laboratory system is a well-designed and managed supply chain system. Malawi has encountered many challenges with the national laboratory system mostly resulting from a very inefficient forecasting, procurement, and distribution system managed by the Central Medical Stores (CMS). This program proposes a baseline assessment to discern the supply chain's present capacity to handle laboratory supplies, as well as to identify any gaps in the system. Once the assessment has been conducted, the information will be used to advocate for a comprehensive strategic plan and policy for laboratory supplies, including a standardization exercise for laboratories that will provide the basis for a laboratory logistics system redesign and an implementation strategy. In order to better facilitate all of these activities, the project would also hire a dedicated focal person.

Background

While improved laboratory services was included as a vital element of Malawi's Essential Health Package (EHP) in 2002, laboratory infrastructure development has lagged behind other components as national implementation plans have moved forward. The DELIVER project's technical assistance (TA) has been requested by the Ministry of Health (MoH) through the Health and Technical Support Services department to implement more effectively this element of the EHP. Strengthening of laboratory supply chain management also will support care and treatment programs, improving the laboratory infrastructure upon which care and treatment depend. Once implemented, it is expected that these activities will help improve laboratory services and thereby contribute to the success of the EHP.

Activity 1: Lab Focal Person

The DELIVER project will recruit and place a locally-based Laboratory Focal Person (LFP) to provide in-country support and activity monitoring. The LFP will serve as the main point of contact with the MoH and CMS for laboratory-related issues. The LFP will directly monitor each of the activities outlined herein. If necessary, the LFP will receive training in logistics and supply chain management to increase his/her efficacy. The project will discuss the possibility of transitioning the LFP into a government position within the MoH when proposing the position. In addition to the LFP, the Country Director and Resident Logistics Advisor will also play a large part in conducting these activities.

Activity 2: Base Line Assessment

The DELIVER project will conduct a baseline assessment of the current supply chain capacity for laboratory supplies management, using a laboratory assessment tool, ATLAS, in order to identify needs and gaps in the system. As the current laboratory system has not yet undergone a full assessment, this activity will provide essential information regarding context and system structure as well as informing all of the additional activities planned for FY 2009. The system-wide assessment will include counterparts from the MoH and CMS. To be initiated in early FY 2009, this activity will draw upon TA from both the local office (Lilongwe) and headquarters (Washington DC) of the DELIVER project.

Activity 3: Lab Supply Chain Management

The DELIVER project will facilitate the development of a strategic plan and policy on laboratory supply chain management issues. This will be through advocacy meetings and strategic planning sessions with key stakeholders, including the MoH, CMS, Regional Medical Stores, District Laboratory Technicians, and potential counterparts from the private sector. To ensure long-term commitment to policy implementation, the formation of a laboratory logistics working group will be strongly recommended. As part of this activity, drawing on members of the logistics working group, a standardization exercise will be conducted to provide the foundation for future quantification and system design work.

Activity 4: National Forecasting

The DELIVER project will work with the MoH on a national forecasting exercise to estimate laboratory commodity requirements and identify any funding gaps for the current and next fiscal year. This activity will include TA from the local office (Lilongwe) and headquarters (Washington, DC) of the DELIVER project. Representatives from the MoH, CMS, and other potential members of the laboratory working group will participate in the exercise and assist in drafting a plan to help address any funding gaps.

Activity 5: Lab Supply Logistics System

The DELIVER project will design a national logistics system for laboratory supplies, in collaboration with Regional Medical Stores, CMS, and the MoH. In addition to filling the gaps identified by the baseline assessment (Activity 2), the new design will include special requirements for monitoring and handling of those supplies that cannot be distributed with other essential commodities. Also, the system will incorporate key indicators identified as part of the initial assessment for monitoring purposes.

Activity 6: Standard Operating Procedures (SOPs)

The DELIVER project will develop Standard Operating Procedures and a preliminary training curriculum for system users in the handling and ordering of laboratory supplies. In conjunction with the curriculum, a training roll-out plan targeting all District Laboratory Technicians, will be developed. A preliminary training of trainers will be rolled out to at least one group of potential local trainers, identified from among local laboratory technicians, the CMS, and Regional Medical Stores staff. A Performance Improvement Specialist from the Washington, DC office will join local staff to help develop and give the training of trainers. This activity will begin in FY 2009 with definite implications for continuation into FY 2010.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	0	False
12.2 Number of individuals trained in the provision of laboratory-related activities	170	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	0	False

Indirect Targets

This partner will indirectly contribute to 115 service outlets.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9210.08

Mechanism: FY08 Compact - Staffing/CDC

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 21097.08

Planned Funds: \$150,000

Activity System ID: 21097

Activity Narrative: The new lab coordinator on the USG Team will provide technical oversight for the expansion of lab services in support of the Malawian national efforts for treatment and care. The technical lead will oversee and provide empirical data for monitoring the effectiveness of the interventions during the scale-up phase of the new partnership.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9208.08

Prime Partner: Howard University

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 21083.08

Activity System ID: 21083

Mechanism: Howard GHCS (State)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$536,000

Activity Narrative: Summary

This activity has split funding with activity ID#10749 and share identical narratives.

Beginning in 2008, HUTAP will request Emergency Plan (EP) funding to retain employees that oversee activities at the HIV Reference Laboratory and for the Pediatric HIV Diagnosis program. In addition, HUTAP is proposing a five-year laboratory infrastructure support plan with EP funding to: (1) update pre-service training curricula that target HIV diagnosis, disease monitoring and opportunistic infections diagnosis; (2) train trainers and clinical instructors on new HIV curriculum content, educational methodology and curriculum implementation; (3) conduct in-service-training in management, HIV diagnosis, and disease monitoring for lab technicians at service delivery sites; (4) support or create Laboratory Centers of Excellence at key high throughput service-delivery sites for HIV testing and patient monitoring; (5) bridge human resource gaps through recruitment and hiring of senior level laboratory personnel, and (6) continue to support the HIV epidemiologist that is implementing the HIV Surveillance activities, including ARV Drug Resistance and Monitoring, and HIV Behavioral Surveillance studies.

Background

For the previous four years, Howard University has provided technical assistance (TA) to Malawi with a focus on strengthening laboratory testing capacity for HIV/AIDS services. Until March 2007, the program received its funding through a cooperative agreement with USG through the CDC-GAP University Technical Assistance Program (UTAP). Through this program Howard University Technical Assistance Program (HUTAP) provided support to two pre-service laboratory training institutions which together now graduate as many as 80 laboratory technicians a year.

In FY 2007, HUTAP expanded its assistance to Malawi through a subcontract with the MoH. An epidemiologist, a laboratory manager, and a laboratory supervisor were hired and placed at the Epidemiology Unit and the National HIV Reference laboratory, CHSU. Also, through an existing funding mechanism, a project manager, laboratory coordinator, and three laboratory technicians were hired for the scale-up of the pediatric HIV diagnosis and referral network under the MoH.

HUTAP will continue its strategy to improve laboratory services in Malawi through the following activities:

Activity 1: Conduct In-Service-Trainings

HUTAP will build the capacity of laboratory staff in HIV diagnosis and disease monitoring, lab safety, and management through in-service training. HIV testing workshops will be conducted to cover topics such as HIV Rapid Testing, ELISA, Flow Cytometry and CD4 enumeration, PCR, and OI diagnosis. This activity will target laboratory technicians who are working at HUTAP supported laboratories and from other laboratories linked to HIV service delivery sites. The new funding will allow HUTAP to build on its achievements in FY 2007 where 82 lab technicians received knowledge and skills updates in Infection Prevention/Lab Safety, HIV testing including CD4 and PCR, Lab Management, and Effective Teaching Skills.

Activity 2: Strengthen and update laboratory pre-service curriculum in HIV diagnosis, disease monitoring, and opportunistic infections (OI)

In 2005, HUTAP along with a core team of laboratory tutors, technicians, and curriculum development experts, developed an HIV testing pre-service learning package. The competency-based curriculum was designed to address gaps that were identified in the HIV content in the pre-service curriculum. The core competencies (HIV testing, Lab Management, Safety and Ethics) were integrated into existing courses in which the content was taught.

With new funding, the learning package will be expanded to include theoretical and hands-on applications along with reference materials and assessment tools for CD4, PCR, and OIs. HUTAP will continue to procure the necessary equipment and supplies to support the practical training component. Prior to the implementation of the updated curriculum, HUTAP will conduct a training of trainers and clinical instructors on new HIV curriculum content, educational methodology and curricular implementation.

Activity 3: Employ High-level Managerial and Lab Technical Staff

An HIV epidemiologist, HIV reference laboratory manager, and supervisor were hired through a MoH/CDC subcontract in an effort to strengthen the National HIV/AIDS Reference Laboratory at CHSU under the MoH. Through the existing contract, they will continue to provide adequate management and supervision of the HIV reference lab and HIV surveillance activities, and assist in the development and implementation of the national quality assurance programs for HIV testing.

Through the previous CDC-UTAP COAG, HUTAP has hired two laboratory tutors at the Malawi College of Health Sciences to assist with the implementation of the HIV pre-service curriculum and to provide supervision and training of students at designated clinical training sites. Through this funding mechanism, HUTAP also recruited three lab technicians, one laboratory coordinator, and one Project Manager to assist the MoH with the scale-up of the pediatric treatment and care program. This one year demonstration project will advise the Malawi national scale-up plan for pediatric ART care and treatment.

HUTAP will request EP funds to extend these positions through FY 2009 based on results from program assessments and staffing needs. Where vacancies exist, HUTAP in collaboration with the MoH and USG, will recruit personnel from sub-Saharan region, including Malawi, to fill the positions.

Activity 4: Implement and Monitor QA programs for HIV-related Testing

Using FY 2008 Emergency Plan (EP) funds, HUTAP will increase the capacity at government and mission hospital laboratories to carry out quality HIV diagnosis and disease monitoring by establishing national quality assurance programs for HIV, CD4, and PCR testing.

Activity 5: Provide Mentoring and Training for Laboratory Supervisors

Activity Narrative:

HUTAP will provide training and mentorship to laboratory supervisors and managers from central and district hospitals. Through this training and mentorship, supervisors will be able to manage the laboratory more efficiently and to assure accuracy and quality in testing results. Supervisors will be trained to oversee quality assurance programs instituted for HIV testing. This will be a collaborative effort between HUTAP and the EMLS-MoH since the EMLS is mandated to provide management/supervision and training to laboratory staff in the district hospitals.

Activity 6: Refurbish Laboratories at Central and District Hospitals

During FY 2008, HUTAP will complete the refurbishment of the Malamulo Hospital laboratories with EP funding. All laboratories will be supplied with high quality laboratory furnishing, equipment, supplies, and reagents. Service contracts will be provided for all major equipment. HUTAP will provide support to laboratories that presently have the greatest capacity to carry out quality testing including trained staff, supervisory structure, and those that will participate in the national quality assurance program. These laboratories are closely linked to ARV and PMTCT service delivery.

Activity 7: Support or build laboratory Centers of Excellence (COE)

HUTAP will target the following sites as COEs: Kamuzu Central Hospital - KCH, Mzuzu Central Hospital, Thyolo District Hospital, Queen Elizabeth Central Hospital (QECH), Malamulo Mission Hospital, and Mzimba District Hospital. These sites will provide HIV testing services and will be linked to ARV and PMTCT referral sites. All laboratories will be refurbished by HUTAP in partnership with the MoH through the Sector Wide Approach (SWAp). Though USG funds are not pooled in Malawi, USG partakes in the Program of Work for the MoH by supporting earmarked activities in the SWAp plan. Critical equipment will be upgraded, training provided, and systems for ensuring consistent stock of reagents and supplies will be established. They will be enrolled in national and international QA programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5577.08	Mechanism: Howard GAP
Prime Partner: Howard University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 18197.08	Planned Funds: \$0
Activity System ID: 18197	

Activity Narrative: Summary

The USG Malawi team in partnership with a consortium that includes Baylor College of Medicine, UNC, UNICEF, Taiwan Medical Mission, Clinton Foundation, and the Ministry of Health (MoH) supports the early infant diagnosis (using DNA PCR) and referral program. The USG Malawi team has an active presence in two of the four referral hospitals in the country and plans to expand to a third hospital in FY 2008. As part of the staging process for positive infants, the GoM requires CD4% enumeration where this is possible. A high throughput Beckman Coulter Epics CD4 enumeration machine already exists at Mzuzu hospital in the northern region. The USG Malawi team will procure two additional high throughput CD4 enumeration machines for the central and northern regional hospitals.

Background

In Malawi only 1% of individuals currently on ART treatment are referred from the PMTCT services. This is primarily because the national guidance was based on clinical staging and a reduced emphasis on CD4 enumeration. In a study conducted by UNC and other partners in Malawi it was demonstrated that as much as 25% of pregnant women who are eligible for ART treatment were missed because they did not have access to CD4 enumeration. Enrolling these women into treatment programs would not only save their lives but would also reduce greatly transmission of HIV from mothers to their infants. The GoM through funds from UNITAID has agreed to the procurement and installation of CD4 enumeration capability in each of the 28 district hospitals in the country. This does not however include the four referral hospitals in the country.

Activity 1: Procurement of CD4 Machines

In FY 2007 the USG-Malawi team used end-of-year funds to procure two Beckman Coulter Epics equipment for CD4 enumeration. Each of the new machines has a two year service contract. The contract covers preventive maintenance, equipment, and call-out service visits. The equipment will be installed and commissioned in FY 2008 at the Kamuzu Central Hospital in Lilongwe and the Queen Elizabeth Hospital in Blantyre. All necessary reagents and supplies for the four referral hospitals are provided by the Clinton Foundation.

Activity 2: Conducting Training and Tests

Key laboratory staff to provide the testing services have been recruited and trained by the USG partner Howard University (see Howard ID#10749). Reagents for performing 10,000 tests a year have been provided by the Clinton Foundation. The new staff will mentor and train their MoH counterparts.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15422, 14638

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15422	15422.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$260,262
14638	10749.08	6894	5577.08	Howard GAP	Howard University	\$134,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	False
12.2 Number of individuals trained in the provision of laboratory-related activities	0	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	0	False

Indirect Targets

This partner will support indirect targets. Additionally, Activity # 10749, Howard University is responsible for training people.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$2,290,982

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

Monitoring and evaluation, health management information systems (HMIS) and surveillance are identified as one of the priorities in the Malawi National Action Framework (NAF) and are equally high priorities in USG-supported programs. USG SI activities are designed to assist Malawi in meeting its SI goals of generating empirical information about HIV/AIDS that informs policy, practice and interventions to track progress in the implementation of the NAF.

The Global Fund supports the bulk of Malawi's national response to HIV/AIDS activities. However, the USG provides a critical link by strategically leveraging resources to fill programmatic gaps, specifically as they relate to SI. This is primarily accomplished through both direct technical assistance and placement of technical assistants in key partner organizations. USG's Strategic Information (SI) Team, includes a SI Liaison, two M & E Officers (including the non-PEPFAR funded USAID Mission M&E Officer), an Epidemiologist, and an ASPH Fellow. The SI team works collectively with the MoH and a wide range of partners to set targets, supervise program implementation, strengthen reports, and ensure that data are properly gathered and monitored for data quality.

Malawi faces many SI challenges in FY 2008, namely a weak infrastructure, including human capacity, supervision, and information and communications technology. Systems for data feedback and use, especially at district and programmatic levels, remain weak. And there is a continuing need for harmonization of SI frameworks and systems to support the "Third One."

Previous USG Support

Since 2002, the USG has provided technical expertise in all areas of strategic information and received The Strategic Information Team Building and Reporting (STAR) Award in recognition of their commitment to improving Malawi's information systems infrastructure and management, for M&E and SI training and support to staff at the MoH and other HIV implementing partners, technical assistance in developing and implementing a national M & E Plan, national epidemiology and surveillance activities, the development and evaluation of the national ART monitoring and evaluation system and selected targeted evaluations.

In FY 2007, USG provided technical assistance in strategic information to 66 local organizations and trained more than 100 individuals in SI, building organizational capacity for data management, analysis and use. USG also supported population-based surveys and surveillance activities to monitor trends in HIV prevalence and associated behaviors.

USG supports a comprehensive approach to strengthening SI, building capacity at national, district, and community levels; and actively supports the "Third One": one harmonized and functional M&E system for the national response to HIV/AIDS.

In the spirit of the "Third One", the USG has partnered with the MoH to:

- Support technical staff to strengthen routine systems, data quality assurance, and operations research
- Support an HIV M&E position at Lighthouse Trust to augment national training and capacity building
- Write, publish, and present key aspects of national ART M&E to national and international stakeholders
- Implement national SI workshops for developing strategic plans for M & E and surveillance activities
- Plan, implement and analyze surveillance and programmatic data for a data synthesis project
- Map HIV services to help inform program implementation and target setting
- Revision of TB/HIV and HCT registers

Malawi has monitored the national response to the HIV epidemic through the National HIV/AIDS M&E System, coordinated by the National AIDS Commission (NAC). Though planning and monitoring of HIV/AIDS programs have been decentralized, district level SI operations remain largely uncoordinated with donor supported national-level systems. In FY 2007, the USG provided support to update the National M&E System for HIV/AIDS, including an operational plan for a decentralized M&E system; the plan is finalized and USG will provide support for implementation.

USG Priorities in FY 2008

i. Monitoring and Evaluation

In FY 2008, the USG will assist with tool development; strengthening routine M & E systems, supervision/data quality assurance; designing and conducting targeted evaluation operations research to assess impact of partner interventions; and coordinating and collaborating on M&E issues within MoH (with HMIU), NAC, and other development and technical partners.

Mapping of HIV services, including ARV facilities, PMTCT sites and HTC services, provide valuable feedback to internal planning of PEPFAR activities, improve program evaluation, ensure equity in service distribution, and help inform target setting. In FY 2008, USG will support efforts to harmonize GIS efforts in Malawi.

In FY 2007, USG supported the revision of TB/HIV and HTC registers. In FY 2008, USG will continue to monitor and evaluate the use of these new tools and will provide critical technical assistance in developing and piloting M & E tools for PMTCT. Technical support, including data management, setting up systems of supervision, and facilitating data reporting and use to monitor the PMTCT program, will assist MoH in strengthening and harmonizing supervision tools and structures for high quality data at facility, district, and national levels.

In FY 2008, USG will provide funds to assist the GoM create an M&E team for the HIV/AIDS unit with strong links to the MoH's HMIU. This M&E Unit within the MoH HIV/AIDS Unit will assist with tool development, strengthening routine M & E systems, supervision/data quality assurance, design and conduct of operations research, and coordination and collaboration on M&E issues within MoH (with HMIU), with NAC, and with development and technical partners.

USG will continue to provide capacity building of implementing partners to achieve SI requirements. A workshop on data quality assessments will be held for all partners. As an outcome of the workshop, implementing partners will develop a data quality plan. The USG will conduct data verification site visits to ensure data is collected in an agreed upon manner. One-on-one site visits will be conducted to show partners how to use M&E to improve programs beyond reporting requirements.

ii. HMIS

HMIS are essential in supporting routine management, monitoring and accountability. The MoH is exploring the use of a real-time entry electronic data system to reduce the burden of reporting and to improve data quality at ART sites. Building on its FY 2005 assessment of the National ART M&E System, the USG will assist the MoH and implementing partners (Baobab and Taiwan Medical Mission) develop, pilot, and roll-out an innovative touchscreen-based electronic data system (EDS) for ART Monitoring.

In FY 2008, USG and members of the EDS Task Force will formally evaluate the EDS pilot and develop a scale-up plan for expanding the touch-screen systems to additional ART sites throughout Malawi. Furthermore, with USG EP funding in FY 2008, implementing partners in collaboration with the Task Force will work towards developing point-of-care EDS solutions for TB and PMTCT; establishing a national data warehouse for ART data; and developing robust electronic transfer mechanisms for patients receiving ART as they move between care sites.

USG is also striving to improve information technology and communications across all 26 Health Districts in order to strengthen the ability of Central Medical Stores (CMS) to handle selected HIV commodities (test kits, OI drugs). Functional internet connections will provide more accurate and timely data on consumption and ordering of OI and test kits.

iii. Surveillance

USG will continue to support development and dissemination of surveillance, targeted evaluation studies, and special studies to inform programs and policies. The USG has supported the Malawi Demographic Health Survey (MDHS+), and has ensured that results are translated into improved policies and programming. The USG also provided financial and technical support for the second round Behavioral Surveillance Survey (BSS) in 2006.

With FY 2008 funds, the third BSS funded by PEPFAR, will be conducted to monitor and assess trends in HIV-related knowledge, attitudes, and behaviors among the 13 most at risk populations originally assessed in the 2004 BSS with biomarkers to estimate HIV prevalence for these groups. In addition, USG will support planning activities for the next DHS+ to be conducted in FY 2009.

In FY 2007, in collaboration with WHO and MoH, USG supported the introduction of HIV drug resistance surveillance in Malawi, including drug resistance monitoring and a threshold survey. In order to ensure continued effectiveness of Malawi's ART program, which centers on one first-line therapy, it is essential to monitor the transmission of HIV that may be resistant.

USG has worked with the MoH to generate the first national Early Warning Indicator (EWI) report, a systematic way to monitor program factors that are associated with the emergence of drug resistance in order to identify potential problems areas. This report will be published in Antiviral Therapy HIVDR supplement. In FY 2008, USG should continue to work with the HIV/AIDS Unit to encourage the generation and use of these EWI reports.

In FY 2008, USG will continue working with MoH, NAC, and other stakeholders to develop a national surveillance plan. Concomitantly, USG will develop the capacity of MoH's Epidemiology Unit through the recently placed MoH HIV epidemiologist who will assume responsibility for the coordination and implementation of national HIV surveillance activities.

