HIV/AIDS: Finding Solutions Together Challenge

Building local capacity to respond to the HIV/AIDS crisis is critical in Malawi. For example, there is a great need for trained providers of voluntary counseling and testing, an important intervention in preventing the spread of the disease. Only 9% of women and 15% of men reported having been tested for HIV/AIDS. The epidemic in Malawi is one of the most severe in the world, with about 15% of adults ages 15 - 49 living with HIV.



Photo: MANASO

Community group in Mzuzu, Malawi combats stigma and encourages testing regarding HIV/AIDS.

USAID combats AIDS in thousands of communities across Malawi through MANASO, which successfully implemented a regional model for communitybased organizations.

Results

In 2003, USAID support allowed MANASO to disperse and oversee mini-grants ranging from \$2,000 to \$5,000 for twenty-three member organizations. At the national level, MANASO's leadership was recognized by the government of Malawi when appointed to coordinate both the 2002 and 2003 World's AIDS Day in Malawi. Through MANASO and other community-based health care organizations, USAID has distributed 2.4 million condoms, and provided voluntary counseling and testing to more than 50,000 clients nationwide.

United States Agency for International Development

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Case Study

Initiative

USAID is helping to fill the gap between the funds available to address HIV/AIDS and the local capacity to effectively provide services by funding The Malawi Network of AIDS Service Organizations (MANASO). MANASO, a network of about 400 community-based and faith-based institutions, trains member groups in administration, such as monitoring and evaluation of programs, and in service-delivery, such as home-based care for those living with AIDS.

As a local organization, started and led by Malawians, MANASO staff perceive obstacles unique to local settings and help devise culturally appropriate solutions. In 2003, trainers recognized that communication between doctors and volunteer home-based care providers was lacking. By improving this system of collaboration between trained volunteers and the local hospitals, time and medical costs were saved, and care for those living with AIDS was improved.