Products

- Roll out of operationalized national M and E Plan
- Development of OVC M and E plan
- HIV Response geographic analysis maps
- BSS implemented
- DHS+ survey

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	189
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	561

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5674.08	Mechanism: USAID CSH
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 6182.08	Planned Funds: \$260,138
Activity System ID: 17778	

Activity Narrative: Summary

USG Malawi provides technical assistance to partners in order to assist Malawi in meeting its SI goals of generating empirical information about HIV and AIDS that informs policy, practice and interventions, building capacity at national, district and community levels, and pursuing one of the 'three ones', one harmonized and functional Monitoring and Evaluation (M and E) system for the national response to HIV and AIDS. USG Malawi has hired a Strategic Information (SI) Advisor to serve as USG's primary Technical Advisor in monitoring and evaluation for country operations planning and reporting. The SI Advisor is the co-lead for the SI Technical Working Group in Malawi which holds regular Interagency meetings to review the SI portfolio. They will also serve as primary Technical Advisor in SI to other USAID health implementing partners.

Activity 1: Country Operational Plan

The SI Advisor will manage and coordinate SI-related processes required for the development of the annual COP; oversee the fiscal year and planning year target setting exercises. The SI Advisor is responsible for producing summary targets for the program areas in the COP. The SI Advisor will track the progress of results achieved by implementing partners against their targets and track overall progress in achieving EP goals.

Activity 2: Communication and Coordination

The SI Advisor serves as the primary conduit for communication on SI issues, challenges and policy questions. The SI Advisor will communicate directly with the SI TWG and coordinate the SI exchange with the in-country team.

Activity 3: Program Monitoring and Reporting

The SI Advisor is responsible for timely and quality collection and reporting of the EP program, monitoring, outcome and impact indicators of the EP's Program, Monitoring, Outcome and Impact Indicators. Country SI guidelines, standards, and manuals will be updated to ensure consistency with latest EP guidelines. The SI Advisor will produce summary targets and track the progress of results achieved by implementing partners.

Activity 4: Coordination of Monitoring and Evaluation

The SI Advisor will work with other USG and international organizations to harmonize EP's reporting requirements. The SI Advisor will work closely with Government of Malawi (GoM) officials responsible for monitoring and evaluation of the HIV/AIDS programs. The SI Advisor will establish and maintain close relationships with all international development partners representatives to ensure consistency and harmony of results reporting and to develop shared languages around issues of attribution. The SI Advisor will also work with USAID's M and E Advisor to ensure coordination and collaboration on broader health issues, especially at the intersection of HIV/AIDS and complementary programs.

Activity 5: Capacity Building

USG Malawi with other USG Agencies will build the capacity of implementing partners to achieve SI requirements. A workshop on data quality assessments will be held for all partners. The workshop will provide an opportunity to share experiences in improving data quality and introduce and apply data quality tools, techniques and methodologies for M and E activities. As an outcome of the workshop, partners will develop a data quality plan. The SI Advisor will conduct data verification site visits to ensure data is collected in an agreed upon manner. In addition, one-on-one site visits will be conducted to show partners how to use M&E to improve programs rather than just reporting requirements. The SI advisor will develop formal procedures for feedback to partners, conducting site visits for data quality assessments, and following up with partners to ensure that corrective actions are taken.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 11280**Related Activity:** 14639, 14620, 14604, 17393, 17134, 17148, 14616, 14597, 15084, 15420, 15439, 16527, 17449, 17772**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21360	6182.21360.09	U.S. Agency for International Development	US Agency for International Development	9284	5674.09	USAID CSH	\$252,846
11280	6182.07	U.S. Agency for International Development	US Agency for International Development	5674	5674.07	USAID CSH	\$346,000
6182	6182.06	U.S. Agency for International Development	US Agency for International Development	3959	3959.06		\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15439	5983.08	7141	3899.08	I-TECH	University of Washington	\$200,000
16527	16527.08	7141	3899.08	I-TECH	University of Washington	\$400,000
17393	11276.08	7742	5666.08	PACT CSH	Pact, Inc.	\$261,000
17134	11272.08	7666	5660.08	JSI CSH	John Snow, Inc.	\$200,000
17148	5979.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$29,095
15420	10012.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$259,451
14639	10859.08	6894	5577.08	Howard GAP	Howard University	\$6,000
14620	10708.08	6888	3897.08	CHSU GHAI	Ministry of Health, Malawi	\$60,000
14616	10729.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$30,000
14604	5989.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$72,000
14597	10745.08	6882	5576.08	Baobab	BAOBAB Health Partnership	\$200,000
17449	11277.08	7765	5667.08	PSI CSH	Population Services International	\$20,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	25	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9208.08

Prime Partner: Howard University

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 21084.08

Activity System ID: 21084

Mechanism: Howard GHCS (State)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$24,000

Activity Narrative: This activity has split funding and is the same activity narrative as HVSI#10859.

Summary

Activities under this program area include planning, designing, and coordinating all HIV activities within the Ministry of Health's (MoH) Epidemiology unit, including HIV Drug Resistance surveillance, and Integrated Disease Surveillance. Other activities involve the development of lab protocols and coordination of data collection and data entry; the analysis and interpretation of data; and the dissemination of findings.

Background

Howard University was funded by USG to strengthen the HIV testing capacity in Malawi through pre-service and in-service training. The funds were used to strengthen the knowledge and skills of laboratory tutors and clinical instructors in HIV testing through workshops and practical training. In FY 2007, Howard University updated and strengthened the laboratory science curriculum in HIV testing, Laboratory Management, Quality Assurance, Ethics, and Laboratory Safety. Laboratories were refurbished, supplies and equipment were purchased, and HIV testing standards to improve the quality of testing and training at the clinical training site were implemented. The project utilized regional and local contractors to assist with project implementation. All of this work was done in collaboration with the MoH, USG and other donor partners. It was based on a needs assessment that identified the training needs and resources required to build the capacity for HIV testing training at Malamulo and Malawi College of Health Sciences, and to prepare laboratory technicians working in government and private laboratories for expanded roles in HIV/AIDS testing.

Our efforts strengthened the laboratory infrastructure to support HIV diagnosis, monitoring of treatment effectiveness and surveillance. Since much of the equipment was outdated or malfunctioning, supplies and reagents were in short supply, and there was a great need to upgrade the knowledge and skills of laboratory personnel, HUTAP addressed critical needs for building the laboratory infrastructure in Malawi.

HUTAP supported the MoH in addressing the shortage of laboratory personnel through recruiting and hiring laboratory technicians, lab supervisors a laboratory manager, and lecturers for the laboratory training schools. These efforts have assisted in building the capacity of Malawians to conduct laboratory testing in support of the scale-up of the antiretroviral therapy program.

In FY 2007, through a sub-contractual agreement with the MoH, HUTAP employed a Sr. HIV Epidemiologist to assist in the implementation and management of HIV/AIDS surveillance activities within the Epidemiology Unit at the Community Health Sciences Unit (CHSU) in the MoH. The hiring of an HIV epidemiologist has contributed greatly to the commencement of activities for the national HIV epidemiological surveillance system in the MoH. Through the guidance and supervision of the HIV epidemiologist, several achievements have been made in this program area. For example, in only 19 antenatal clinics was surveillance conducted since 1994. During FY 2007, the number of sites increased to 53 and now covers 26 districts through USG funding. Over 50 individuals including lab technicians and nurses have received training in surveillance procedures, documentation, and in the collection and processing of blood samples.

With FY 2008 funds, HUTAP will continue to support the Epidemiologist within CHSU's Epidemiology Unit, thus the following activity narratives are directly related to CHSU's SI narrative.

Activity 1: HIV Drug Resistance Surveillance

With FY 2008 EP funding, HUTAP will support the HIV Epidemiologist position in the MoH. More specifically, the epidemiologist will play a critical role in HIV Drug Resistance (HIVDR) Monitoring, including in FY2007 the HIVDR Threshold Survey to look at the transmission of HIVDR; generation of early warning indicator reports to monitor programmatic factors that have been linked to the development of HIVDR; and the HIVDR Retrospective Monitoring Survey to look at the development of drug resistance in patients that have been on treatment for one year.

With FY2008 funds, HUTAP will support the Epidemiologist within the CHSU Epidemiology Unit to implement the prospective HIVDR monitoring survey with the support of PEPFAR funds. Funding from the USG will support the site training, site preparation and supervision. The activity develops local capacity through training site members in surveillance methodology and specifically the implementation of the monitoring survey. Four sites are selected to serve as sentinel sites for Malawi in Mzuzu, Lilongwe, Blantyre and Thyolo. CHSU will mobilize other funding to support the generation of the Early Warning Indicator (EWI) report, and the next threshold survey will occur in FY 2009.

Activity 2: Technical Assistance for Data Analysis, Interpretation, and Use

The Epidemiologist will help develop protocols; coordinate data collection, data entry and data analysis; will disseminate findings and respond to the MoH and other key stakeholders. The epidemiologist will take part in HIV surveillance activities, including an inpatient survey for HIV cases, and interpret findings for program planning. The epidemiologist will actively participate in data triangulation activities that are coordinated by NAC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3886.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GAP

Budget Code: HVSI

Activity ID: 18903.08

Activity System ID: 18903

Mechanism: CDC Base

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$206,998

Activity Narrative: Summary

The USG Malawi Monitoring and Evaluation (M and E) Officer provides technical leadership and program management for M and E and Health Management Information System activities, including strategic planning, routine monitoring and evaluation, capacity building, and data quality assessments. USG provides technical assistance to partners in order to assist Malawi in meeting its SI goals of generating empirical information about HIV and AIDS that informs policy, practice and interventions, building capacity at national, district and community levels, and pursuing one of the 'three ones', one harmonized and functional M and E system for the national response to HIV and AIDS.

The PEPFAR team employs two full-time M and E personnel (CDC M and E Officer and USG SI Liaison Advisor). The CDC M and E officer functions as an integral member of the GAP office in Malawi, and initiates, conducts, and coordinates complex HIV/AIDS M and E program activities in collaboration with the Ministry of Health (MoH), its National AIDS Commission (NAC), nongovernmental, multinationals, and bilateral organizations. In FY 2007, the M and E Officer advised the USG on matters related to the measurement of its contribution toward achieving PEPFAR's targets, translated M and E and other Strategic Information (SI) into improved programming and delivery of services, strengthened systems of accountability for use of PEPFAR resources, contributed to a single national monitoring and evaluation (M and E) system in Malawi and strengthened systems and capacity among partners to collect, manage, and use quality M and E data to inform program and policy in the national response to HIV and AIDS.

Activity 1: Country Operation Plan Development (COP)

In FY 2008, the M and E Officer will ensure systems are in place at USG and USG's implementing partners to effectively plan and monitor programs for the Emergency Plan (EP) requirements. In close collaboration with the USG HIV/AIDS Coordination Team (HCT), and in collaboration with the USG/Malawi Strategic Information Liaison, the M and E Officer manages and coordinates M&E-related processes required for the development of the annual COP for CDC-funded partners and provides technical guidance on M and E needs of the EP in Malawi. The M and E Officer will build implementing partner capacity to respond to planning and reporting requirements, review and assess the targets set by individual partners and ensure that they are ambitious, yet reasonable. The M and E Officer will track the progress of results achieved by implementing partners against their targets and track overall progress in achieving the EP goals as outlined in the Malawi strategy and, when needed, recommending adapting targets to be consistent with appropriated budgets, country constraints, and new opportunities.

Activity 2: Coordination for Monitoring and Evaluation

In FY 2008, the M and E Officer will continue to provide technical support to the ongoing implementation and enhancement of the National HIV/AIDS M and E System, including harmonization of national indicators, data sources, and reporting systems to assess progress and report on HIV/AIDS programs in Malawi. The M and E Officer will also participate in key technical working groups (the Monitoring and Evaluation and Information Systems Technical Working Group at NAC and the Monitoring, Evaluation, and Research Technical Working Group at MoH) to ensure enhanced coordination, harmonization, and strengthening of M and E Systems. The M and E Officer is expected to establish and maintain close relationships with all international development partner representatives and GoM officials working in these areas to ensure consistency and harmony of results reporting and to develop shared languages around issues of attribution. The M and E Officer is also expected to participate in the collaboration and coordination of activities with other international partners present in country (e.g., World Health Organizations (WHO), UNAIDS, Global Fund to Fight AIDS, TB and Malaria (GFATM), and the World Bank).

Activity 3: Strategic Planning

In FY 2008, the M and E Officer will assist with the coordination of strategic planning, monitoring, and evaluation of programmatic activities of USG, including the development of M and E plans and standardized program monitoring systems. The M and E Officer will work closely with USG staff across HIV/AIDS technical areas supported by USG to ensure that data generated by the M and E systems are useful and used for program planning, policy development, advocacy, and program evaluation.

Activity 4: Technical Leadership and Coordination of EDS

In FY 2007, USG played a critical leadership role on the Electronic Data System Task Force, and provided technical input on the evaluation of the EDS system. A detailed evaluation protocol has been developed outlining the methodology and timeline for the pilot of the Electronic Data System (EDS) for ART. The tools for data collection include a time-flow survey tool, a quality of care observation form, user surveys and system error log forms. The evaluation protocol and tools have been shared with a broader audience, including a presentation at the HIV implementers meeting. Additionally, USG facilitated a detailed and systematic beta testing for the two systems under development.

In FY 2008, the M and E Officer will continue to provide technical leadership and coordination to Electronic Data System for ART pilot and roll-out, including the coordination of the EDS Task force, the coordination and implementation of the EDS pilot evaluation, the finalization of data transfer/exchange (HL7, Data Repository), roll-out planning (site development, evaluating EDS roll-Out), and documentation and dissemination of Malawi EDS as Best Practice.

Activity 4: Program Monitoring and Reporting

The M and E Officer will continue to be responsible for timely compilation and reporting of indicators for monitoring the progress of the Emergency Plan for USG-funded partners. This requires the updating and dissemination of country M and E guidelines, standards, and manuals to partners and ensuring consistency with the latest Emergency Plan M and E guidelines. In FY 2008, the M and E Officer, in collaboration with the HCT team, will ensure that the Emergency Plan data and indicators meet benchmark data quality standards; and will be the point of contact for auditors and program reviewers addressing reporting standards.

Activity Narrative: The M and E Officer will also provide technical oversight to activities and milestones agreed upon with the partners and the USG management team. As the primary point of contact, the M and E Officer will meet with the partners on a regular basis to review progress, and provide technical input to strengthening the implementation and coordination of partner activities.

Activity 5: Systems Strengthening/Partner Capacity Building

In FY 2008, the M and E Officer will work with USG funded partners, including National AIDS Commission and Ministry of Health, to strengthen their M and E capacity. The M and E Officer will support partners in their efforts to better plan and monitor programs using M and E and other strategic information. Assistance may include training or technical assistance in data collection, data management, analysis, data use and dissemination. The M and E Officer will provide assistance to USG partners to enhance M and E systems through the use of innovative technologies. The Officer will support CDC partners to better understand implications of M and E data and translate M and E findings into meaningful programs and practices.

Activity 6: Data Quality Assessment Tools

In collaboration with the OGAC SI Liaison and USG SI Liaison Advisor, the M and E Officer will work with local partners to implement data quality assessment activities to assess the data collection, reporting, and management systems in place to measure indicators of program and project success.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14619, 15439, 14620

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14619	6062.08	6888	3897.08	CHSU GHAI	Ministry of Health, Malawi	\$90,000
14620	10708.08	6888	3897.08	CHSU GHAI	Ministry of Health, Malawi	\$60,000
15439	5983.08	7141	3899.08	I-TECH	University of Washington	\$200,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3899.08	Mechanism: I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 16527.08	Planned Funds: \$400,000
Activity System ID: 16527	

Activity Narrative: Summary

This activity will support national Monitoring and Evaluation efforts through the recruitment, placement, and training of an M and E Unit within the Ministry of Health's HIV and AIDS Unit. The proposed M and E Unit will comprise a senior M and E Technical Advisor and two local counterparts.

Background

HIV services are rapidly scaling up in Malawi and with the scale-up in services, the need for strong monitoring and evaluation of the response is critical. Data are needed to monitor site performance, guide policy development, and for quantification and forecasting of drug and commodity needs.

Though the Health Management Information Unit (HMIU) has the overall mandate for monitoring of the SWAp and Program of Work within MoH, the HIV/AIDS Unit currently has considerable M and E needs that the HMIU does not have capacity in place to support.

Placement of additional staff and resources for M and E within the Ministry of Health would greatly strengthen coordination and leadership for M and E within the HIV/AIDS Unit as well as HMIU to more actively work with implementing partners on M and E issues. The team would have the capacity to take on limited but focused M and E implementation roles, e.g. routine data collection and reporting, monitoring HIV-related training programs in the Unit, and drug and commodity quantification and forecasting.

Key M and E related needs were identified through discussions with various programs within the Ministry of Health. Placement of additional M and E resources within the various Units could begin to address the following:

- Provide overall leadership and coordination to M and E activities
- Development and Revision of M and E Tools (e.g. registers)
- Data Management and Reporting of Routine Service Delivery Data
- Supervision of Service Delivery Sites (Data Collection and Quality Assurance)
- Data Management of Routine Training Data
- Quantification and Forecasting of drugs and other commodities
- Design, Conduct and/or Disseminate Operational Research
- Informatics/Serve as internal point person for the ART EDS.
- Liaise with programs within MoH and provide technical assistance on M and E and operations research activities
- Serve as the point person on M and E issues for the Unit for other Units within MoH (HMIU), NAC, and external technical and development partners

Activity 1: National Monitoring and Evaluation of HIV Services

I-TECH will support national monitoring and evaluation of HIV services by providing technical assistance to the Ministry of Health through the recruitment and placement of a senior M and E Technical Advisor and two locally recruited M and E Officers at the HIV/AIDS Unit at the MoH. This is a new activity for 2008. Although the Health Management Information Unit (HMIU) has the overall mandate for monitoring of the SWAp (Health Sector Wide Approach) and Program of Work within MoH, the HIV/AIDS Unit currently has considerable M and E needs that the HMIU does not have capacity in place to support. This newly formed Unit will be responsible for monitoring site performance, and disseminating information relevant to policy development, quantification and forecasting of drug and commodity needs, and other areas. The team will support limited and focused M and E implementation roles, e.g. routine data collection and reporting, monitoring HIV-related training programs in the Unit, operational research and drug and commodity quantification and forecasting. I-TECH will collaborate with other implementing partners, including the LH, to continue to support the MoH, but with greater coordination and leadership provided from the Unit.

I-TECH is prepared to provide the necessary support, professional development opportunities, and IT-related operations and infrastructure for routine data collection. Resources will be offered including networking, database development, long-distance consultation, and other necessary resources such as computers, software, communication technologies, sponsorship of the senior Technical Advisor and his/her local counterparts at major conferences and meetings, and a vehicle for meetings and quarterly ARV site supervision. As part of I-TECH's global team of M and E Technical Advisors, the MoH M and E Advisor will have extensive tested resources to draw from in health services monitoring and quality improvement.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 16528, 16398, 16529

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16528	16528.08	7141	3899.08	I-TECH	University of Washington	\$300,000
16529	16529.08	7141	3899.08	I-TECH	University of Washington	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	5	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5660.08

Prime Partner: John Snow, Inc.

Funding Source: GHCS (USAID)

Budget Code: HVSI

Activity ID: 11272.08

Activity System ID: 17134

Mechanism: JSI CSH

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$200,000

Activity Narrative: Summary

As part of the Deliver project's ongoing system strengthening work in Malawi, the project proposes to develop the infrastructure and personnel capacity required to facilitate more timely data collection remotely. In addition, the project will also address the need for updates to the District-level Supply Chain Manager to meet the requirements of the HIV/AIDS system design from the previous year as well as the laboratory system design proposed for 2008-2009.

Background

Despite computerizing (automating) management of information at district level country wide, through the first Deliver Project using Supply Chain Manager software, the central level (Central Medical Stores (CMS) and its Regional Medical Stores (RMS)) have maintained a manual information system where electronically processed data at the lower level is handled manually at RMS and CMS level. It is against this background that the following activities are being proposed to improve on availability of strategic information at the central level to be used in decision making. The need to develop the MIS system at the Central and Regional medical stores level stems from the fact that until recently CMS/RMS were not responsible for managing the distribution of PMTCT supplies including test kits and other OI drugs. It is hoped that the success resulting from these activities will facilitate integration of ARV's into the supply chain system, which until now continues to be parallel.

As a result of the activities proposed under Strategic Information, with FY 2008 USG support, all 26 Health Districts will have functioning internet connections in order to facilitate more timely data reporting and transmission to the central level. In addition, Supply Chain Manager software will be modified to improve its features on reporting and monitoring for HIV test kits, OI's and eventually, ARV's as well.

Activity 1: Logistics Management Information System

The first activity will be development of standardized recording, reporting and transaction forms that will be used to collect information for program and planning purposes. The existing forms will be modified or changed to take into consideration the introduction of HIV/AIDS related commodities like HIV test kits, OI's and other related commodities into the Logistics Management Information System for both the service delivery level and that of the regional and central medical stores. This will also necessitate modifications to the existing supply chain manager software at the district level, to accommodate the new developments.

Activity 2: Supply Chain Manager Software

The second activity will be modifying the existing Supply Chain Manager Software (currently in place at all District-Level facilities) to fully integrate all HIV/AIDS related drugs and medical supplies into the system, as well as to develop any specific reporting requirements needed to help monitor and improve the system. Though ARV's are currently managed in a parallel structure, they will be included in the reporting and recording forms to make available consumption and other related information useful for decision making at the central level.

Activity 3: Strategic Information

The third activity under Strategic Information will be to facilitate the districts ability to send data to the central level remotely. Many of the 26 Health Districts in Malawi have no system put in place to enable information transfer using the Internet, greatly increasing the amount of time it takes to send reporting and ordering information to the Central Medical Stores and Regional Medical Stores. This activity will provide to districts and if need be to central hospitals as well, phone lines and hand sets in the pharmacy to facilitate dial up connections. However, since files to be sent through the email system will be bigger, software like WinZip 11.0 will be used to split files of bigger size into smaller sized files that can be sent over a dialup internet connection with less difficulty. The activity will take advantage of the recently introduced MTL dialup system which is freely available with no Internet Service provider fees attached.

Activity 4: Pharmacy Technicians

The fourth activity will be to train the pharmacy technicians and other cadres responsible for the management of information at various levels in the supply chain to be able to use the internet in sending the information to the central level.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 11272**Related Activity:** 17137, 17135

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21309	11272.2130 9.09	U.S. Agency for International Development	John Snow, Inc.	9268	5660.09	JSI CSH	\$200,000
11272	11272.07	U.S. Agency for International Development	John Snow, Inc.	5660	5660.07	JSI CSH	\$15,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17137	17137.08	7666	5660.08	JSI CSH	John Snow, Inc.	\$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* Malaria (PMI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	35	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5662.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (USAID)

Budget Code: HVSI

Activity ID: 5979.08

Activity System ID: 17148

Mechanism: JHCOM

USG Agency: U.S. Agency for International
Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$29,095

Activity Narrative: Summary

At the beginning of the project in July 2003, BRIDGE conducted both qualitative and quantitative research that identified several underlying factors of individual and collective behavior that could enhance HIV prevention practices – as well highlighted factors that may currently impede the widespread adoption of healthier behaviors. During early FY05, BRIDGE shared this research with partners at the national and district level. BRIDGE conducted two additional rounds of quantitative research during FY 2005 and FY 2006 to track change in project related outcomes. During FY 2008, BRIDGE will produce simplified overviews of the second round midterm research (conducted during FY 2007) and monitoring findings (in very easy vernacular) for use at the community level to build understanding about behavior change approaches and to inform local actions.

Background

With USG funding, BRIDGE has conducted periodic (approx. 1-1/2 year intervals), targeted evaluations of prevention activities using Knowledge, Attitude and Practice surveys and risk perception assessment frameworks to inform project progress and monitoring shifts in target population norms with respect to HIV prevention indicators beginning in July 2003.

The BRIDGE survey tool facilitates documenting an association between changes in attitudes and behaviors with exposure to BRIDGE HIV preventions interventions at the national and community levels.

With FY 2007 funds, an end of project assessment will be supported to determine changes in knowledge, attitudes and most crucially behaviors related to HIV prevention. This strategic information obtained will be shared with a wide cross section of stakeholders for use in on-going programs and the development of future strategies and approaches.

BRIDGE will continue to collaborate with local research partner organizations to track the evolution of behavioral indicators in Malawi – especially prevention behaviors. In addition to conducting surveys, BRIDGE will provide training to our partner in data quality assurance, sample design, interviewing skills, data coding and other related areas.

Activity 1: End of Project Evaluation and Dissemination

Towards the end of FY 2008, BRIDGE will conduct a quantitative, representative sample survey in our districts to assess change in indicators pertaining to (among others):

- Percent of young people that can correctly identify methods of HIV transmission and reject misconceptions;
- Percent of respondents expressing a willingness to express their HIV status to close friends or family members if found to be HIV positive;
- Percent of respondents utilizing HTC services;
- Percent of young people (15 to 24) who have never had sex;
- Percent of respondents (15 to 49) who had sex with more than one partner in last 12 months;
- Percent respondents 15 to 49 years old who report using a condom while having sex with a non-marital, non-cohabitating partner in the last year.

Activity 2: Program Partner Mentoring

BRIDGE will mentor and oversee its 19 program implementing sub-partners on reporting activities at both the district and central levels to ensure that data is gathered and reported in an accurate and timely manner. To this end, BRIDGE project officers will train project implementing partners and district coordinators on the use of the BRIDGE M and E tools to document achievement of training, outreach and capacity building targets; ensure understanding about the correct use of the tools; and ensure compliance with reporting requirements. The BRIDGE M and E assistant will review all monthly and quarterly submissions from partners to check incoming M and E data for reliability & validity; ensure all source documents are properly coded for easy access and identification; and tabulate data across districts and activities in a secure database to create summary tables. On a semi-annual basis the BRIDGE staff will conduct training activities for program officers and counterparts at its 19 implementing partners on data tracking, storage and management issues. BRIDGE will also conduct site visits to districts to ensure accuracy of M and E data reported to the office and proper record keeping by the program partner to meet data quality and performance standards. BRIDGE will supplement its internal trainings through collaborations with Pact's training initiative. As necessary, based on feedback from USG and other program partners, BRIDGE will update its M and E tools to support ease and maximum reporting accuracy.

BRIDGE has worked with a local research partner, Salephera, Inc., to gather strategic information since the beginning of the project. During that time, BRIDGE has built the capacity of the Salephera team, and they, in turn, continue to show their enthusiasm and abilities with new lessons and techniques. Since working with BRIDGE in FY04, Salephera has won research and evaluation tasks through competitive procurements from international NGOs and donor organizations. BRIDGE and Salephera have assembled a baseline study and two complete mid-term evaluations together.

BRIDGE's on-going data use for decision making is based upon the Risk Perception Attitude (RPA) framework that posits a behavioral relationship between perceived risk (susceptibility and severity) and efficacy (including self efficacy and response efficacy). This theoretical construct has guided the development of program interventions to date, and the new data collected will also contribute to the successful implementation of project activities, as well as informing partners and stakeholders of new information that will inform and be relevant to their efforts as we work together to harmonize national strategy.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11273

Related Activity: 17146, 17147, 17149, 17151, 17793, 17797, 17798, 17794, 17795

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24041	5979.24041.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10334	5662.09	JHCOM	\$0
11273	5979.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5662	5662.07	JHCOM	\$100,000
5979	5979.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3877	3877.06		\$27,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17151	17151.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$51,908
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17797	17797.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$40,000
17793	17793.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17798	17798.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$10,000
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17795	17795.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17149	6002.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$99,872

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	0	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3899.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 5983.08

Planned Funds: \$200,000

Activity Narrative: Summary

I-TECH will work in Human Capacity Development in Monitoring and Evaluation (M and E) of Clinical Services by placing a Technical Advisor at the Lighthouse Clinic. I-TECH will work at developing an effective referral system for HIV-positive TB patients and pregnant women with low CD4-counts to ART, and will provide mentoring support in M and E to 104 ARV clinics. I-TECH will provide technical expertise to the Electronic Data System Task Force on the development and launch of a pilot electronic data system for monitoring the national ART program, and will provide technical assistance in establishing M and E functions in the MoH's HIV/AIDS Unit.

Background

Since 2005, I-TECH has supported M and E activities of Lighthouse clinical services through technical assistance, human capacity development, and systems strengthening. Lighthouse has assumed a unique role in Malawi as the model centre for integrated HIV-care in the public sector. To fully realize this potential, the M and E Technical Advisor will further strengthen the Lighthouse in-house capacity to conduct operational research and to disseminate findings that are expected to influence national policy and practices.

Within the past year, with guidance and technical assistance from the I-TECH M and E Technical Advisor, Lighthouse has built a robust M and E unit including, 2 M and E officers, 3 IT officers and 4 data clerks. In 2008, the M and E Technical Advisor will continue to build the capacity of this 9-member team to carry out M and E of Lighthouse clinical services. Technical assistance is provided to ensure that Lighthouse has the means to effectively evaluate its work, to better inform national and international policy, and to collaboratively collect, validate and compile national data along with the Ministry of Health (MoH). Additionally, I-TECH will support the national M and E efforts through the recruitment, placement, and training of a senior M and E Technical Advisor and two local M and E counterparts within the MoH. The primary target populations are clinical (doctors, medical officers, nurses) and technical (IT, administrative, and other support staff) healthcare workers.

I-TECH supports the Lighthouse Clinic's capacity development goals in Monitoring and Evaluation (M and E) of its clinical services and ART program. In 2008, I-TECH proposes to provide technical assistance in systems strengthening and capacity building of the Ministry of Health (MoH) M and E Unit. Activities include: human capacity development, systems strengthening, operational research, dissemination of information, and M and E of PMTCT activities.

Activity 1: Human Capacity Development in Monitoring and Evaluation of Clinical Services

In 2008, I-TECH will continue supporting an M and E Technical Advisor at the Lighthouse (Lighthouse) Clinic. This activity focuses on the development of human capacity and program sustainability through continued on-the-job training of the Lighthouse Monitoring and Evaluation team. It covers work begun in FY 2006, which is consolidated and expanded for continuation in FY 2008. The I-TECH M and E Technical Advisor will continue to develop monitoring and evaluation systems with the Lighthouse M and E team to provide strategic information on the expanding HIV-services offered at Lighthouse and its new Centre. The core services now include: HIV testing and counseling, family-centered ARV clinic, integrated TB/HIV management, integration of PMTCT, home based care, community support group for PLWHA, therapeutic feeding, and training centre

Activity 2: System Strengthening and Quality Assurance

This is a continuing activity in Systems Strengthening and Quality Assurance. Lighthouse opened the new 'Martin-Preuss-Centre (MPC) Tithandizane-Clinic' on the Bwaila-Hospital campus in Lilongwe in December 2006. This clinic is Malawi's first center dedicated to the integration of TB and ARV services. In 2007, the I-TECH M and E Technical Advisor assisted with the design and implementation of aspects of the clinic operations (patient registration, patient flow, filing system for clinical records, management of lab-samples and results, referral protocols, etc.). In 2008, the M and E Technical Advisor will continue to guide the Lighthouse M and E team in the refinement of tools for routine data collection at the new centre. The effective referral of HIV-positive TB patients and pregnant women with low CD4-counts to ART has been identified as a new key challenge. The M and E team will continue to develop systems for monitoring of referrals and conduct research into the causes for failed referrals.

Activity 3: Local Organization Capacity Building

This is a continuing activity in Local Organization Capacity Building. In the past two years, the Lighthouse M and E team has assumed a growing role in providing services directly to the Ministry of Health, such as designing tools for M and E, national surveys, data entry and analysis, writing of reports. The I-TECH M and E Technical Advisor supports the HIV Unit directly through participation in the quarterly supervision and clinical mentoring of the 104 ARV clinics currently in the public sector. The model of direct provision of M and E services to the MoH has proven very successful and in 2008 the M and E team will continue their collaboration with the MoH. Activities will include: revision of the HIV Counseling and Testing Register and revision of the reporting of indicators from the approximately 360 HTC-sites; review of the national PMTCT activities and assistance with the HIV Unit in revising PMTCT M and E methods; conducting the 2008-round of the National Situation Analysis of HIV and TB Services with the teams from HIV Unit and CDC Malawi, and providing other technical assistance to the MoH.

Activity 4: HMIS, Survey/Surveillance, Reporting

Through his technical expertise and in-country clinical experience, the I-TECH M and E Technical Advisor has been able to make a significant contribution to the development of an electronic data system for the M and E of the national ART program (implemented by Baobab Health Partnership and Taiwanese Medical Mission in Mzuzu). The MoH has recognized this project as a key for the sustainability of the national M and E system for ART. A pilot of this system will be launched at 4 public ART clinics in July 2007 and the I-TECH M and E Technical Advisor will continue to support this project in the evaluation process and through technical support in FY 2008.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10714**Related Activity:** 15437, 15438, 14597, 15440**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21353	5983.21353.09	HHS/Health Resources Services Administration	University of Washington	9283	3899.09	I-TECH	\$400,000
10714	5983.07	HHS/Health Resources Services Administration	University of Washington	5360	3899.07	I-TECH	\$128,273
5983	5983.06	HHS/Health Resources Services Administration	University of Washington	3900	3900.06		\$130,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15437	10715.08	7141	3899.08	I-TECH	University of Washington	\$50,000
15438	6168.08	7141	3899.08	I-TECH	University of Washington	\$50,000
14597	10745.08	6882	5576.08	Baobab	BAOBAB Health Partnership	\$200,000
15440	6174.08	7141	3899.08	I-TECH	University of Washington	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Safe Motherhood

* TB

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	5	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3886.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HVSI

Mechanism: CDC Base

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Activity ID: 10012.08

Planned Funds: \$259,451

Activity System ID: 15420

Activity Narrative: Summary

The USG Malawi Epidemiologist provides technical leadership and program management over all HIV/AIDS surveillance, public health evaluations and management for a subset of USG partners in Strategic Information – related activities. This is an integral part of the USG team core competencies provided by CDC. USG provides technical assistance to partners in order to assist Malawi in meeting its SI goals of generating empirical information about HIV and AIDS that informs policy, practice and interventions, building capacity at national, district and community levels, and pursuing one of the 'three ones', one harmonized and functional M & E system for the national response to HIV and AIDS. PEPFAR supports implementation of these activities through partner organizations such as the HIV Drug Resistance Monitoring Survey (National AIDS Commission (NAC), Ministry of Health (MoH)), Data Triangulation (NAC), and Operations Research (NAC, Lighthouse).

Background

The PEPFAR team employs one full-time Epidemiologist who works as an integral member of the USG Malawi. The Epidemiologist initiates, conducts, and coordinates complex HIV/AIDS epidemiologic program activities in collaboration with the MoH, NAC, nongovernmental, multinationals, and bilateral organizations; and provides epidemiologic advice and consultation as a national and internationally recognized expert.

In FY 2007, the USG Epidemiologist provided technical support on several major activities, including the HIV Drug Resistance Threshold Survey (HIVDR) and Early Warning Indicator (EWI) Report, the Behavioral Surveillance Survey (BSS), the Demographic Health Survey (DHS) Lilongwe re-sample, and National Triangulation and Impact Assessment Workshops. The Epidemiologist served as a mentor to an Association of Schools of Public Health (ASPH) Strategic Information Fellow, also supported through PEPFAR, who assisted with implementation of these activities.

Activity 1: Technical Support for HIV Surveillance

In FY 2008, the USG Epidemiologist will provide direct technical support for a variety of HIV surveillance and epidemiology activities planned for Malawi, including the HIVDR Surveillance Activities (Prospective Monitoring Survey, Early Warning Indicator Reports), Data Synthesis and Triangulation, Behavioral Sentinel Surveillance (Interpretation of FY 2007 results, planning for FY2009 activities), and HIV Prevalence National Estimates Workshops. The epidemiologist will also continue to work with primary partners on reviewing the national surveillance plan, identifying gaps that require additional attention.

In addition to supporting these large surveillance activities, the epidemiologist will provide technical support as needed as a member of the Research Technical Working Group, BSS Technical Working Group, and HIV DR Task Force.

Activity 2: Assist Develop a National Surveillance Plan

The USG Epidemiologist will continue to work with MoH, NAC and other stakeholders to develop a national surveillance plan that includes both sero/biological surveillance as well as behavioral surveillance. This includes the development of an operational plan for the MoH Epidemiology Unit as it takes responsibility for conducting and or assuring HIV Surveillance

Activity 3: Maintain Collaborative Relations

The USG Epidemiologist will maintain collaborative working relationships and promote mutual sharing of surveillance data and analysis from HIV/AIDS programs with other USG partners, local NGOs, and donors. The Epidemiologist will provide technical assistance for planning, analysis and use of existing data as part of on-going 2nd Generation Surveillance, e.g. Triangulation analysis.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10012

Related Activity: 17134, 17449, 17148, 15439,
17393, 14620, 14616, 14639,
15084, 16527, 14604, 14597

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10012		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5365	3886.07	CDC Base	\$38,366

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16527	16527.08	7141	3899.08	I-TECH	University of Washington	\$400,000
15439	5983.08	7141	3899.08	I-TECH	University of Washington	\$200,000
17393	11276.08	7742	5666.08	PACT CSH	Pact, Inc.	\$261,000
17134	11272.08	7666	5660.08	JSI CSH	John Snow, Inc.	\$200,000
17148	5979.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$29,095
14639	10859.08	6894	5577.08	Howard GAP	Howard University	\$6,000
14620	10708.08	6888	3897.08	CHSU GHAI	Ministry of Health, Malawi	\$60,000
14616	10729.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$30,000
14604	5989.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$72,000
14597	10745.08	6882	5576.08	Baobab	BAOBAB Health Partnership	\$200,000
17449	11277.08	7765	5667.08	PSI CSH	Population Services International	\$20,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	0	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	False

Indirect Targets

This USG funded position contributes to national targets.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3897.08

Prime Partner: Ministry of Health, Malawi

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 10708.08

Activity System ID: 14620

Mechanism: CHSU GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$60,000

Activity Narrative: Summary

This activity will provide support for 1) HIV Drug Resistance (HIVDR) monitoring; 2) Inpatient AIDS Case Surveillance; and 3) Information Dissemination on surveillance and reference activities. The emphasis areas for this activity are: Human Capacity Development, Local Organization Capacity Building and Strategic Information. The primary target populations are adults.

Background

The Government of Malawi (GoM), through the MoH, mandates that the Community Health Sciences Unit (CHSU) develop local capacity for HIV reference laboratory functions, HIV surveillance, HIV information management, and quality assured HIV counseling and testing to support diagnosis, care and treatment of those infected with HIV and related illnesses. CHSU will continue to implement these functions in FY 2008 with USG support, through the Epidemiology Unit and the Public Health Reference Laboratory (PHL), specifically the national HIV Reference Laboratory (NHRL).

Since 2001, the Epidemiology Unit has conducted semi-annual antenatal HIV sentinel surveillance at 19 sentinel sites, increasing to 52 sites in 26 districts in 2007. The unit will continue to coordinate the national ARV drug resistance monitoring program every year. In FY 2008, the unit plans to conduct HIV prevalence survey amongst in-patients and a HIV threshold survey. These functions are part of ongoing, routine disease-surveillance and will continue in alternate years from 2008. The unit, through the Computer Lab will continue to provide training in data analysis for all MoH staff.

With previous USG support, CHSU has led the implementation of the HIVDR Threshold Survey, generation of the HIVDR early warning indicator report, and supported site preparations for HIVDR prospective monitoring survey

Because of the cost of implementing HIVDR activities, many USG partners are supporting various aspects of the FY2008 HIVDR prospective monitoring survey, including shipping and testing of samples. Also, these surveillance activities benefit from the USG investment in the HIV national reference lab infrastructure through USG expertise and resources. Finally, information from these HIV surveillance activities provides important information for program planning in the areas of HIV treatment, care, and support.

Activity 1: HIV Drug Resistance Monitoring

In FY 2007, the HIV drug resistance (HIVDR) task force (TF) began implementing a three prong approach for HIVDR monitoring in Malawi, including in FY 2007 the HIVDR Threshold Survey to look at the transmission of HIVDR; generation of early warning indicator reports to monitor programmatic factors that have been linked to the development of HIVDR; and the HIVDR Retrospective Monitoring Survey to look at the development of drug resistance in patients that have been on treatment for one year. The first two of these activities received direct technical and financial support from PEPFAR. Under the guidance of the HIVDR Task Force, the CHSU Epidemiology Unit has been the primary implementer of these activities.

In FY 2008, the CHSU Epidemiology Unit plans to implement the prospective HIVDR monitoring survey with the support of PEPFAR funds. Funding from the USG will support the site training, site preparation and supervision. The activity develops local capacity by training site members in surveillance methodology and specifically the implementation of the monitoring survey. Four sites are selected to serve as sentinel sites for Malawi in Mzuzu, Lilongwe, Blantyre and Thyolo. CHSU will leverage non-USG funding to support the generation of the Early Warning Indicator (EWI) report, and the next threshold survey will occur in FY 2009.

Activity 2: In-patient HIV Case Monitoring

Currently, the CHSU Epidemiology Unit passively collects information on new AIDS cases observed in a sample of hospitals and clinics. Many patients are never tested for HIV, rendering this method deeply flawed in terms of understanding the burden that HIV/AIDS places on these facilities. Both CHSU and the MoH HIV Unit value information on the impact of AIDS on health facilities, and how this burden fluctuates as a function of the overall national response. Therefore, beginning in FY 2008, CHSU will implement a week long opt-out HIV testing at general (non-disease specific) inpatient wards at select sentinel sites annually in order to monitor trends in HIV infection and potential AIDS case burden at health facilities. In order to ensure this event's success and sustainability, CHSU will implement this activity the week after the national HIV testing week, during which there are many mass media campaigns on the importance of HIV testing.

USG FY 2008 funding will support continued HIVDR surveillance activities at sentinel sites to inform the national ART program on patient sensitivities to the current treatment regimen. The STI and inpatient HIV surveillance activities will inform the ART program and MoH of the general burden of disease which will facilitate improved planning and forecasting.

Activity 3: Dissemination of Results

CHSU will use the three day workshop to get summary reports from HIV reference and HIV surveillance activities so that all participants from both arms of the program have a clear understanding of the program, and can produce one comprehensive report suitable for publication and dissemination. This activity has been done informally in the past, but CHSU, under the leadership of the Deputy Director of Preventive Health Services, will formalize this process and repeat it annually beginning in FY 2008. This first workshop will be attended by members of the CHSU HIV reference lab and Epidemiology Unit, as well as representatives of various partner organizations that provide external technical support.

Insufficient direct funding to CHSU will not allow translation of the report into ChiChewa. Therefore CHSU will work with other partners, most especially NAC, to translate and disseminate these results. CHSU will also take advantage of the existing bulletins and newsletter and annual conferences organized by NAC and internationally to disseminate the results.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10708**Related Activity:** 14619, 14639, 15084, 14604**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21330	10708.21330.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Malawi	9277	3897.09	CHSU GHAI	\$60,000
10708	10708.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Malawi	5354	3897.07	CHSU GHAI	\$49,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14619	6062.08	6888	3897.08	CHSU GHAI	Ministry of Health, Malawi	\$90,000
14604	5989.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$72,000
14639	10859.08	6894	5577.08	Howard GAP	Howard University	\$6,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	20	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	68	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5576.08

Prime Partner: BAOBAB Health Partnership

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 10745.08

Activity System ID: 14597

Mechanism: Baobab

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$200,000

Activity Narrative: Summary

Baobab will develop a point of care electronic data system (EDS) for TB and PMTCT, establish a national data warehouse for the Ministry of Health (MoH) and develop robust electronic transfer mechanisms for patients receiving ART as they move between care sites.

Background

Baobab, a local NGO, is dedicated to improving the delivery and management of HIV/AIDS care in Malawi through continued development, enhancement and support of information systems used in real-time by clinicians at the point of care. Baobab has been working with the MoH to incubate, design and deploy IT applications in healthcare. In Malawi, paper-based registers have traditionally been used to record patient/client data. This data is commonly transcribed and subsequently manually aggregated by staff with little or no training in medicine or clinical terminology. When attempts are made to retrospectively enter patient-level clinical data into computers, data entry errors are numerous, resulting in data that is generally incomplete and inaccurate. Baobab's strategy to improve data quality is to replace traditional paper-based data collection with point-of-care systems. Such systems, when appropriately conceived, augment clinicians' abilities to solve problems and make decisions related to clinical care, while transparently collecting complete and accurate clinical data as a by-product of system use.

Among the main challenges in Malawi in strategic information are: 1) addressing the issue of poor completeness and accuracy of routinely collected data; 2) facilitating the sharing of patient/client level data between sites (e.g. ART patient transfer between sites, TB and ART programs, ancillary services such as lab, pharmacy, x-ray and the clinical providers; and 3) generating and maintaining routine and ad-hoc reports. With USG Emergency Plan (EP) funding, Baobab will: 1) develop point-of-care EDS solutions for TB and PMTCT, 2) establish a national data warehouse for ART data, and 3) develop robust electronic transfer mechanisms for patients receiving ART as they move between care sites.

Activity 1: Develop Point-of-Care EDS Solutions for TB and PMTCT

With USG EP funding, two new modules will be created in FY 2008 as part of the broader suite of software applications created by Baobab to address HIV/AIDS care and treatment in Malawi. Both modules will be developed to share pertinent information with existing Baobab modules (e.g. HTC, ART, lab, x-ray), and existing modules modified to accommodate this integration. These new modules will be piloted at the Lighthouse Clinic/Martin Preuss Center, Kamuzu Central Hospital and Bwaila Hospital. However, it will leverage software tools previously developed for Baobab EDS systems, currently being utilized for HTC.

Expected results with FY 2008 funds include the introduction and integration of a point-of-care TB module, which is expected to improve the management of co-infected patients receiving TB treatment as well as increase uptake of patients starting ART, and facilitate a more holistic management for both HIV and TB. Introduction and integration of a point-of-care PMTCT module is expected to increase the uptake of mothers and children starting ART. An improved mechanism for transferring patients between ART sites is expected to improve continuity of care and minimize silent transfers (patients who unofficially switch care sites, sometimes starting treatment from scratch at a new site). And finally, the creation of a data warehouse for patient-level HIV data will facilitate meta-analysis of data across multiple sites.

Activity 2: Establish a National Data Warehouse within the MoH

To date, MoH keeps only aggregate data from sites in electronic form. With the introduction of EDS systems at sites it is now feasible to keep patient-level data and, over time, build a large repository of longitudinal patient-specific information. The data warehouse will be populated with data from sites using EDS for ART. The number of sites will be dependent on the level to which the Baobab ART system (BART) has been rolled out across Malawi. This is a new activity. However, it will leverage previous work done in developing HL7 messaging for transferring patient-level data in Malawi.

Activity 3: Develop Robust Electronic Transfer Mechanisms for Patients Receiving ART Moving Between Care Sites

The system will be piloted at MoH sites using BART. The number of sites will be dependent on the level to which BART has been rolled out at that time. This is an ongoing activity that will leverage previous work done in developing the HL7 messaging system for electronically transferring patient-level data in Malawi.

Indigenous Baobab employees will conduct all activities in collaboration with an international counterpart. This approach is intended to build capacity within Baobab to both develop and support EDS systems in Malawi in an effort to ensure maximum sustainability.

Baobab has focused on improving the integration of electronic systems currently used in HIV care and treatment. To date (end of FY 2007) these systems have included HIV counseling and testing, managing patients on antiretroviral therapy, laboratory specimen management and the management of radiology data.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10745

Related Activity: 14620, 14605

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21299	10745.2129 9.09	HHS/Centers for Disease Control & Prevention	BAOBAB Health Partnership	9263	5576.09	Baobab	\$200,000
10745	10745.07	HHS/Centers for Disease Control & Prevention	BAOBAB Health Partnership	7562	7562.07	Baobab GHAI	\$135,004

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14620	10708.08	6888	3897.08	CHSU GHAI	Ministry of Health, Malawi	\$60,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	6	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5571.08

Prime Partner: Lighthouse

Funding Source: GHCS (State)

Mechanism: Lighthouse GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 10729.08

Planned Funds: \$30,000

Activity System ID: 14616

Activity Narrative: Summary

The CDC- Lighthouse cooperative agreement differentiates the Lighthouse from other service-delivery NGOs, allowing Lighthouse to have national (and international) relevance and impact.

Background

USG support through CDC strengthens the Lighthouse as an institution, funding senior staff, organizational capacity building and cross-cutting activities. USG does not fund Lighthouse HIV/AIDS services directly, but Emergency Plan (EP) support allows Lighthouse to closely monitor and evaluate these services, to identify (and sometimes anticipate) challenges, and to develop and test innovative approaches. EP also allows Lighthouse to maintain its close working relationship with the Ministry of Health (MoH) and influence policy on the basis of experience. EP support also allows us to play an important capacity building role and put these policies into practice nationwide.

The I-TECH supported M and E technical advisor takes a lead in Strategic Information for the Lighthouse, and has produced a separate document detailing this work (see ID#5983). The TA is embedded within the Lighthouse, works under the management of the Lighthouse director, and with a team of Lighthouse staff.

EP provides specific funds to support operational research efforts as they emerge, and also to conduct annual surveys of Lighthouse clients to monitor service quality and identify issues that need attention.

I-TECH support is central to this activity. Lighthouse also provides significant direct support in Strategic Information to the MoH HIV/AIDS Unit.

Activity 1: Evaluation of Task-Shifting Project

USG funds a broad SI budget line that covers costs of recruiting external enumerators, data entry staff, or others to support many small studies. This enables Lighthouse to be flexible and responsive to emerging issues. The budget currently supports mainly the ART task shifting pilot described in Treatment (ID#5970). If initial results are encouraging, Phase 2 of this pilot should move forward in FY 2008. If Lighthouse can demonstrate that the trained health service assistants HSA's can accurately identify stable, adherent patients, in Phase 2 they will be evaluated dispensing drugs and completing the necessary records pending MoH approval. Phase 3 will then roll out the program to other centers around Lilongwe, again under close monitoring and evaluation from the Lighthouse team. The HIV Unit at MoH has taken a key interest in this study, and results are likely to have significant impact on the evolution of national policy.

Other areas where Lighthouse plans to conduct monitoring and evaluation activities in FY 2008 include the planned roll-out of HIV testing and counseling (HTC) to health center ANCs, through which Lighthouse will pilot new PMTCT M and E tools. Lighthouse will also conduct further investigation into the referral of TB patients and eligible PMTCT mothers to ART at the Martin Preusse Center, and review the effectiveness of improved monitoring protocols for our Ndife Amodzi Community ART Support program. The details of these investigations will be developed through the year, and timing will largely depend on the capacity and priorities for our M and E department.

Activity 2: Client Surveys

Lighthouse conducts annual surveys of HTC clients, HBC and clinic patients. The client surveys use standardized questionnaires, and samples of 50-150 clients / patients are interviewed on leaving Lighthouse clinics (or in their homes for HBC). Lighthouse uses external interviewed to try to avoid bias, and USG funds their costs. The surveys give invaluable insight into service quality and have significant impact on the development of services – the Ndife Amodzi program, for example, grew directly from findings of HBC surveys. Lighthouse has found absolute measures of client satisfaction to be of limited usefulness, but each survey will be in its third repeat in 2008 using essentially the same tools, and giving the opportunity to identify trends in the quality of service provision. Hard indicators and factual questions embedded in the surveys also highlight areas for improvement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10729

Related Activity: 14614, 14615

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21322	10729.2132 2.09	HHS/Centers for Disease Control & Prevention	Lighthouse	9272	5571.09	Lighthouse GHAI	\$30,000
10729	10729.07	HHS/Centers for Disease Control & Prevention	Lighthouse	5571	5571.07	Lighthouse GHAI	\$16,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14614	5957.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$60,000
14615	5970.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$135,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	5	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5577.08

Prime Partner: Howard University

Funding Source: GAP

Budget Code: HVSI

Activity ID: 10859.08

Activity System ID: 14639

Mechanism: Howard GAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$6,000

Activity Narrative: This activity has split funding and is the same activity narrative as HVSI#21084.

Summary

Activities under this program area include planning, designing, and coordinating all HIV activities within the Ministry of Health's (MoH) Epidemiology unit, including HIV Drug Resistance surveillance, and Integrated Disease Surveillance. Other activities involve the development of lab protocols and coordination of data collection and data entry; the analysis and interpretation of data; and the dissemination of findings.

Background

Howard University was funded by USG to strengthen the HIV testing capacity in Malawi through pre-service and in-service training. The funds were used to strengthen the knowledge and skills of laboratory tutors and clinical instructors in HIV testing through workshops and practical training. In FY 2007, Howard University updated and strengthened the laboratory science curriculum in HIV testing, Laboratory Management, Quality Assurance, Ethics, and Laboratory Safety. Laboratories were refurbished, supplies and equipment were purchased, and HIV testing standards to improve the quality of testing and training at the clinical training site were implemented. The project utilized regional and local contractors to assist with project implementation. All of this work was done in collaboration with the MoH, USG and other donor partners. It was based on a needs assessment that identified the training needs and resources required to build the capacity for HIV testing training at Malamulo and Malawi College of Health Sciences, and to prepare laboratory technicians working in government and private laboratories for expanded roles in HIV/AIDS testing.

Our efforts strengthened the laboratory infrastructure to support HIV diagnosis, monitoring of treatment effectiveness and surveillance. Since much of the equipment was outdated or malfunctioning, supplies and reagents were in short supply, and there was a great need to upgrade the knowledge and skills of laboratory personnel, HUTAP addressed critical needs for building the laboratory infrastructure in Malawi.

HUTAP supported the MoH in addressing the shortage of laboratory personnel through recruiting and hiring laboratory technicians, lab supervisors a laboratory manager, and lecturers for the laboratory training schools. These efforts have assisted in building the capacity of Malawians to conduct laboratory testing in support of the scale-up of the antiretroviral therapy program.

In FY 2007, through a sub-contractual agreement with the MoH, HUTAP employed a Senior HIV Epidemiologist to assist in the implementation and management of HIV/AIDS surveillance activities within the Epidemiology Unit at the Community Health Sciences Unit (CHSU) in the MoH. The hiring of an HIV epidemiologist has contributed greatly to the commencement of activities for the national HIV epidemiological surveillance system in the MoH. Through the guidance and supervision of the HIV epidemiologist, several achievements have been made in this program area. For example, in only 19 antenatal clinics was surveillance conducted since 1994. During FY 2007, the number of sites increased to 53 and now covers 26 districts through USG funding. Over 50 individuals including lab technicians and nurses have received training in surveillance procedures, documentation, and in the collection and processing of blood samples.

With FY 2008 funds, HUTAP will continue to support the Epidemiologist within CHSU's Epidemiology Unit, thus the following activity narratives are directly related to CHSU's SI narrative.

Activity 1: HIV Drug Resistance Surveillance

With FY 2008 EP funding, HUTAP will support the HIV Epidemiologist position in the MoH. More specifically, the epidemiologist will play a critical role in HIV Drug Resistance (HIVDR) Monitoring, including in FY 2007 the HIVDR Threshold Survey to look at the transmission of HIVDR; generation of early warning indicator reports to monitor programmatic factors that have been linked to the development of HIVDR; and the HIVDR Retrospective Monitoring Survey to look at the development of drug resistance in patients that have been on treatment for one year.

With FY 2008 funds, HUTAP will support the Epidemiologist within the CHSU Epidemiology Unit to implement the prospective HIVDR monitoring survey with the support of PEPFAR funds. Funding from the USG will support the site training, site preparation and supervision. The activity develops local capacity through training site members in surveillance methodology and specifically the implementation of the monitoring survey. Four sites are selected to serve as sentinel sites for Malawi in Mzuzu, Lilongwe, Blantyre and Thyolo. CHSU will mobilize other funding to support the generation of the Early Warning Indicator (EWI) report, and the next threshold survey will occur in FY 2009.

Activity 2: Technical Assistance for Data Analysis, Interpretation, and Use

The Epidemiologist will help develop protocols; coordinate data collection, data entry and data analysis; will disseminate findings and respond to the MoH and other key stakeholders. The epidemiologist will take part in HIV surveillance activities, including an inpatient survey for HIV cases, and interpret findings for program planning. The epidemiologist will actively participate in data triangulation activities that are coordinated by NAC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10859

Related Activity: 15083, 14638, 14620, 15084

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10859	10859.07	HHS/Centers for Disease Control & Prevention	Howard University	7561	7561.07	Howard Base	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14638	10749.08	6894	5577.08	Howard GAP	Howard University	\$134,000
14620	10708.08	6888	3897.08	CHSU GHAI	Ministry of Health, Malawi	\$60,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	0	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3883.08

Prime Partner: National AIDS Commission,
Malawi

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5989.08

Activity System ID: 14604

Mechanism: NAC GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$72,000

Activity Narrative: Summary

NAC will assist with implementing the Behavioral Surveillance Survey (BSS); facilitating the triangulation workshops; developing an HIV Research Database; conducting situational analysis of non-biomedical HIV interventions; and supporting the HIVDR Surveillance Task Force. Targeted Operations Research: It is anticipated that the rapid assessment will raise some questions with regard to gaps in the current knowledge and practice of male circumcision in Malawi. The USG funds will be used in conjunction with others to support time-limited operations research that will help answer some of those questions.

Background

NAC is responsible for coordinating all HIV and AIDS responses in the country and works closely with the HIV/AIDS Unit in the Ministry of Health (MoH) to develop policies and promote compliance with operating guidelines for all HIV prevention and care activities, including the National M and E plan. NAC uses funds from multiple sources, primarily the Global Fund, to support SI efforts of the MoH, Ministry of Women and Child Development (MOWCD) and various line ministries. PEPFAR funding is used strategically to address gaps in programming that impede the flow of all strategic information (SI) required to effectively combat the HIV/AIDS epidemic.

NAC will continue to coordinate and implement SI activities to expand and improve the quality and utilization of SI. NAC will collaborate with USG and key stakeholders including UNAIDS, World Bank, DFID, Norway, and MoH to strengthen the National HIV and AIDS M&E System and its implementation at national and district levels.

Activity 1. BSS and Analysis of Findings

The first completed and disseminated BSS report occurred in Malawi in 2004. During FY 2007, the BSS task force finalized protocol development and survey planning. Data collection was completed in May 2007. Approximately 5680 individuals were surveyed, of which 4663 were also tested for HIV. The National Statistics Office (NSO), the implementing partner for BSS, is leading preliminary analysis of this data with report writing commencing in August 2007. With FY 2008 funds NAC will continue to support quarterly BSS meetings in order to plan analysis and dissemination of this survey and to begin preparations for the 2009 BSS.

Activity 2. Triangulation Workshops

Malawi has a wealth of data available from routine program monitoring and various research studies. This, coupled with a culture of data and information sharing, provides the perfect platform for investigating questions using a data triangulation process. The steps of triangulating data include identifying and prioritizing questions; identifying and collecting relevant data (both original and non-original); synthesizing data and developing hypotheses and recommendations; and disseminating results and recommendations.

In FY 2007, the triangulation questions, building on questions from the FY 2006 Triangulation, were, "What is the coverage and trend in prevention programs and behavior change, possible links in general and target populations?" and "What is the impact of HIV/AIDS facility based response on morbidity and mortality?" Key data sources used to answer these questions include ANC Sentinel Surveillance, program data (HTC, ART, PMTCT, and Blood Transfusion), HMIS national data, hospital specific information systems, DHS (1996, 2000, 2004), BSS (2004 and 2006 preliminary results), Teachers, private sector employer data, etc. A report of the triangulation research findings were published and disseminated in August of 2007.

With FY 2008 funding, NAC will sponsor a one day meeting to re-evaluate and prioritize key questions for the triangulation process. This meeting will include the Impact Assessment taskforce as well as representatives from development partners, non-governmental organizations, public sector and research institutions. NAC anticipates 25 individuals will participate in this workshop. Once the key questions have been identified, NAC will hire two fulltime consultants for 30 days to facilitate data collection. NAC will also cover expenses for ten days of travel for five task force members who will supervise and assist with the data collection. The primary purpose of this activity is to update existing data, identify new data sources, and to conduct new research and/or program monitoring that respond directly to the questions identified for the triangulation.

After the data collection, NAC will invite 50 people from various research institutions, public and private sectors, non-governmental organizations, and development partners to synthesize the data, generate hypotheses supported by the data, and make appropriate programmatic recommendations.

Activity 3. Development of HIV Research Database

As the national HIV/AIDS activity coordinating body, it is essential for NAC to track all HIV related research conducted in Malawi. A national research database will assist NAC on many activities, including identifying appropriate research proposals that help address areas of the national response neglected in terms of research; ensuring a complement in biomedical and non-biomedical research; identifying resources to include in data triangulation and impact assessments; tracking research activities for annual M&E reports and reporting regionally to SADC on research activities.

NAC will engage four major research review boards to assist with the on-going data collection: College of Medicine Review Committee (CoMRaC), National Health Sciences Research Committee (NHSRC), Centre for Social Research (CfSR), and the Malawi National Research Council. The aim is to create a national database that will assist these institutions in their functions as ethical clearing boards. NAC will harvest this data on a quarterly basis to update the national research database.

Activity 4. Conduct Situational Analysis of Non-Biomedical HIV interventions

HIV and AIDS programs are often complex and changing. Understanding the situation is an important component in designing effective intervention programs. Therefore, in FY 2008, a situational analysis of non-biomedical HIV interventions will be conducted, in conjunction with other USG partners, to help identify

Activity Narrative: target populations and understand program coverage as they relate to prevention programs (i.e., mass media campaigns, life skills, impact mitigation programs (IGAs), community based programs, support groups and OVC programs).

Pact's survey assessment conducted with FY 2007 USG funding will be used to help identify groups providing prevention services. Data will be collected in a stratified way to improve regional understanding: 2 per zone (2 North, 4 Central, and 4 South). One consultant will be dedicated to this project for 10 weeks (1 week planning, 5 weeks collecting data, 4 weeks writing report).

One outcome of the non-biomedical situational analysis will be to identify a sub-sample of organizations (including CBOs, NGOs and schools) and focus in-depth on the quality of services provided. Key intervention areas may include ABCs and/or effectiveness of media campaigns. Qualitative research methods may be used to glean critical information regarding strengths and weaknesses of prevention programs.

Activity 5. Support HIVDR Surveillance Task Force

As of June 2007, the Malawi Ministry of Health has initiated over 100,000 people on ART. Because the national ARV program centers around one standardized first-line therapy, and very limited use of one standard second line treatment, it is critical to monitor the emergence of HIV drug resistance (HIVDR) so that the MoH can respond accordingly. Malawi has adopted a three prong approach to monitoring HIVDR: Threshold Survey to look at transmission of drug resistance, Monitoring Survey to understand the development of drug resistance under treatment pressure, and Early Warning Indicator reporting to assess programmatic factors that contribute to the development of drug resistance.

In FY 2008, NAC will support quarterly HIVDR Task Force Meetings. The purpose of the Task Force is to ensure that these activities are being conducted on an annual/biannual basis and that the results are interpreted, disseminated, and when appropriate, that the MoH is responding by making necessary changes to the national program. The HIVDR task force includes 15 members from different divisions of the Ministry of Health, development partners, and representatives of the survey sites.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9980

Related Activity: 14606, 14603, 17393, 14605

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21333	5989.21333.09	HHS/Centers for Disease Control & Prevention	National AIDS Commission, Malawi	9278	3883.09	NAC GHAI	\$72,000
9980	5989.07	HHS/Centers for Disease Control & Prevention	National AIDS Commission, Malawi	5356	3883.07	NAC GHAI	\$160,000
5989	5989.06	HHS/Centers for Disease Control & Prevention	National AIDS Commission, Malawi	3883	3883.06		\$141,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14606	14606.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$45,000
14603	10711.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$183,000
17393	11276.08	7742	5666.08	PACT CSH	Pact, Inc.	\$261,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	49	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5666.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (USAID)

Budget Code: HVSI

Activity ID: 11276.08

Activity System ID: 17393

Mechanism: PACT CSH

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$261,000

Activity Narrative: Summary

Pact is an umbrella organization working to support sub grantees implement the Emergency Plan (EP) in Malawi.

Background

Pact has global and local expertise in monitoring, evaluation, and reporting (MER), which it will draw upon to provide technical assistance and capacity building for its local partners in Malawi. Pact will conduct a brief, introductory MER training in a pre-award workshop for its local partners, conduct an in-depth MER workshop for partners, provide focused, individualized MER technical assistance to partners during regular monitoring/supervision visits, and provide its partners with MER tools, resources, and materials that can be used to strengthen their program implementation. Pact's MER officer will coordinate and oversee these activities. The MER activities will be an integral part of and support Pact's partners' work in the prevention and care program areas; see Pact's submissions in these program areas for details on districts in which the work will be conducted.

Pact conducted a monitoring, evaluation, and reporting course for the 7 rollover grantees it worked with the first nine months of its program. The training, conducted 14-16 March 2007 in Lilongwe, improved participants' MER proficiency, and helped to support their MER efforts for their grant with Pact and in general for their programs. Improved MER proficiency for participants will improve program monitoring, and thereby enhance quality, as well as strengthen local partners' capacity.

Activity 1: Start-up Workshop:

Prior to finalizing sub-grants with local partners, Pact will conduct a week-long pre-award workshop. 2 days of this workshop will be devoted to an MER overview. The starting point for each partner's MER plan will be what was proposed in the APS submission. The outcome of this workshop will be a revised, strengthened MER plan for each partner, which will serve as the basis for the partner to monitor and evaluate its own work, and for Pact's evaluation of the partner in terms of its MER.

Activity 2: In-depth MER Workshop

A workshop will be conducted for Pact's current grantees, and, space permitting, former grantees and National AIDS Commission (NAC)/Global Fund grantees. It will cover the principles and essential elements of MER systems, identifying audiences and information needs, principles of results-based MER, including having each partner develop a results framework, identifying anticipated inputs, outputs, outcomes, quality assurance/improvement, understanding PEPFAR indicators and developing program indicators, tracking/counting indicators, introduction to evaluation, and reporting and report writing. An emphasis will be placed on using monitoring data for continuous program improvement.

A session on report writing will review the quarterly report format all grantees will be required to use, explaining the nature and level of detail to be provided in each section. This session will also cover and preparing success stories, as well as the format and expectations for annual and final reports. This training will provide grantees with improved writing capacity, a transferable skill that facilitates sustainability.

Gender indicators in the partner's MER systems will capture how successfully partners are addressing gender considerations.

The improved MER skills acquired by participants will contribute generally to the program capacity of the individuals and partner organizations, thereby facilitating sustainability.

Activity 3: Focused, individualized MER Technical Assistance

Pact will work with partners during quarterly monitoring/supervision visits, and through regular telephone and email communication to respond to MER needs and questions raised by the partners or in response to observations by Pact's staff. Pact will also offer MER technical assistance to grantees of the National AIDS Commission, funded by the Global Fund, and provide general technical leadership to HIV/AIDS programs. Pact staff, in consultation with Pact HQ and regional staff, will pro-actively identify MER tools and resources available locally, regionally, and globally that may be of benefit to Pact's partners and disseminate these. Pact's MER officer will provide assistance as needed to partners in adapting these to the partners' needs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11276

Related Activity: 17387, 17388, 17396, 17389,
17390, 17391, 17392

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21341	11276.2134 1.09	U.S. Agency for International Development	Pact, Inc.	9279	5666.09	PACT CSH	\$125,190
11276	11276.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	\$275,800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17387	11020.08	7742	5666.08	PACT CSH	Pact, Inc.	\$523,000
17388	11048.08	7742	5666.08	PACT CSH	Pact, Inc.	\$381,100
17396	17396.08	7742	5666.08	PACT CSH	Pact, Inc.	\$100,000
17389	11134.08	7742	5666.08	PACT CSH	Pact, Inc.	\$300,000
17390	10359.08	7742	5666.08	PACT CSH	Pact, Inc.	\$755,000
17391	10360.08	7742	5666.08	PACT CSH	Pact, Inc.	\$773,000
17392	10361.08	7742	5666.08	PACT CSH	Pact, Inc.	\$655,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	30	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5667.08

Prime Partner: Population Services
International

Funding Source: GHCS (USAID)

Budget Code: HVSI

Activity ID: 11277.08

Activity System ID: 17449

Mechanism: PSI CSH

USG Agency: U.S. Agency for International
Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$20,000

Activity Narrative: Summary

PSI will ensure the finalization of the TRaC survey and the dissemination of the TRaC Survey Report, as well as for the preparation and dissemination of the final EHAP-IFH Project Report during the planned close out period for the EHAP-IFH Project.

Background

Since 2004, PSI has been building local staff capacity in the area of M and E and specifically working to introduce a new, innovative, state-of-the-art research and M and E methodology known as the "PSI Dashboard". The methodology is designed to ensure rapid assessment of impact of BCC interventions and the provision of information for evidenced-based decision making. These new methodologies have been designed based by behavior change evaluation methods used in the private sector.

To ensure that local staff members from the Sales & Marketing, Communications and Research Teams are all proficient in the new methods and their interpretation, PSI staff will continue to receive training in the theory and application of these new M and E methods. This will largely be achieved through on-the-job training, as well as through planned short term technical assistance (STTA) to support final completion of the TRaC report and proper close out reporting. In addition, with funding outside PSI's agreements with USAID, key PSI program staff members are participating in specially designed training courses offered under PSI's REsULTS Initiative. Finally, given its relevance to other organizations working in behavior change communications, PSI will ensure broad dissemination of the concepts behind the "dashboard" approach as well as the results of the various surveys conducted.

Given the decision to extend our current agreement through to FY 2008 and early FY 2009, it was agreed that the planned second round TRaC Survey be conducted as from mid-2008 rather than in FY 2007. The other planned capacity building activities related to Evidence Based Social Marketing and PSI's new M and E methodologies will continue as planned.

The new FY 2008 funds requested will be used to ensure the finalization of the TRaC survey and the dissemination of the TRaC Survey Report, as well as for the preparation and dissemination of the final EHAP-IFH Project Report during the planned close out period for the EHAP-IFH Project.

Activity 1: TRaC Survey

Per the approved Program Descriptions for the latest approved extension of our agreement, PSI is scheduled to conduct a second round of its Project TRaC survey to evaluate its HIV/AIDS prevention interventions in the 3rd quarter of 2007. The new FY 2008 funds requested will ensure the payment of any costs associated with the finalization of the TRaC survey and the dissemination of the final report on the survey results, as well as for the preparation and dissemination of the final EHAP-IFH Project Report.

Activity 2: Dashboard Training

PSI will continue to train its key marketing, communications, and research staff members on the PSI Dashboard and its use/application to support Evidence Based Social Marketing through specially designed online course work and training under the REsULTS Initiative (carried out with leveraged funding).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11277

Related Activity: 17447, 17446, 15425, 15426, 17448

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24046	11277.24046.09	U.S. Agency for International Development	Population Services International	10335	5667.09	PSI CSH	\$0
11277	11277.07	U.S. Agency for International Development	Population Services International	5667	5667.07	PSI CSH	\$35,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17446	5918.08	7765	5667.08	PSI CSH	Population Services International	\$350,000
17447	5933.08	7765	5667.08	PSI CSH	Population Services International	\$430,000
17448	5952.08	7765	5667.08	PSI CSH	Population Services International	\$5,900

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	15	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	15	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$2,196,298

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

The current state of the health service delivery in Malawi continues to limit access to HIV prevention, care, and treatment services. Health service coverage remains low and what exists is often of limited value or of inferior quality for many Malawians. The single biggest constraint on health services delivery is the severe shortage of health professionals throughout Malawi, with the greatest impact on peripheral services, particularly the rural health care centers. In 2006, less than half the nursing posts in Malawi were filled, with an 85% vacancy rate among lab technologists, 85% for specialist doctors, and 76% among pharmacists. Most of the unfilled posts are in rural areas which makes scaling up of HIV services a challenge. There are many causes for this human resource crisis including the impact of the HIV/AIDS epidemic: unattractive compensation, poor working conditions, and

inadequate pre-service and in-service training. Frontline health workers continue to leave the public health sector in search of higher pay or better working conditions and thus exacerbate the human resources crisis. Broad-based health system strengthening and human resource (HR) issues comprise a significant portion of the donor support through the Sector Wide Approach (SWAp) and Global Fund for AIDS, TB and Malaria Grants (GFATM).

Previous USG support

As an “other bilateral” country with significant investments from GFATM and other development partners, USG Malawi’s primary approach to supporting national-level prevention, care, and treatment programs has been to leverage other in-country resources from host country government and international partners. The strategic approach of the USG in Malawi has been to strengthen systems and improve the policy environment to implement an effective response to HIV and AIDS; human capacity development of MoH and NGO organizations; strengthening leadership and the policy environment to address stigma, discrimination, and gender issues.

FY 2008 USG Support

Many of the systems strengthening activities proposed fall within specific programmatic areas and are therefore included in those sections of the FY 2008 COP. Only those activities that are cross cutting are described here. The broad strategic approach of the USG in Malawi is to continue to strengthen systems, fostering greater integration of health care services (especially at the facility level) by strengthening the capacity of host country government institutions through Technical Assistance (TA) to the MoH, ensuring appropriate quality assurance measures are in place, Monitoring and Evaluation (M and E) systems assured and developing district health systems and improving policies and guidelines.

i). Coordination of HIV Services

TA to the MoH has resulted in the establishment of key coordinating bodies at the Ministry. Support will be provided in coordinating the implementation of HIV/AIDS health sector interventions both within the MoH and with key stakeholders and in setting up appropriate processes and systems within the MoH to promote and facilitate coordinated health sector activities and cooperation with the National AIDS Commission (NAC) in line with national policy, health sector reforms, and the multi-sector response to HIV/AIDS. Activities will also strengthen District and Community Provision and management of FP/RH and HIV and AIDS services by supporting the district health management team (DHMT) to provide their mandated supervisory and support functions to health centers. The TA facilitates the process, involving both public and private sectors, to develop and implement strategies for scaling up various HIV/AIDS interventions in the health sector. Many of these activities are described under the respective technical program area.

ii). Human Capacity Building

The USG support will complement the 6-year \$283 million costed GFATM, World Bank and DFID funded Emergency Human Resources Program. As one of the largest HR-donor funded programs in the region, these activities will assist in the implementation of HR plans, strengthen the HR management functions, and develop HR policies at a national level and through the decentralization process. Malawi has a major shortage of key human resources especially at the leadership level in the Ministry of Health. In FY 2008, the USG Malawi team intends to leverage support to address this issue by seconding technical staff to the MoH and NAC, addressing retention and incentive schemes within its service delivery partners; focusing on task-shifting to informal cadres under community care programs; encouraging volunteer programs, especially Peace Corps; supporting HR Gap Analysis work with the MGECSW; and providing a two-year fellowship to four students graduating from the college of medicine in disciplines relating to HIV/AIDS clinical care, laboratory sciences, or public health management.

The USG, through its partners, will provide health worker training programs related to HIV and provide technical assistance to implementing partners to improve the quality of the training programs conducted. Through its implementing partners, USG will assist Malawi in developing and updating training curricula and standard operating procedures. USG will also assist in the development of mechanisms to follow-up trained staff with supervision and mentoring. Training participants will be drawn from the zonal office, all government and Christian Health Association of Malawi (CHAM) facilities providing HIV/AIDS services, as well as the private sector through the Malawi Business Coalition for HIV/AIDS. Through a cooperative agreement with a local NGO, the USG will develop and maintain existing partnerships with academia in Malawi and introduce medical informatics content into the curricula of health care professionals. USG will continue to provide a full-time Training Advisor to Malawi’s Center of HIV/AIDS Excellence (Lighthouse) to develop a sustainable, quality-driven Training Department within the institution.

iii). Policy and Guideline Development

The USG, along with implementing partners, plays a key role in national working groups that develop national policies, guidelines, protocols, curricula, and strategic plans around HIV- related interventions. With FY 2008 funding the USG will contribute to the development of strategic plans for trainings, policies and protocols as well as assist the MoH in the dissemination of the lab policy. The National AIDS Commission (NAC) will use EP funds to support policy development and system strengthening activities for counseling and testing. Activities supported with FY 2008 funds will include: (1) Revising national HIV counseling and testing (HCT) guidelines, (2) Supporting national transition from parallel to serial HIV testing strategy, and (3) Printing and disseminating the first national guidelines for pediatric HIV testing and counseling. For most other systems and policy strengthening activities NAC will continue to leverage resources from the GFATM and Development partners. In addition, EP funding will be used to provide technical assistance and leadership to the GoM and other partners at the policy level on nutrition, palliative and home based care. These activities are more comprehensively described in the respective COP program areas.

iv). Supervision and Mentoring

Lack of supervision has contributed greatly to poor quality HIV service provision. Through its implementing partners, USG will continue to provide significant support to develop and expand supervision and mentoring systems to all HCT and ART sites each

quarter as well as to lab facilities. Supervision and mentoring programs will be extended to local organizations and community volunteers to assist with the provision of services to households, through community volunteers. This work will include supervision support to community health workers and households on treatment adherence, HCT and home-based care.

v). Support for District Level HIV Programs

In the context of decentralization in Malawi, there is a desperate need for capacity building and system strengthening for the HIV/AIDS efforts at the district and community levels. Therefore, the Peace Corps will place 15 volunteers in 15 district assemblies throughout Malawi. These volunteers will support Malawi's HIV/AIDS efforts at the district level under the Office of the District AIDS Coordinator and Office of Social Welfare. In addition, the USG will strengthen the capacity of district and community HIV/AIDS committees and other local organizations to design coordinate implement and evaluate HIV prevention, care and treatment initiatives across many of EP primary implementing partners. To address the issues of stigma and discrimination that continues to hamper the response to HIV and AIDS in Malawi, the USG support will provide training to social and religious leaders on stigma and discrimination. A gender assessment to be conducted this year will also result in recommendations to reduce stigma, for example, that discourages women and their partners from accessing PMTCT services.

vi). Strengthening the GFATM Management Structure

While progress for many of GFATM-funded services has remained steady, expanded implementation still faces numerous obstacles in large part due to a general lack of capacity in areas, including procurement, financial management, and M and E. In FY 2008, the USG will support reorganizing and strengthening the Secretariat of the Government of Malawi's Global Fund Country Coordinating Mechanism (MGCCM). USG will also continue to participate in the Country Coordinating Mechanism to optimize use of GFATM resources, and influence national policy. EP plans to also leverage funds from the EP central GFATM technical assistance resources to enhance this program.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1159
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1598
14.3 Number of individuals trained in HIV-related policy development	15
14.4 Number of individuals trained in HIV-related institutional capacity building	4023
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	440
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	930

Custom Targets:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7564.08	Mechanism: BASICS Task Order II CSH
Prime Partner: Partnership for Child HealthCare Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 11290.08	Planned Funds: \$400,000
Activity System ID: 17764	

Activity Narrative: Summary

With FY 2008 EP funding, Partnership for Child Healthcare Inc. (PCHC, Inc), through the mechanism BASICS, will continue to provide support to the Ministry of Health (MoH) by seconding a long-term HIV Technical Assistant within the HIV/AIDS Unit of the MoH. The TA will provide technical support to the HIV Unit. With the Head of the HIV Unit as the primary counterpart, the TA provides support in areas such as scaling up the roll out of ART services including ART provision through the private sector, strengthening the M and E capacity of the HIV/AIDS Unit, providing a liaison role between various units in the MoH (Clinical Services, Nursing Services, Reproductive Health unit) responsible for HIV service provision, and supporting the development of initiatives aimed at dealing with human resource issues such as task shifting. The TA provides National level HIV-related institutional capacity building provided by the MoH.

Background

The project is a follow on to the current USG bilateral project (that is being implemented by BASICS) and is aimed at improving the effectiveness and accessibility of child health, nutrition, and related pediatric HIV services through the development and integrated implementation of high impact interventions to prevent and reduce illness, as well as mortality and malnutrition among Malawian children under the age of five. There is a significant HIV component which includes provision of support to the central level of the MoH through the placement of two technical assistants – one in the area of PMTCT and the other in the area of general management support to the HIV Unit. The Technical Assistant (also referred to as the HIV Coordinator) has been working in the MoH since 2003.

Significant achievements include support for the rapid scale up of ART in Malawi (with more than 100,000 thousand persons receiving ART), the expansion of ART provision through the private sector to 38 sites with 3347 persons enrolled on treatment at the end of 2006 (the private sector initiative was implemented in close collaboration with the Malawi Business Coalition against HIV/AIDS). Other contributions have included contributions to the development of Global Fund proposals (Round 1 and Round 5), the development of HIV Planning guidelines which have been incorporated into annual District Planning Guidelines (ensuring that districts allocate resources to HIV service provision), initiating liaison groups such as the HIV/AIDS Forum which provides a platform for HIV Stakeholders to meet at regular intervals to discuss a variety of issues (including gender issues, difficult to reach groups and overall coordination of HIV activities) and working on emerging issues such as male circumcision and task shifting.

Equity and access, including geographic and gender-based elements have been addressed through support for a policy developed in 2005 spelling out Equity and Access Guidelines for the provision of ART's in Malawi. The assistant continues to support ongoing research initiatives aimed at identifying problems with access to services – a key recent finding being that women below 40 do not have problems with access to ART's whilst women over 40 do experience access problems (research conducted through the REACH Trust, Malawi). Other support for national guidelines development has occurred for the development of ART Guidelines and PMTCT Training Guidelines.

Activity 1: Support for a Long-term Technical Assistant to the MoH

The HIV Technical Assistant works in the HIV Unit and is the counterpart of the Head of the HIV Unit. While the Assistant plays a mentoring role, most significant is the wide array of services including policy development within the MoH, and strengthening activities in HIV Counseling and Testing (HCT), palliative care basic care, ARV drugs, ARV services and PMTCT. Key activities include:

- i. Setting up and ensuring that important technical working groups meet regularly to discuss issues related to PMTCT, HIV Testing and Counseling, ART and home-based care. Technical working groups draw a wide variety of stakeholders and serve as an important platform to coordinate HIV activities implemented through the MoH, NAC, donors, bilateral organizations and NGO's.
- ii. Working within the HIV Unit to strengthen the monitoring and evaluation of HIV activities. This is an area where data collection and management is currently fragmented and inadequate and requires substantial support.
- iii. Playing an active liaison role with the National AIDS Commission (NAC) in areas such as: consolidating the MoH HIV Budget used to request funding from the NAC, and facilitating the reporting process between the two structures.
- iv. Contributing to developing and drafting important funding initiatives such as Global Fund proposals.

Additional activities for support during FY 2008 will include the drafting and finalization of the proposal for the Rolling Continuation Channel, a mechanism set in place by the Global Fund to provide ongoing support (6 year period) for well performing grants that have expired. The HIV assistant will provide technical and support for the development of this proposal. A further activity will be to explore mechanisms to merge the parallel mechanism for the procurement and distribution of HIV supplies (drugs and HIV Test kits) – the intention would be to move from the current mechanism whereby supplies are procured, stored and distributed through UNICEF to one where the Central Medical Stores takes over the responsibility for these activities focusing on areas of forecasting, quantification, ordering (through a procurement agency), storage and distribution. A final focus area will be to strengthen the provision of HIV services through the private sector in Malawi – in the areas of ART, HIV Testing, PMTCT and other prevention activities such as condom distribution.

This project will strengthen capacity, policies, and guidelines in HIV and PMTCT at the Ministry level, including improved overall coordination of HIV/AIDS services and capacity development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11290

Related Activity: 17761, 17146, 17762, 17384,
17763, 17760, 17446, 17131,
17447

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21348	11290.21348.09	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	9282	7564.09	BASICS Task Order II CSH	\$400,000
11290	11290.07	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7564	7564.07	BASICS Task Order II CSH	\$73,781

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17760	5909.08	7864	7563.08	BASICS Task Order I CSH	Partnership for Child HealthCare Inc.	\$400,000
17761	11023.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$400,000
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17446	5918.08	7765	5667.08	PSI CSH	Population Services International	\$350,000
17131	5924.08	7665	5630.08	JHPIEGO CSH	JHPIEGO	\$100,000
17447	5933.08	7765	5667.08	PSI CSH	Population Services International	\$430,000
17762	11295.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$550,000
17384	17384.08	7740	7740.08	KNCV/MSH TB-CAP	KNCV TB Foundation	\$400,000
17763	11257.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$50,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	1	False
14.4 Number of individuals trained in HIV-related institutional capacity building	1	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	False

Indirect Targets

A USG funded position will contribute to national targets.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5666.08	Mechanism: PACT CSH
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 10363.08	Planned Funds: \$425,000
Activity System ID: 17394	

Activity Narrative: Summary

Pact has global and local expertise in organizational development, financial management, and HIV/AIDS policy and technical areas, which it will draw upon to provide technical assistance and capacity building for its local partners in Malawi. Partners will include non-governmental, faith-based, and community based organizations, the majority of which will be sub-grantees; national, regional, and local government bodies; and national, regional, and international organizations. Through workshops and work with individual grantees, Pact Malawi will provide technical assistance in budgeting and financial management and organizational development issues, such as program implementation, administration, governance, and resource mobilization.

Pact's finance staff will coordinate and oversee the financial activities, and Pact's grants manager and program staff will coordinate and oversee Organizational Development (OD) activities.

Pact will also provide technical leadership to the Government of Malawi (GoM) and other partners at the policy level on palliative and home based care, OVC, and prevention; in addition, training in HIV/AIDS technical areas will be provided.

The policy and systems strengthening activities will be an integral part of and support Pact's partners' work in the prevention and care program areas; see Pact's submissions in these program areas for details on districts in which the work will be conducted. Pact began operating in January 2007. In the first six months of the program, Pact staff have provided one-on-one technical assistance on organizational development matters to the seven roll-over grantees that Pact has supported.

Activity 1: Start-up Workshop

Prior to finalizing sub-grants with local partners, Pact will conduct a week-long start-up workshop; one day of this workshop will be devoted to budgeting and financial management and two days to other organizational development issues.

Activity 2: Organizational Capacity Assessments (OCA) and Institutional Strengthening Plans (ISP)

Each partner will be assessed at the start of its grant using Pact's Organizational Capacity Assessment (OCA) tool, which will provide an in-depth review of each partner's strengths and weaknesses in key areas of organizational development, such as project implementation, governance, infrastructure, human resources and administration, external relations and partnerships, and resource mobilization and sustainability. Skills in these areas by definition strengthen organizations, thereby contributing to their sustainability.

The results of the OCA will be used to develop an individualized institutional strengthening plan (ISP). Pact will work with each grantee to ensure implementation of its ISP during the course of its grant.

Activity 3: Focused, individualized Organizational Development (OD) Technical Assistance

Pact will work with partners during quarterly monitoring/supervision visits, and through regular telephone and email communication to respond to financial management and OD needs and questions raised by the partners or in response to observations by Pact's staff.

Pact will also offer OD and other technical assistance to grantees of the National AIDS Commission, funded by the Global Fund, and support for general technical leadership to HIV/AIDS programs.

Activity 4: Financial Management and OD Workshop

Pact will also conduct one in-depth financial management and organizational development workshop for its partners.

Pact's finance staff will coordinate and oversee the financial management activities, and Pact's grants manager and program staff will coordinate and oversee the OD activities.

Activity 5: Policy and System Support to the Government of Malawi

Pact will also provide technical leadership to the Government of Malawi and other partners at the policy level on nutrition, palliative and home based care, prevention, and other evidence-based and best practices related to HIV/AIDS prevention and care programming.

Activity 6: Capacity Building Training in HIV/AIDS Technical Areas

Pact staff will incorporate training on stigma reduction, community mobilization, and technical programming in HIV/AIDS prevention and care into its pre-award workshops, its individual technical assistance to sub-grantees, and in stand-alone workshops, responding to needs identified during the program year.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 11288**Related Activity:** 14616, 14452, 17388, 17396,
17389, 17390, 17391, 17392,
17393

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21342	10363.2134 2.09	U.S. Agency for International Development	Pact, Inc.	9279	5666.09	PACT CSH	\$500,860
11288	10363.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	\$604,100
10363	10363.06	U.S. Agency for International Development	Pact, Inc.	5459	5459.06		\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17388	11048.08	7742	5666.08	PACT CSH	Pact, Inc.	\$381,100
17396	17396.08	7742	5666.08	PACT CSH	Pact, Inc.	\$100,000
17389	11134.08	7742	5666.08	PACT CSH	Pact, Inc.	\$300,000
17390	10359.08	7742	5666.08	PACT CSH	Pact, Inc.	\$755,000
17391	10360.08	7742	5666.08	PACT CSH	Pact, Inc.	\$773,000
17392	10361.08	7742	5666.08	PACT CSH	Pact, Inc.	\$655,000
14452	5958.08	6844	3881.08	MACRO GHAI	Malawi AIDS Counseling Resource Organization	\$191,000
14616	10729.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$30,000
17393	11276.08	7742	5666.08	PACT CSH	Pact, Inc.	\$261,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	3	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	False
14.3 Number of individuals trained in HIV-related policy development	9	False
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	30	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	30	False

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5665.08

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 17445.08

Activity System ID: 17445

Mechanism: PACT GHAI

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$198,000

Activity Narrative: Summary

This activity provides technical assistance support to the Global Fund for AIDS, TB and Malaria (GFATM), Malawi Government Country Coordinating Mechanism (MGCCM). In February 2007, USG Malawi, together with the National AIDS Commission (NAC) Government of Malawi (GoM) and Development Partners welcomed a senior level delegation from the Global Fund Secretariat in Geneva to address bottlenecks and poor performance of some components of Malawi's 4 GFATM grants. This followed a technical assistance exercise paid for by central funds through OGAC and implemented by both Capacity Project and Measure Evaluation in Malawi. As a result of all these efforts, NAC as Principal Recipient of 2 of the grants, together with the Ministry of Health (MoH) began instituting accelerating committees to oversee rapid grant performance. Improved oversight was the outcome of the GFCCM retreat in April of 2007 which recognized the need for an independent secretariat (currently NAC serves that role) which would manage all GFATM grants including the Health Systems Strengthening and Malaria grants to the MoH. USG Malawi will work with the GoM on plans to sustain the MGCCM Secretariat beyond an initial 2-year commitment for support.

Background

Pact has global and local expertise in organizational development, financial management, and HIV/AIDS policy and technical areas, which it will draw upon to provide technical assistance and capacity building for the Secretariat of the Malawi Global Fund Country Coordinating Mechanism (CCM).

Pact will provide technical, management, and administrative assistance to the MGCCM through its Chair (the Secretary for the Treasury, Ministry of Finance (MoF) will chair the MGCCM 2007-2010) in restructuring and strengthening the CCM Secretariat. Global Fund-supported projects and activities relate to all USG HIV/AIDS activities, including Pact Malawi's activities in other program areas. Strengthening the CCM Secretariat will improve overall HIV/AIDS programming in Malawi.

Pact began operating in January 2007. In the first six months of the program, Pact staff have provided one-on-one technical assistance on organizational development matters to the seven roll-over grantees that Pact has supported. Pact Malawi's efforts will result in a stronger, more efficient CCM Secretariat.

Activity 1: Developing Scope of Work and Work Plan

Pact will work with the MGCCM and NAC to develop a revised scope of work and detailed work plan for the MGCCM Secretariat. The Secretariat will work on behalf of the CCM to provide better oversight, greater transparency and all around communication between the CCM, its Chair and the Principal and Sub Recipients of Global Fund Grants in Malawi.

Activity 2: Recruiting Secretariat implementing Organization and Staff

Pact Malawi, in collaboration with the MGCCM and NAC, will coordinate the process of identifying and hiring the Secretariat staff, which will comprise of an executive secretary, a program manager, and an administrative assistant. In the event that a local NGO may be selected to serve as the Secretariat host organization, Pact will coordinate a competitive process of selecting this organization.

Activity 3: Orient and Train Secretariat implementing Organization and Staff

Pact Malawi, together with the MGCCM and NAC, will orient and train the implementing organization, if relevant, and the Secretariat staff. This will cover the scope of GFATM programs in Malawi, the mandate of the GFCCM and the Secretariat, and training in financial management, monitoring, evaluation, and reporting, organizational development, and HIV/AIDS technical issues.

Activity 4: Support CCM Secretariat Functioning

Currently operational costs of the MGCCM have been provided by NAC. Pact will provide limited funds to support routine operations costs for the Secretariat, costs associated with CCM meetings, proposal development workshops, etc., will be met by other sources.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 17760, 17761, 14603, 16528, 16527, 16529

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17760	5909.08	7864	7563.08	BASICS Task Order I CSH	Partnership for Child HealthCare Inc.	\$400,000
17761	11023.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$400,000
14603	10711.08	6884	3883.08	NAC GHAI	National AIDS Commission, Malawi	\$183,000
16528	16528.08	7141	3899.08	I-TECH	University of Washington	\$300,000
16527	16527.08	7141	3899.08	I-TECH	University of Washington	\$400,000
16529	16529.08	7141	3899.08	I-TECH	University of Washington	\$100,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	False
14.3 Number of individuals trained in HIV-related policy development	3	False
14.4 Number of individuals trained in HIV-related institutional capacity building	3	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	False

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 6792.08	Mechanism: Local GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 15412.08	Planned Funds: \$100,000

Activity Narrative: Summary

This USG-supported activity through CDC's Sustainable Management Development Program (SMDP) will train District Health Managers build management capacity for the Ministry of Health (MoH) zonal support offices, and the Malawi Institute of Management (MIM).

Background

Following the enactment of the Local Government Act in 1998, the MoH accelerated its pace and the manner of decentralizing its decision making and functions to the district level. To move towards this goal the Ministry abolished its regional offices in 1999. Effectively, district health service functions are under the management of District Health Management Teams (DHMTs). Decentralization has transferred powers, functions and decision-making to the district level in a radical manner with substantial independence of the central level. However, these District level authorities are still within the public administration and operate within the context of ultimate central control through policy cohesion, regulatory systems and monitoring together with central planning control and allocation of resources.

Decentralization of health management is increasingly recognized internationally as a prerequisite for efficient and effective management and planning in addition to enhancing local participation. The system is also considered as a strategy for improving the performance of the civil service as well as having the potential to reducing number of staff and costs by making more efficient use of the remaining staff. The functions in the health sector have been devolved based on the assumption that the system has the potential to achieving increased equity in terms of access and coverage, improved efficiency in the use of resources and delivery of health services, enhanced accountability, improved quality of care as well as improved health outcomes. Management of HIV/AIDS programs at district level stands to gain in terms of efficiency and effective use of resources by devolving functions to the assemblies (districts).

The DHMTs develop plans and budgets at district level using the "District Implementation Plans" (DIPs), a process that the MoH, through its Department of Planning and Policy Development with assistance from Management Sciences for Health (MSH), partners of the Sector Wide Approach (SWAp) Common Fund and technical assistance provided by Overseas Development Institute fellowship, has developed. On an on going basis, the ministry provides guidelines and orientation to DHMTs for every annual circle.

A meeting of the Management Training stakeholders was held in May 2006. The meeting recommended that DHMTs needed additional training in health sector planning and budgeting. In response to this need, USG supported a training needs assessment, with collaborative input from MSH in November 2006. The training needs assessment confirmed the stakeholders view and revealed that knowledge, skills and performance gaps in public health program management existed among DHMTs. Furthermore, MoH and MSH officials were in agreement with the view that DHMTs need a wider and complete understanding of public program management if they are to meaningfully fulfill their role of managing functions of the health sector at district level in addition to the DIP guidelines and orientation sessions that are provided to them.

Activity 1: Training District Health Managers

The Emergency Plan (EP) seeks to assist the Malawi Government achieve its goal by training district-level decision-makers to plan and manage public health programs more effectively using SMDP management training tool called, Healthy Plan-it. The training for DHMTs will improve the effectiveness of public health programs in Malawi by empowering District Health officials with better management and decision-making skills and stimulating creativity and innovation in problem-solving. The training will build the skills of local public health managers to prioritize, plan, organize, monitor, and evaluate the use of organizational resources (time, personnel and money) to prevent or control diseases, disabilities and premature mortality.

In FY 2007, 30 district health personnel (all being members of DHMTs) from 15 district hospitals across the country were trained and assisted with local public health prioritization, planning, organizing, monitoring, and evaluating the use of organizational resources (time, personnel and money) to prevent or control diseases, disabilities and premature mortality. All the 15 teams were followed up and mentored in the application of the skills. The DHMTs are keen in using the management skills that they obtained from the training. In FY 2008, the project will train and mentor 26 district health personnel from the remaining 13 DHMTs.

Activity 2: Build Management Capacity of the MoH Zonal Support Offices and Malawi Institute of Management

To enhance the in-country management training capacity, the program trained two locals (a faculty member of the Malawi Institute of Management (MIM) and one Ministry of Health Zonal Support Officer) in training of trainers in FY 2006. In FY 2007, the program will train one staff member from Central Office of the Department of Planning and Policy Development in Ministry of Health. These trainings last for 6-weeks in Management for International Public Health (MIPH) and are offered each fall in Atlanta by the CDC in collaboration with the Emory University Rollins School of Public Health. The course trains participants in a broad variety of public health management skills, including practical exercises and innovative training techniques, and provides them with fully-developed training materials for participants to use in their own country training programs. The two locals that were trained in FY 2006 facilitated the training and mentoring of DHMTs in FY 2007 with technical support and guidance from SMDP who provided quality assurance of the training and mentoring processes.

Plans to establish MIM as a local faculty and institutional home for Healthy Plan-it training will be discontinued in FY 2008. This decision was made due to poor management of logistics of the training program in FY 2007 by MIM. Instead, the program will begin to build the capacity of both the Ministry Central Office and Zonal Support Offices to lead the processes of training needs assessment, conducting trainings and providing follow-up, mentoring and supervisory visits to district hospitals.

CDC-SMDP will continue to provide technical support to MoH in conducting in-country training needs assessments, developing locally appropriate curriculum, planning in-country workshops, and supervising applied management learning projects that provide a practicum for trainees.

Activity Narrative:

The program will continue to work with key stakeholders and the donor community to ensure the long-term sustainability of the program and address issues such as local funding for recurrent costs, integrating the program with MoH SWAp work plans, and evaluating impact. It will also ensure that past experiences shape the manner in which future activities of the program are managed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17764

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17764	11290.08	7865	7564.08	BASICS Task Order II CSH	Partnership for Child HealthCare Inc.	\$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	0	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	14	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	28	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	False

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3886.08

Mechanism: CDC Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 15421.08

Planned Funds: \$86,754

Activity System ID: 15421

Activity Narrative: Summary

This activity is linked to the activity narrative in HTXS ID# 15422 describing the USG interagency team Medical Officer.

Background

USG Malawi plays a critical role in providing technical assistance to the Ministry of Health (MoH) in planning and implementing HIV/AIDS programs. Therefore, in FY 2008 CDC will hire a Medical Officer to provide senior technical leadership and management to the inter-agency USG team and its partners, including the National AIDS Commission (NAC) and MoH, in the provision of quality HIV/AIDS treatment and care services.

The Medical Officer will provide expert advice and direct technical support as it relates to training clinical officers, nurses, and other service providers in the management of AIDS cases; will represent the USG team on several Technical Working Groups; and will be critical to the overall USG strategy of strengthening capacity and systems for AIDS patient care provided by the Government of Malawi and other partner institutions.

Activity 1: Training support to MoH staff

- i). The USG Medical Officer will provide USG technical leadership for training clinical officers, nurses, and other service providers in the management of AIDS cases.
- ii). The USG Medical Officer will mentor key staff of USG partner institutions for leadership roles in clinical HIV/AIDS service provision.

Activity 2: National Policy Development

- i). The USG Medical Officer will participate as a subject-matter expert in the development and implementation of national policies for the proper management of TB/HIV co-infection.
- ii). The USG Medical Officer will participate as a subject-matter expert in the development and implementation of policies that greatly increase access to ART services by eligible pregnant women.

Activity 3: Technical Working Groups

The USG Medical Officer will represent the USG team on several technical working groups including:

- i). Care and Treatment
- ii). Pediatric Diagnosis and Referral
- iii). TB/HIV
- iv). Scientific Planning and Information Dissemination

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15422, 14612, 14613, 14614, 14616

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14612	10720.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$20,000
14613	5948.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$35,000
14614	5957.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$60,000
15422	15422.08	6797	3886.08	CDC Base	US Centers for Disease Control and Prevention	\$260,262
14616	10729.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$30,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	0	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	0	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	0	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	False

Indirect Targets

This USG funded position contributes to national targets.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3899.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and
System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6174.08

Planned Funds: \$100,000

Activity System ID: 15440

Activity Narrative: Summary

I-TECH in Malawi supports the ongoing development of healthcare worker training systems that are locally-determined, optimally resourced, highly responsive and self-sustaining. The activity described here supports the activities of the Lighthouse. The targets are ascribed to Lighthouse, and not the training advisor who supports the implementation of services and the training done by Lighthouse.

Background

Since 2005, I-TECH has partnered with the Lighthouse Trust to increase the capacity of the Lighthouse Training Department, including the Lighthouse Training Officer, to conduct training for Lighthouse staff and select other participants. The Training Department provides oversight to the design and dissemination of information, education and communication (IEC) materials by the Ministry of Health (MoH) to the Districts, monitors and evaluates clinical and training services, and provides trainings on behalf of the MoH. In the next two years, Lighthouse plans to formally transition the training department and establish Lighthouse as a general training institution. This will lend support to the larger human resources issues being addressed with the GFATM Round 5 Health Systems Strengthening (HSS) Grant to the MoH implemented through the larger Sector Wide Approach (SWAp) in Health.

In 2007, I-TECH sponsored the training team to attend the Monitoring and Evaluation of Training Programs Workshop—an intensive weeklong workshop in Seattle, Washington. Participants were able to adapt and integrate the newly gained evaluation methodologies and tools from this workshop into their training activities at the Lighthouse and elsewhere. In 2008, I-TECH will continue to provide a full-time Training Advisor to Lighthouse, with the primary goal of developing a sustainable, quality-driven Training Department within the institution.

The International Training and Education Center on HIV (I-TECH) will continue to support Lighthouse's goals in national capacity development and program sustainability through training of healthcare workers in Malawi. Activities include clinical training, mentoring, quality assurance, quality improvement, and supportive supervision with the aim of supporting the expansion of HIV and AIDS, TB and STI care and treatment in Lilongwe. These services are provided to MoH and CHAM (private hospitals) staff and will involve 2000 health care workers trained in the classroom, with about 450 ART and VCT sites receiving quality assurance visits. The primary target populations are nurses, counselors, home-based care nurses, and other health care staff.

The I-TECH Training Advisor provides technical assistance (TA) to the Lighthouse implementing partners, to improve the quality of the training programs conducted. In 2007, Lighthouse created 3 new positions (known as "lead facilitators") and began to monitor all training sessions, focusing on the Training Officer and Advisor giving regular improvement feedback to facilitators. Lighthouse Departments appointed lead facilitators, and a formal orientation for the lead facilitators was conducted in April. The benefits of this structural change include: decreased workload for coordinators, improved monitoring of trainings (as one person will be clearly responsible for paperwork and other pre-training preparations), and more focused attention from the training office (Lighthouse advisors coach the 3 lead facilitators on how to train other facilitators at Lighthouse. Currently the Lighthouse Training Officer and I-TECH Training Advisor coach around 25 facilitators).

This activity also relates to activities in Strategic Information, Counseling and Testing, and Palliative Care/TB/HIV. Activities are linked to those at the Lighthouse Clinic.

Activity 1: Capacity Development in Training

In 2008, the I-TECH Training Advisor will continue to provide mentorship to the Lighthouse Training Officer in training methodologies, curriculum design and revision, and training evaluation. This activity, which focuses on the development of human capacity and program sustainability, is a continuation of work started in 2005, and an expansion on the activities implemented in 2007. The Training Advisor will continue to build the capacity of the Lighthouse training department to conduct new trainings and deliver refresher courses to Lighthouse staff, to integrate HIV/AIDS-related content into standardized curricula, and to utilize standardized evaluation tools and processes based upon mastery of key competencies. The training team will provide technical assistance to key trainers in each Lighthouse department: Clinic, CT and Home based Care. In 2008, the Training Advisor will work with the Training Officer to conduct a needs assessment and quarterly skills update trainings in the departments of Lighthouse and continue to train HBC volunteers.

The I-TECH Training Advisor will also strengthen the capacity of the MoH to provide health worker training programs related to HIV. In collaboration with staff at Lighthouse, the Training Advisor will assist in the revision and development of key national HIV trainings, as these needs are identified by MoH.

Activity 2: Training Program Development

In line with the Lighthouse vision for a multi-year HIV training program, the I-TECH Training Advisor and Lighthouse will develop a strategic training plan consistent with MoH goals, to meet the growing demand for quality HIV training that support the MoH HSS goals. In 2007, the Training Advisor participated in the Lighthouse strategic planning retreats and contributed to ideas for expansion of training through the Lighthouse Training Department. In 2008, the Training Advisor will assess how an organization like Lighthouse can better meet national training needs while supporting MoH, and involve appropriate partners, both in-country and internationally.

New FY 2008 funding will support the continuation of human capacity development in training programs at the Lighthouse. Activities are expected to lead to improved training and improved care clinic-wide.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10717

Related Activity: 14616, 15437, 15438, 15439,
16527, 16529

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21354	6174.21354.09	HHS/Health Resources Services Administration	University of Washington	9283	3899.09	I-TECH	\$100,000
10717	6174.07	HHS/Health Resources Services Administration	University of Washington	5360	3899.07	I-TECH	\$66,587
6174	6174.06	HHS/Centers for Disease Control & Prevention	University of Washington	3899	3899.06		\$133,141

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15437	10715.08	7141	3899.08	I-TECH	University of Washington	\$50,000
15438	6168.08	7141	3899.08	I-TECH	University of Washington	\$50,000
15439	5983.08	7141	3899.08	I-TECH	University of Washington	\$200,000
16527	16527.08	7141	3899.08	I-TECH	University of Washington	\$400,000
14616	10729.08	6887	5571.08	Lighthouse GHAI	Lighthouse	\$30,000
16529	16529.08	7141	3899.08	I-TECH	University of Washington	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	0	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	2	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	False

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3896.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 15434.08

Activity System ID: 15434

Mechanism: Peace Corps GHAI

USG Agency: Peace Corps

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$236,672

Activity Narrative: Summary

In Malawi the Emergency Plan (EP) funds Crisis Corps Volunteers (CCVs), a core of shorter term professional Volunteers who largely provide technical assistance to local government and assist in building their institutional capacity as well as those of local CBO's. In FY 2008, Peace Corps focused the efforts of CCVs into strengthening HIV/AIDS efforts in local government to ensure Malawi's decentralization process is effective, and systems are put in place to sustain it. This funding will support the placement of 15 Crisis CCVs in Malawi for one year.

Background

EP-funded CCVs as well as Peace Corps Volunteers (PCVs) work extensively with government and non-governmental institutions in Malawi to build capacity and strengthen systems at different levels of development: village health centers and schools, CBOs, NGOs, HIV Counseling and Testing (HCT) centers, Ministry offices, and other organizations in order to enable better service and support for their respective populations/communities. Currently, Malawi is undergoing a dynamic shift in allocation of power and decision making to the district level. Through this Decentralization Process, Malawi's district governing bodies (District Assemblies) are being empowered to take responsibility for their local populations and make more effective and informed decisions at the local level. The EP team is working in collaboration with the Malawi Government to implement this bold undertaking successfully from a policy perspective, as well as through hands-on technical support at the district level (i.e. PCVs).

System Strengthening/Capacity Building Volunteers will work within human resource and technically deficient government offices to support Malawi's HIV/AIDS efforts. By supporting the skills development of key HIV government employees, CBO leaders, etc., Malawi's recently shifted district-based HIV/AIDS efforts will improve in quality, appropriate decision making will occur, and funds will be accurately disseminated to the districts. PCVs work in various EP program areas within their scope of work (AB, HBHC, OVC, etc). District-based CCVs will work closely with Peace Corps Malawi's other 110 Volunteers in their respective districts to provide technical support to all Peace Corps HIV/AIDS related projects.

Although Peace Corps Malawi's EP program has not had funding under OPSS in the past, all Volunteers work in the areas of capacity building and system strengthening at health centers, schools, community organizations, CBOs, NGOs and other government offices (i.e. District Assemblies) in order to transfer skills and knowledge to increase the capacity and service ability of these institutions.

EP-funded CCVs and PCVs will strengthen government initiatives, bodies, and HIV/AIDS related CBOs in 15 of 28 districts of Malawi. By placing technical assistants via CCVs in these offices for one-year periods, HIV/AIDS activities and staff will improve in quality, capability, and delivery of these programs via skill transfer and training.

Activity 1: Volunteer Placement

Malawi's National Action Plan Framework focuses on its Decentralization Project – a bold undertaking to get Malawi on a path out of poverty. There is a desperate need for capacity building and system strengthening for the HIV/AIDS efforts at the District Assemblies. Therefore, CCVs will be assigned to 15 district assemblies to support Malawi's HIV/AIDS efforts via their Decentralization Project at the district level under the Office of the District AIDS Coordinator and Office of Social Welfare. These districts are chosen by local government and are typically those of greatest technical need. In addition to their primary activities, CCVs will build linkages to other Volunteers' HIV/AIDS-related activities in their district, regardless of sector (i.e. education and environment and health), and also link with other USG EP initiatives in the districts carried out by USG partners such as Pact, PSI and JHU-BRIDGE. This will include district and village programs such as Candlelight Services (AIDS commemoration service), prevention campaigns, VCT activities-including National HCT week, training opportunities, etc.

Activity 2: Monitoring and Evaluation of Volunteer Work

OPSS Volunteers work in the areas of capacity building and system strengthening at district assemblies. A substantial component of this technical support is in the monitoring of projects and CBOs as well as training assembly and CBO staff in M and E methods and creating/modifying simple M and E tools to make a more effective impact in the areas of project implementation and organizational management.

Peace Corps Malawi's monitoring and evaluation of Volunteers is performed via quarterly reports of Volunteer work as well as site visits from the Peace Corps PEPFAR Coordinator and continuous (generally bi-monthly) discussions via phone or in person.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 15431, 15432

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15431	5917.08	7140	3896.08	Peace Corps GHAI	US Peace Corps	\$75,000
15432	5941.08	7140	3896.08	Peace Corps GHAI	US Peace Corps	\$15,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1,150	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1,150	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	3,450	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	60	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	60	False

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5662.08

Mechanism: JHCOM

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and
System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6002.08

Planned Funds: \$99,872

Activity System ID: 17149

Activity Narrative: Summary

With FY 2008 Emergency Plan (EP) funds, BRIDGE will provide technical assistance (TA), capacity building, and social mobilization among district and community HIV/AIDS coordinating committees and other local organizations to design, implement and evaluate comprehensive HIV prevention initiatives.

BRIDGE will strengthen the capacity of 40 new community level partners while providing on-going guidance and support to current partners, including community-oriented radio stations, to design, coordinate, implement and evaluate the impact of HIV prevention initiatives. The work with communities supports and emphasizes the importance of delay of sexual debut among the youth, mutual faithfulness and the risks associated with multiple concurrent partners, correct and consistent condom use, and accessing PMTCT services for HIV-positive pregnant women, and the importance of knowing one's HIV status. BRIDGE assistance also builds the technical and organizational capacity of local entities to become more self-reliant in terms of activity planning and monitoring.

Background

Community mobilization is a capacity-building process through which communities, individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others. Building capacity and social mobilization at the community level has been a key component of the BRIDGE project in Malawi since its inception in 2003.

At the district level, BRIDGE works closely with the District AIDS Coordinating Committees (DACCs) and their subsidiaries at the community (CAC) and village (VAC) levels. DACCs, CACs and VACs are the front line of the national HIV and AIDS response, tasked through the National AIDS Commission with mainstreaming, implementing and supervising HIV and AIDS activities in each district. These structures provide guidance to NGOs and emergent CBOs at the district level and are often the only response mechanism in rural and remote areas of Malawi.

During the past three years, BRIDGE supported skills building trainings for a broad-based cross-section of its district-level partners, including DACCs, CACs, VACs, their Youth and Prevention technical sub-committees, NGOs, individuals who have influence in the community ("community influentials") and change agents – such as traditional leaders, healers, and Chief's Councils. To date the BRIDGE project has facilitated skills-building in over 300 community based groups in eight districts. These groups are able to independently identify, plan for, and implement HIV prevention activities using nationally available tools and materials along with initiatives of their own creation. Just a few examples of district activities in the last year to combat HIV locally, include:

- Community dialogues with traditional and religious leaders on HIV/AIDS and cultural practices
- Youths and women's guild members, including agogo ("grandmothers"), actively conducting outreach and guidance on HIV prevention
- Local advocacy campaigns combating stigma and discrimination, promoting testing for couples, and encouraging engagement of local PLWA groups
- Collaboration with the District Assemblies and other partners to implement district level HIV/AIDS campaigns and strengthen and fund prevention activities in District Implementation Plans (DIPs)

Since FY 2005, the BRIDGE project has supported a radio diary project featuring the personal testimonies of male and female PLWHAs on six local radio stations. The Malawi Health Sector mid-term evaluation showed that the Radio Diaries reached up to 75% of the listening audience in Malawi and indicated that listening to the radio diaries is strongly associated with reduced stigma towards people living with HIV/AIDS and more agreement with attitudes that "people with HIV are just like me." All radio stations report good listener feedback to these innovative programs and there is widespread recognition of the programs in all eight emphasis districts as well as in Lilongwe and Blantyre. The activity is also characterized by strong partnerships not just with the radio stations, but also with PLWA organizations, specifically Malawi Network of People Living with HIV/AIDS (MANET+) and National Association of People Living with HIV/AIDS in Malawi (NAPHAM).

Activity 1: Skills Building at the Community Level

The BRIDGE project partners with DACCs, CACs, and VACs to strengthen their ability to plan, coordinate and implement HIV prevention activities. Adequately skilled DACCs will oversee and coordinate broad-based responses to HIV/AIDS district-wide and, through CACs and VACs, reach community change agents.

With FY 2008 EP funds BRIDGE will support the continuation of these capacity building plans in its districts in partnership with the NAC umbrella grants program, and continue to encourage and support a more engaged and supervisory relationship between DACC technical subcommittees and district based CACs. Support includes trainings on components of the community mobilization process, behaviour change skills building workshops and specific technical assistance to community groups including youth groups, faith based organization and PLWHA support groups on planning and activity monitoring. BRIDGE support includes linkages to activities in other area of the EP, such as PMTCT, abstinence/be faithful programs, and VCT among others.

In FY 2008, this process will be expanded to include additional traditional authority areas in all eight focus districts. To monitor progress, the BRIDGE project will continue to encourage meetings of the BCI technical subcommittees in the DACCs and CACs. The project will facilitate DACC and CAC review meetings to provide critical assessments of the activities conducted by these structures. Working with partners in the DACCs, CACs, and other NGOs, the BRIDGE project will continue to mobilize communities to respond to the HIV epidemic through the formation of VACs; the strengthening of CBO's; and advocating for the inclusion of prevention programs to work alongside home-based care and orphan support activities. FY 2008 funds will be used to strengthen 40 VACs to assist DACCs support District Assemblies to ensure widespread reach of the NAC umbrella grants and district-based forms of financial support.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 11285**Related Activity:** 17151, 17146, 17147, 17148,
17793, 17797, 17798, 17794**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24042	6002.24042.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10334	5662.09	JHCOM	\$0
11285	6002.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5662	5662.07	JHCOM	\$547,504
6002	6002.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3877	3877.06		\$582,002

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17151	17151.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$51,908
17146	11044.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$513,140
17797	17797.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$40,000
17793	17793.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17798	17798.08	7876	7876.08	TBD VG Country	Johns Hopkins University Center for Communication Programs	\$10,000
17147	5930.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$105,985
17794	17794.08	7875	7875.08	TBD VG Central	Johns Hopkins University Center for Communication Programs	\$0
17148	5979.08	7668	5662.08	JHCOM	Johns Hopkins University Center for Communication Programs	\$29,095

Emphasis Areas

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	0	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	300	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	200	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	500	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Religious Leaders

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3899.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 16529.08

Activity System ID: 16529

Mechanism: I-TECH

USG Agency: HHS/Health Resources Services Administration

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$100,000

Activity Narrative: Summary

This activity is funded through an IAA to CDC from USAID Child Survival and Health HIV/AIDS funds.

Background

One of the critical success factors for the national ARV treatment program in Malawi is the central coordination of all services. This coordination has led to the development and adoption of national policies with very impressive timelines. It has also led to the standardized approach to service delivery using nationally accredited guidelines. Because HIV/AIDS care and treatment interventions are dynamic, these standards, policies, and guidelines need to be constantly updated. Currently there is only one individual within the HIV Unit with responsibility for coordinating the scale-up of treatment services nationally. With the increasing number of patients on treatment and the growing complexity of the management of AIDS as a chronic disease, having a single individual take responsibility is becoming untenable. This is further compounded by the concerns about ARV drug resistance, treatment in pregnant women, TB/HIV co-infection, and treatment of children.

In FY 2008, the USG plans to fund a clinical team comprising of a Senior Technical Advisor and two Staff Fellows to assist the HIV Unit (see ARV Services activity# 26527). A part of the team's responsibility will be to assist with the coordination of the ARV treatment scale-up plan, updating policies, standards, and guidelines, and ensuring that treatment targets are met while maintaining the quality of the service.

Activities associated with this program area include:

Activity 1: Expansion of Treatment Services

USG will support the newly formed clinical team of the HIV/AIDS Unit to strengthen the Ministry's coordination role in the implementation of health services that make up the continuum of care. The team will work with all stakeholders to facilitate standardized training for the implementation of provider-initiated counseling and testing services, management of opportunistic infections, ARV delivery, palliative care, home care, and caring for caregivers.

In conjunction with expansion of treatment services is the need to monitor and track patients. The clinical team will work with others in the HIV Unit to establish and maintain a monitoring system that tracks, documents and disseminates key data on operations research and health service delivery at intervention, service and program levels.

The HIV Unit will facilitate the development and implementation of management systems and standards for technical support services on such aspects as drug security and safety, laboratory support, referral systems, facility and equipment specifications and monitoring and evaluation.

Activity 2: HIV Policy and Systems Strengthening

As scale-up activities continue, policies need to be developed or constantly updated. The clinical care team will work with others in the HIV Unit to develop and implement HIV/AIDS care and support policies, guidelines, and standards that are responsive to the changing HIV/AIDS service environment in the country. The clinical team will ensure that policies, guidelines, and standards are sensitive to critical issues such as gender and equity. The clinical team will work very closely with the HIV team and others within and outside the MoH to develop the capacity of the staff to design, and implement operations research to address critical problems encountered in the delivery of ARV services. They will be trained and mentored to evaluate such projects, write reports and disseminate findings which may have an impact on relevant aspects of HIV/AIDS care and support activities in Malawi.

In FY 2008, the USG will support the HIV Unit to work effectively with all stakeholders, at policy and implementation level, within and outside the MoH, and within and outside Malawi. Through information sharing, the team would strengthen the MoH and her contribution to inter-sectoral, regional, international policies, and guidelines for HIV/AIDS treatment and care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16527, 16528

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16528	16528.08	7141	3899.08	I-TECH	University of Washington	\$300,000
16527	16527.08	7141	3899.08	I-TECH	University of Washington	\$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	0	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	28	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	29	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7874.08

Prime Partner: Management Sciences for Health

Funding Source: GHCS (USAID)

Budget Code: OHPS

Activity ID: 17791.08

Activity System ID: 17791

Mechanism: MSH TASC III

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$250,000

Activity Narrative: Summary

Management Sciences for Health (MSH) recently won the TASC III award. This activity will support the Government of Malawi (GoM) goal of promoting reproductive health through informed choice and integration with HIV/AIDS. The program has three main components: behaviour change and communication, outreach, and health provider capacity building. It is a wrap-around activity which will promote linkages between HIV/AIDS and Reproductive Health (RH).

Background

Integration of HIV and Family Planning (FP) has proven to be an effective approach to stimulate new, and meet active, demand for HIV Testing and Counseling (HCT) by overcoming constraints to accessing services. The overall purpose of this task order is to promote integration of family planning and HIV/AIDS through increased use of high quality, accessible Family Planning/Reproductive health (FP/RH) and HIV/AIDS services.

The activities to be implemented in FY 2008 are part of an initiative to be undertaken starting in October 2007 through TASC-III in eight districts with POP (CSH population funds) and 2007 Emergency Plan (EP) funding. In achieving the purpose, the program shall undertake various activities in three programmatic areas of other prevention, counseling and testing and systems strengthening to accomplish the following results: Increased community knowledge and interest in FP and HIV/AIDS services; improved social norms for SRH/FP/HIV/AIDS; increased access and utilization of FP/HIV/AIDS services in communities; increased integration of HIV issues into FP services and vice versa; improved linkages between point of service and the community and household levels; and strengthened social environment for FP/RH and HIV/AIDS services and behaviors. Achievement of these results shall be carried out principally through partnerships with the district health offices in Malawi.

Activity 1: District Health Management Team (DHMT) Support

TASC-III will strengthen District and Community Provision and management of FP/RH and HIV and AIDS services by supporting the district health management team (DHMT) so that they provide their mandated supervisory and support functions to the health centers. By directing efforts towards the district level, the program can create sustainable supervision and management capacity.

The TASC-III order activities will also focus on strengthening the capacity of the DHMT members to support community based providers, as well as DHMT's capacity in performance monitoring and improvement as related to HIV.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17788, 17790

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17788	17788.08	7874	7874.08	MSH TASC III	Management Sciences for Health	\$125,000
17790	17790.08	7874	7874.08	MSH TASC III	Management Sciences for Health	\$125,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	0	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	75	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	250	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	250	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HVMS - Management and Staffing

Program Area:

Management and Staffing

Budget Code:

HVMS

Total Planned Funding for Program Area: \$3,754,281

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

i. Interagency Processes

FY 2007 was the third consecutive year in which the interagency HIV/AIDS Coordinating Team (HCT) for PEPFAR Malawi had staff changes. The Staffing for Results exercise held in May 2007, helped design the new team framework and generated tremendous support from the Agency Heads, which resulted in the recruitment of additional PEPFAR staff for CDC and USAID. The HCT continues to enjoy supportive leadership from the US Ambassador, Alan Eastham, who remains a strong advocate for the program.

The HCT meets weekly to facilitate the Emergency Plan's design, implementation, monitoring, and evaluation. The HCT is chaired by Malawi's EP Country Coordinator and includes representatives from USAID, CDC, DOD, Peace Corps, and the State Department.

ii. Previous Staffing Considerations Prior to FY 2008 COP Development

In the FY 2007 COP and subsequent reprogramming exercises, USG Malawi received permission for three new positions. HHS/CDC requested the addition of two new positions; a Treatment and Care Specialist, responsible for coordinating EP support for treatment and biomedical care that involves both infants and adults; and a Lab Specialist, responsible for coordinating quality assurance of HIV test results at all HIV testing sites, which includes those facilities both with and without laboratory sites. CDC has filled the treatment position with an FTE Medical Officer but the Lab Specialist position remains vacant.

USAID only requested one additional support staff position assigned to the FMO office to assist the team with financial and budgeting responsibilities. However, at the time of the FY 2007 COP, USAID was constrained by the resource harmonization model. Responding to the concerns raised by Headquarters about the small size of the USAID EP staff, USAID/Malawi initiated recruitment to fill three new positions in FY 2007; a Senior HIV/AIDS Advisor, a Program Management Specialist, and a Community Care/OVC Advisor.

In FY 2008, State Department and Peace Corps are each looking to fill two part-time program assistant positions. While Peace Corps has budgeted for this, the position at state may be dependent on availability of new funds (see State Dept. agency narrative).

As in several Other Bilateral Countries, Malawi is currently over the recommended 7% earmark for management and staffing (M and S). This is due to the particular management necessities of the program. For example, it is partially attributed to the significant portion of CDC's M and S budget for FY 2008 that is being spent on Capital Cost Sharing charges. In addition, the staffing for results exercise conducted in conjunction with OGAC and Agency headquarters recommended increasing the number of technical and management staff especially within USAID. Despite the relatively small size of Malawi's EP, the program still requires similar management and administrative oversight required of larger programs, making it difficult for the USG Malawi to exploit economies of scale.

iii. Staffing For Results

In May of 2007, the Regional HIV/AIDS Program (RHAP) led the HCT in a staffing for results exercise. The results of this are uploaded as a separate supporting document. To summarize, the HCT succeeded in putting into place a fully functioning interagency team. The team jointly plans, implements, and evaluates its programs with appropriate technical leadership and management oversight in light of program size, number, and capacity of local partners and technical experts, country working conditions, and other relevant factors.

Based on the staffing for results exercise, the country team has modified slightly its footprint to reflect the best possible mix of staff across agencies building on core competencies needed to ensure program performance, reasonable costs, and long-term sustainability. (See Supporting Documents under "Other" Staffing for Results).

Malawi's footprint was designed around the priorities the HCT identified for FY 2008, and into the next phase of PEPFAR. The team identified the following priorities:

- a). Integrated Care and Treatment Technical Working Group. This Subgroup of the HCT to be led by the USG Medical Officer and will include all the program areas of care and treatment with the exception of lab.
- b). Prevention Technical Working Group. This Subgroup of the HCT includes all program areas under prevention except PMTCT

and will be led by the HIV/AIDS Specialist with support from the Senior HIV/AIDS Advisor.

c). PMTCT and Pediatric Aids Technical Working Group. This Subgroup of the HCT includes PMTCT and all Pediatric Aids initiatives and will be led by the Senior HIV/AIDS Advisor.

d). Strengthening Systems of Laboratory, Procurement, and Supply Chain Management. This Subgroup of the HCT is co-led by the USG Epidemiologist and the HPN Deputy Team Leader.

e). Strategic Information Technical Working Group. This Subgroup of the HCT is co-led by the USG SI Advisor and the USG M and E officer.

The HCT acknowledged that the following were individual agency strengths:

HHS/CDC: Partnership with the Ministry of Health (MoH) in advancing the acceptance of critical technical standards and guidelines, technical direction of partnerships for surveillance, identifying and piloting cutting-edge approaches to clinical opportunities (e.g., provider-initiated and home-based counseling and testing, TB/HIV integration), and informatics (including clinical, lab, and HMIU).

Department of Defense: Meeting the needs of the Malawi Defense Force (MDF), an identified high risk group with significant impact on the direction of behavior change in the nation; military-to-military focus; leveraging comprehensive prevention, care, and treatment responses; strong Malawian leadership.

Peace Corps: A 40-year history in-country of successful implementation of grassroots responses for especially hard-to-reach rural populations; unique placement of Crisis Corps volunteers in district assemblies, applying cutting-edge business skills, information technology, monitoring and evaluation systems, and training, to mitigate social/economic impacts of HIV, and assist decentralization to succeed; unique approaches to working with young Malawians, especially girls.

USAID: Recognized successful leadership of sustainable HIV and health programs: USAID builds capacity and supports policies and services for prevention, care and treatment, while impact-mitigation activities focus on support for evidence based policies and quality services for people living with HIV and orphans and vulnerable children. Strengths include prevention (sexual, and PMTCT), community and civil society-based programming as well supply chain management and TB. Diplomacy and donor relations are found in positive, long-standing relationships with key host government and civil society counterparts. USAID is able to strategically program wraparound initiatives from multiple funding streams, and incorporate cross cutting elements such as gender, nutrition, HCD, systems strengthening, education, economic and food security. USAID has the ability to manage large complex projects which support the interagency response.

As a team, the interagency approach allows us to harmonize, rather than select, one agency's strengths as the prevailing and only approach. USG Malawi functions in a complementary, non-redundant fashion (e.g. all technical staff are working as a team, shared team responsibility for the entire USG program rather than just one agency's portfolio), and new technical staffing needs are considered by the team, rather than just one agency.

As a country team, we have evaluated our long term needs and our comparative advantage vis-à-vis other donors such as the Global Fund, particularly with respect to scaling up prevention initiatives, increasing PMTCT uptake, services to OVC, providing technical assistance, and strengthening supply chain management. Although Malawi is one of the largest recipients of Global Fund resources, the interventions by the US team remain critical to Malawi being able to score some long lasting victories over HIV and AIDS. Our technical leadership in program implementation in ART, CT, PMTCT and this year in OVC and Systems Strengthening highlight this point, and will facilitate and support the significant investments through the Global Fund in FY 2008 and beyond.

iv. Staffing for Results Benchmarks and Deliverables for FY 2008

In FY 2008, the USG team will seek to recruit and fill 4 vacant technical positions and 3 support staff positions to operationalize all technical working groups. In addition, the team will develop and implement a plan for joint portfolio reviews and interagency partner monitoring; define the structure for setting annual priorities and budget for management; and develop a plan to engage HQ and other identified key USG stakeholders, including Core Team Leads, regional platforms, etc.

v. Staffing Analysis Tools

A functional staffing chart is uploaded. Agency Management Charts for US Peace Corps, USAID – HPN only, and all CDC, and the staffing database has also been uploaded.

vi. The Vision for SFR by the Country Team

The staffing database captures the manner in which USG Malawi plans to put in place the ideal mix of staffing skill sets to maximize success. We have included information on all staffing needs. At the time of the COP submission, USAID had 2 technical vacancies with two new personnel, the Senior HIV/AIDS lead, and the second HIV specialist personnel not yet at post. CDC had yet to fill the recently vacated CT specialist position and Lab specialist position. Lastly, Malawi is moving to deliberately strengthen the roles and responsibilities of FSN's by having them manage programs and lead technical working groups (e.g. Prevention and Systems).

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5674.08

Mechanism: USAID CSH

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 6021.08

Planned Funds: \$1,493,057

Activity System ID: 17779

Activity Narrative: This narrative describes USAID's M and S request for FY 2008. The USAID Malawi M and S budget has been vetted through the interagency decision making process and agreed to as presented in the COP08 submission.

The USAID HIV/AIDS team brings broad skills in HIV/AIDS programming to the USG Malawi program. The USAID team has expertise over broad technical areas for prevention, care and treatment with sub specialties in prevention, PMTCT, pediatric AIDS, nutrition, community mobilization and community care, capacity development, policy and donor relations, public private partnership and gender. The USAID team also draws on support from the broader USAID Health Team. The issue of understaffing has been constant fixture for the Team and has negatively impacted implementation. The Team has begun to staff up and by FY 08, is expected to be on firmer ground. The staffing pattern is still very tight and USAID is considering two new proposed staff in FY 09, an acquisition specialist and a program and technical support new entry professional (NEP).

The HIV/AIDS Team within the USAID/Malawi Health Office will have eight members plus the Team Leader positions in FY 2008. In addition, PEPFAR will cover one financial management position plus shares of program-funded support staff from Program Support, Financial Management and Executive Offices along with their associated administrative costs. USAID will still rely on regional assistance for expert TA for prevention and care (USAID's Regional HIV/AIDS Program (RHAP)); assistance in contracting, logistics and management support will continue to be provided from USAID Pretoria and Washington. These costs do not capture OE-funded staff that supports PEPFAR such as the Health Team Leader, Mission Controller, Executive Officer, Contracting Officer and Mission Director.

USAID's HIV Team currently consists of a USDH Health Team Leader, a USPSC Strategic Information Advisor, two FSN HIV/AIDS Specialists, and two support staff. Under recruitment are a Senior HIV Advisor and Program Manager (Global Health Fellows) and a Community Care Advisor (USPSC). The Team is also supporting a nutritionist seconded from a partner organization to the Mission (co funded with development authority and non HIV CSH funds). The Team Leader is providing full time support to PEPFAR, as well as oversight of all other Health programs plus donor relations such as The Global Fund, Millennium Development, and chairing the Donor Coordination Group. All members work under the guidance of the USAID Mission Director.

Funding levels have almost doubled for USAID over the last few years and the recent move to increase staff reflects this. O/GAC also highlighted this need in the last years' COP reviews. In response, USAID will shortly increase its technical capacity in community programming for HBC and OVC, holistic PMTCT and pediatric programming and management. The cost of all technical positions will be captured within the specific program areas under which they fall, and not within M&S. The costs reflected here include those associated with operating the HIV/AIDS-related portion of the portfolio; again, the exception is OE costs. Costs captured here are salary and benefits for FSN staff, local costs (housing, residence utilities, maintenance and guard services, education allowances and travel and entitlement transportation) for the USDH and Fellows, office supplies, rent and utilities, warehouse rent and utilities, travel and training. USAID/Washington Information Resources Management tax and International Cooperative Administrative Support Services (ICASS) costs are captured separately with the prime partner listed as State as required by COP08 guidance. Capital Security Cost Sharing expenses are subtracted from USAID/Malawi program budget levels prior to their allowance to the field. This cost is subtracted centrally from the overall USAID budget.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11292

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21361	6021.21361.09	U.S. Agency for International Development	US Agency for International Development	9284	5674.09	USAID CSH	\$1,279,387
11292	6021.07	U.S. Agency for International Development	US Agency for International Development	5674	5674.07	USAID CSH	\$1,216,880
6021	6021.06	U.S. Agency for International Development	US Agency for International Development	3854	3854.06		\$804,594

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7871.08

Mechanism: USAID ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 17783.08

Planned Funds: \$103,227

Activity System ID: 17783

Activity Narrative: ICASS costs for FY 2008 are estimated at \$103,227 USD and include services for Embassy administrative and support services provided only to the U.S. expatriate direct hire staff (FSO, PSC's). USAID subscribes to the following cost centers; Basic Package, Health Services, Community Liaison Office, Overhead, and Information Management on a .3 modification. USAID provides Motor Pool (for all staff, expatriate and FSN) directly. USAID continues to work with CDC/HHS and State to combine services to improve efficiencies and lower the overall costs to our agency and the mission at large.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 9209.08

Mechanism: FY08 Compact - Staffing/USAID

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 21091.08

Planned Funds: \$150,000

Activity System ID: 21091

Activity Narrative: These funds will help pay for a new PSC contract at USAID for hiring the Malawi team PEPFAR Coordinator

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3886.08

Mechanism: CDC Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 10738.08

Planned Funds: \$987,739

Activity System ID: 14361

Activity Narrative: This narrative describes the CDC Malawi M and S needs for both GHAI and Global AIDS Program (GAP) funds. The CDC Malawi M and S budget, including GHAI and GAP funding, has been vetted through the interagency decision making process and agreed to as presented in the FY 2008 COP submission.

Malawi is not a PEPFAR focus country but Malawi receives significant resources from the Global Fund for AIDS, TB and Malaria (GFATM). Because of the very limited human and technical capacity to implement programs in Malawi, the GFATM depends on the USG to complement their efforts by providing critical technical staff to assist with program design and implementation. The USG Malawi team's M and S goals reflect a strategic approach to both addressing the needs of the GFATM programs and that of the programs directly supported by the USG. The M and S plan for the HHS/CDC office in Malawi, is designed to have sufficient staff during the FY 2008 period and beyond, to provide appropriate technical and programmatic oversight and assistance to all implementing partners in Malawi. The CDC M and S budget in FY 2008 COP supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in Malawi. CDC has seven cooperative agreements supporting a broad range of implementing partner activities including GFATM activities in nine program areas. Upcoming RFA awards will add two new partners in calendar year 2008.

To achieve the goals of effective technical assistance to the Government of Malawi and its' implementing partners, the CDC GAP Office in Malawi had planned for fifteen positions in FY 2008. This is an increase of one technical position (Medical Officer) over the previous year. Two technical positions were originally planned for in 2008 however limits in our budget did not permit the addition of the second position, a Laboratory Specialist. If funding is available and the entire PEPFAR USG team is in concurrence we will be able to fill this position in FY 2009.

The FY 2008 COPHHS/CDC staffing plan includes four USDH that are comprised of the Chief of Party, Deputy Director, Medical Officer, and Epidemiologist. No new USDH positions are sought in COP 2008. The current HHS/CDC staffing plan also includes two non PSC contractor positions; a Monitoring and Evaluation Officer and a Counseling and Testing Specialist (both supported through Comforce) and one ASPH fellow. We are currently converting both our Comforce non PSC contractors to US PSC positions in FY 2008. Additionally we have eight FSNs which include a Program Management officer, an Administrative Officer, two IT support staff, three drivers and one custodian.

M and S costs are inclusive of rent for offices, utilities, office operational costs, M and S specific equipment, travel for M and S staff, training for M and S staff, residential leases and post allowance for the 2 USDH M and S positions, and increased communications costs related to enhancement of office communications and connectivity. This FY 2008 COP submission does not include HQ TA support in keeping with FY 2008 COP guidance that this will be funded through the Headquarters Operational Plan process.

ICASS charges of \$366,000 and CSCS charges \$178,525 are budgeted separately in their own activities with the prime partner listed as State as required by FY 2008 COP guidance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10738

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21376	10738.2137 6.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9288	3886.09	CDC Base/Gap	\$1,410,178
10738	10738.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5365	3886.07	CDC Base	\$35,699

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3896.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 15435.08

Activity System ID: 15435

Mechanism: Peace Corps GHAI

USG Agency: Peace Corps

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$133,328

Activity Narrative: Peace Corps Malawi plans continued support for its Emergency Plan (EP) Coordinator/HIV Specialist position. The EP Coordinator was hired in FY 2006 to provide overall management and direction to Peace Corps Malawi's PEPFAR program, as well as providing support to all Peace Corps Volunteers/Crisis Corps Volunteers (PCVs/CCVs) engaged in HIV/AIDS activities. The Peace Corps EP Coordinator provides technical and programmatic support for all HIV/AIDS activities carried out by the 110+ Peace Corps Volunteers (PCVs) and Crisis Corps Volunteers (CCVs) in Malawi. Among other activities, the Peace Corps EP Coordinator will continue to coordinate all EP monitoring and reporting by Volunteers, oversee the activities of the eight twelve-month EP-funded CCVs, and provide training for PCVs, CCVs and local counterparts in all HIV/AIDS-related activities, including EP-funded program areas (HVAB, HBHC, OHPS) and those not funded by the EP (HKID, PMTCT, HVCT, HVOP). As EP-funded activities become more integrated within all sectors of Peace Corps (e.g., health, education, and community natural resources management), the EP Coordinator will continue orchestrating the involvement of other Peace Corps/Malawi staff members in the planning and implementation of EP-funded activities.

Peace Corps Malawi also plans to continue its support for its Crisis Corps Volunteer program. Through management and coordination of the PC EP Coordinator, fifteen CCVs will be placed within the Ministry of Local Government to support the Government of Malawi's decentralization project at the district level through the offices of the District AIDS Coordinator and Office of Social Welfare. Support will include technical assistance primarily in capacity building/system strengthening, as well as the areas of prevention and care for twelve-month assignments.

In order to adequately support the expanding Peace Corps PEPFAR program, Peace Corps Malawi is requesting FY 2008 funds to hire a part-time assistant, who will provide mostly programmatic support to the EP Coordinator. In addition, the expanding program requires office furniture, computer equipment and supplies as well as funds to cover costs of site visits to Volunteers implementing PEPFAR-funded activities.

The part time PA will be responsible for:

- Assisting the EP Coordinator in overall management of the program, including responding to the USG HIV/AIDS Coordinating Team (HCT), as well as partner organization and collaborators (Ministry of Local Government/individual district assemblies, Pact, Bridge, PSI, etc.), preparing routine reports and correspondence and documenting PCV activities.
- Serving as an EP project team member, the assistant will work to support and build the capacity of CCVs and counterparts as well as PCVs and counterparts to achieve the objectives of the EP as well as Peace Corps Malawi. This includes training support, assistance in managing the VAST funds for PCVs/CCVs, site development/visits, collection of bimonthly CCV reports, etc.

Currently, EP-funds support the cost of rental vehicles and fuel for personal and Peace Corps/Malawi vehicles used for EP activities. Peace Corps/Malawi will use FY 2008 funds to purchase one vehicle and hire one driver to provide support to the expanding program. To minimize cost, and recognizing that transport is more in the major areas and towns, a sedan-type vehicle will be chosen—not a land cruiser. In addition, funds to cover the public transport costs for PCVs and their counterparts implementing EP-funded activities within their district are included in the HVMS program area.

To further develop Malawi's Peace Corps HIV/AIDS program and take advantage of the wealth of experience that focus country Peace Corps programs have gained, Peace Corps Malawi plans to support sub-regional staff exchange, enabling one staff member to visit one targeted project or event in a country in the region, so that Peace Corps Malawi can share ideas and expertise while learning from the experiences of its focus-country partners. Finally, Peace Corps Malawi plans to send the Peace Corps EP Coordinator to the 2008 Implementers Annual Meeting.

Finally, the M&S budget includes a factor of 15% to cover ICASS-type costs and other Peace Corps overhead costs necessary to support the implementation of the field program. These funds do not go to the Department of State and are therefore not entered as a separate line entry in the COP.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6789.08	Mechanism: HHS/CDC ICASS
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 14349.08	Planned Funds: \$366,000

Activity System ID: 14349

Activity Narrative: ICASS costs for FY 2008 are estimated at \$366,000 USD and include services for our four full time employees (FTE's) and two Personal Services Contractors (PSC's). HHS/CDC has subscribed to the following cost centers: Basic Package, Health Services, Community Liaison Office, Overhead, General Services, Motor Pool, Information Management, Financial Management, Personnel Services, Residential Building Operations, and Non-Residential Building Operations. HHS/CDC continues to work with USAID and State to combine services to improve efficiencies and lower the overall costs to our agency and the mission at large.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6790.08

Mechanism: HHS/CDC CSCS

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14350.08

Planned Funds: \$178,525

Activity System ID: 14350

Activity Narrative: ICASS costs for FY 2008 are estimated at \$178,525 USD. This is based on desk space for 13 persons in Lilongwe and is in concurrence with the State Post Personnel System.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6792.08

Mechanism: Local GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14356.08

Planned Funds: \$119,000

Activity System ID: 14356

Activity Narrative: This narrative describes the CDC Malawi M and S needs for both GHAI and Global AIDS Program (GAP) funds. The CDC Malawi M and S budget, including GHAI and GAP funding, has been vetted through the interagency decision making process and agreed to as presented in the FY 2008 COP submission.

Malawi is not a PEPFAR focus country but Malawi receives significant resources from the Global Fund for AIDS, TB and Malaria (GFATM). Because of the very limited human and technical capacity to implement programs in Malawi, the GFATM depends on the USG to complement their efforts by providing critical technical staff to assist with program design and implementation. The USG Malawi team's M and S goals reflect a strategic approach to both addressing the needs of the GFATM programs and that of the programs directly supported by the USG. The M and S plan for the HHS/CDC office in Malawi, is designed to have sufficient staff during the FY 2008 period and beyond, to provide appropriate technical and programmatic oversight and assistance to all implementing partners in Malawi. The CDC M and S budget in FY 2008 COP supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in Malawi. CDC has seven cooperative agreements supporting a broad range of implementing partner activities including GFATM activities in nine program areas. Upcoming RFA awards will add two new partners in calendar year 2008.

To achieve the goals of effective technical assistance to the Government of Malawi and its' implementing partners, the CDC GAP Office in Malawi had planned for fifteen positions in FY 2008. This is an increase of one technical position (Medical Officer) over the previous year. Two technical positions were originally planned for in 2008 however limits in our budget did not permit the addition of the second position, a Laboratory Specialist. If funding is available and the entire PEPFAR USG team is in concurrence we will be able to fill this position in FY 2009.

The FY 2008 COPHHS/CDC staffing plan includes four USDH that are comprised of the Chief of Party, Deputy Director, Medical Officer, and Epidemiologist. No new USDH positions are sought in COP 2008. The current HHS/CDC staffing plan also includes two non PSC contractor positions; a Monitoring and Evaluation Officer and a Counseling and Testing Specialist (both supported through Comforce) and one ASPH fellow. We are currently converting both our Comforce non PSC contractors to US PSC positions in FY 2008. Additionally we have eight FSNs which include a Program Management officer, an Administrative Officer, two IT support staff, three drivers and one custodian.

M and S costs are inclusive of rent for offices, utilities, office operational costs, M and S specific equipment, travel for M and S staff, training for M and S staff, residential leases and post allowance for the 2 USDH M and S positions, and increased communications costs related to enhancement of office communications and connectivity. This FY 2008 COP submission does not include HQ TA support in keeping with FY 2008 COP guidance that this will be funded through the Headquarters Operational Plan process.

ICASS charges of \$366,000 and CSCS charges \$178,525 are budgeted separately in their own activities with the prime partner listed as State as required by FY 2008 COP guidance.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3895.08	Mechanism: State PEPFAR Coordinator
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 6020.08	Planned Funds: \$180,000
Activity System ID: 15423	

Activity Narrative: The PEPFAR Coordinator for USG Malawi serves as Principal Policy and Management Advisor to the Ambassador and DCM regarding the Emergency Plan (EP), is a liaison to the Office of the Global AIDS Coordinator, and works with the USG team in executing the EP for Malawi. The Coordinator, under the direction of the Ambassador and DCM, provides leadership to the HCT team and administers the Ambassador's Small Grants Fund for HIV/AIDS.

The PEPFAR Coordinator at State is currently hired through the Eligible Family Member (EFM) mechanism. The EFM mechanism is not adequate to appropriately pay the Coordinator (salary range \$77,000 - \$120,000, GS-14 equivalent) because it has an FSN-11 ceiling (GS 11 equivalent) and family member appointments under FMA are not subject to 3 FAM 7000.

USG Malawi was keen on having the Coordinator hired by State since this afforded the position the desired neutrality it sought, and placed the Coordinator under the direct command of the US Ambassador. However, due to the limitations of the EFM mechanism, and the fact that no other mechanisms exist at State, USG Malawi must explore other possibilities through which the Coordinator can be employed.

USG Malawi is committed to keeping an EFM position funded through PEPFAR at the State Department and has identified that a necessary part-time EFM Program Assistant for the Coordinator (see justification below), would assist State attract employees to Malawi.

USG Malawi has programmed \$180,000 of FY 2008 funds through State for the Coordinator salary, benefits and travel, and for the Ambassador to travel to the implementers meeting.

USG Malawi is hoping that OGAC will have in place a mechanism for hiring Coordinators through AF next year and these funds would be adequate to pay the current Coordinator through such a mechanism. Should this mechanism not be in place in a timely fashion, USG Malawi will explore other options for the Coordinator. What such a mechanism could be is unclear at the present time.

M and S costs are inclusive of specific equipment (laptop computer and mobile printer), travel for the Coordinator to the implementers meeting, the PEPFAR Coordinators meeting, the Southern Africa Cluster Countries Global Fund meeting, and communications.

In FY 2009, USG Malawi will plan to program between \$250K - \$350K for a PSC contract for the succeeding Coordinator to be hired by July 2010 either through an OGAC mechanism, or as is current practice, through a PSC contract with one of the USG Agencies (typically USAID or CDC).

New Positions at State

With team concurrence, USG Malawi will look to hire a part-time program assistant for the Coordinator. This assistance is to help the coordinator manage the Ambassador's small grants program. \$30,000 - \$50,000 would be required for this part-time position.

Taxes in FY 2007 for the Coordinator position were \$700.00

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10018

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10018	6020.07	Department of State / African Affairs	US Department of State	5367	3895.07	State GHAI	\$131,000
6020	6020.06	Department of State	US Department of State	3895	3895.06		\$56,537

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7139.08	Mechanism: DOD (ICASS to STATE)
Prime Partner: US Department of State	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 15430.08	Planned Funds: \$2,000

Activity System ID: 15430

Activity Narrative: DOD (ICASS to STATE)

The Department of Defense has no funds currently in Management and Staffing. The entire DoD program at post, of which the EP makes up a small but growing portion, is managed by one locally engaged staff (LES), and the Embassy's Political Officer. The program is overseen by the Office of Defense Cooperation (ODC) Chief in Botswana and the Naval Health Research Center in San Diego, California. All salaries are paid centrally by DoD (for the FSN) and DoS (for the political officer). Post incurs minor costs related to ICASS-funded financial management operations used in the disbursement of funds to partners, and local and regional travel in support of the management of the program. DoD supports HIV/AIDS prevention care and treatment programs for the Malawi Defense Force (MDF).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5674.08

Mechanism: USAID CSH

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 17780.08

Planned Funds: \$41,405

Activity System ID: 17780

Activity Narrative: IRM tax for USAID is calculated at \$41,405 USD for the HIV/AIDS Team in FY 2008.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	X	Yes	No
When will preliminary data be available?			7/14/2008

Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	X	No

Other Significant Data Collection Activities

Name: Title of Activity: Monitoring HIVDR

Brief Description of the data collection activity:

Malawi has adopted a three pronged approach to monitoring HIV/DR:

* Threshold Survey to look at transmission of drug resistance

* Monitoring Survey to understand the development of drug resistance under treatment pressure

* Early Warning Indicator Reporting to assess programmatic factors that contribute to the development of drug resistance.

Preliminary Data Available:

12:00:00 AM

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Agency Staffing Chart - Peace Corps Malawi FY 2008.pdf	application/pdf	10/2/2007	Staffing for Results Peace Corps Malawi FY 2008	Other	MYilla
MALAWI Explanation of Targets FY 2008.pdf	application/pdf	10/3/2007	Explanation of Targets Calculations	Explanation of Targets Calculations*	MYilla
MALAWI FY 2008 Human Capacity Development HCD Table.pdf	application/pdf	10/3/2007	Human Capacity Development Table Malawi FY 2008	Other	MYilla
Agency Staffing Chart - CDC-GAP Malawi FY 2008.pdf	application/pdf	10/3/2007	Staffing for Results CDC Malawi FY 2008	Other	MYilla
Agency Staffing Chart USAID-HPN Only FY 2008.pdf	application/pdf	10/3/2007	Staffing for Results USAID Malawi FY 2008	Other	MYilla
MALAWI Staffing for Results Retreat Notes FY 2008.pdf	application/pdf	10/3/2007	Staffing for Results Notes from May 2007 Staffing For Results Retreat	Other	MYilla
MALAWI FY 2008 COP Development.pdf	application/pdf	10/3/2007	Development of the FY 2008 Country Operating Plan	Other	MYilla
MALAWI Justification for Budgetary Requirements.pdf	application/pdf	10/3/2007	Abstinence and Be Faithful Waiver: The planned FY 2008 percentage for the AB budgetary requirement for PEPFAR Malawi is 62%	Justification for AB Budgetary Requirements	MYilla
Malawi FY 2008 COP Budgetary Requirement Worksheet.pdf	application/pdf	10/3/2007	Prepopulated BRW Worksheet	Budgetary Requirements Worksheet*	MYilla
Malawi Global Fund Supplemental FY 2008.pdf	application/pdf	10/3/2007	Global Fund Supplemental	Global Fund Supplemental*	MYilla
MALAWI Functional Staff Chart FY 2008.pdf	application/pdf	10/3/2007	Staffing for Results Malawi Functional Staff chart	Other	MYilla
USG Partner Management and Technical Point Person.pdf	application/pdf	10/3/2007	Staffing for Results Partner Management and USG Technical Point Person Malawi FY 2008	Other	MYilla
MALAWI Fiscal Year 2009 Funding Planned Activities.pdf	application/pdf	10/3/2007	FY 2009 Funding Planned Activities	Fiscal Year 2009 Funding Planned Activities*	MYilla
MALAWI FY 2008 Malawi Peace Corps Volunteer Matrix.pdf	application/pdf	10/3/2007	Malawi Peace Corps Volunteer Matrix FY 2008	Other	MYilla
MALAWI FY 2008 Congressional Notification.pdf	application/pdf	10/3/2007	Congressional Notification Document Malawi FY 2008	Executive Summary	MYilla
MALAWI FY 2008 COP Ambassador Eastham Letter.pdf	application/pdf	10/3/2007		Ambassador Letter	ALatour

MALAWI Justification for Budgetary Requirements - OVC.pdf	application/pdf	10/3/2007	Malawi has no budgetary requirement for OVC	Justification for OVC Budgetary Requirements	MYilla
MALAWI Justification for Budgetary Requirements - Treatment.pdf	application/pdf	10/3/2007	Malawi has no budgetary requirement for Treatment	Justification for Treatment Budgetary Requirements	MYilla
MALAWI FY 2008 COUNTRY PROGRAM STRATEGIC OVERVIEW.pdf	application/pdf	12/19/2007	Updated Country Program Strategic Overview Malawi FY 2008	Other	MYilla