Populated Printable COP

2009

Malawi

Generated 9/28/2009 12:01:26 AM

Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
1. Malawi FY09 Congressional Notification.doc	application/msword	11/13/2008	Congressional Notification for Malawi	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.

[X] Yes [ ] No

Description:

In 2008, PEPFAR Malawi was selected as a Compact Country. The Country team was invited to develop a five year framework for a new partnership agreement with the Government of Malawi (GOM). A Concept Note outlining the direction of the new framework was submitted to OGAC in September, and is uploaded as a supporting document in the FY09 COP.

As an FY08 Compact Country that previously submitted a full COP, we fall under neither the parameters of a focus country nor an "other bilateral" country. We are submitting a mini-COP at the request of OGAC. This is with the understanding that following development of the Compact proposal, the FY09 COP will be reprogrammed following negotiation and approval of the Compact proposal, to demonstrate the work-plan of the Compact. Thus, neither the 5 year strategy nor the activity level information, except for management and staffing, has been updated in the Malawi FY09 full COP.

The Country team in partnership with the GOM, once cleared to do so, will develop a new Strategic Plan (2009 – 2013) that will lead PEPFAR Malawi to deliver on the 3-12-12 global goals of prevention, treatment and care. The new Strategic Plan will likely follow the directions of the current strategy, which has been to leverage Global Fund resources to complement the National Action Framework (NAF) and assure a robust response.

In our FY09 COP, the PEPFAR team has outlined its plans for ongoing programs and briefly described some of the potential areas for collaboration with our Malawian partners. These provide some context on the new directions the team hopes to pursue.

The PEPFAR team hopes to build on the existing Strategic Plan with a renewed theme of increasing quality and reach of the HIV/AIDS national response of Malawi. Specific policy priorities of PEPFAR in the areas of human resources for health, gender issues, issues that impact children, implementation of policies that improve uptake of counseling and testing, improve access to high-quality, low-cost medications, address stigma and discrimination, and strengthen a multi-sectoral response and linkages with other health and development programs, where relevant for Malawi, will be pursued in our Compact negotiations.

For the next five years (2009 – 2013), USG in partnership with the GOM and stakeholders will pursue implementation of the new priorities that would fall under the Compact and related operational plans. These include the launch of a national program in sexual prevention that uses the expanded ART program as a point of entry to promote prevention interventions. In collaboration with the GOM, we will prioritize a basic care package for pre-ART patients to be developed, standardized, funded, and scaled up for the National HIV Care and Treatment Program. We will also support the phased implementation of electronic medical registers, ensure strengthening of adherence, and carefully consider strategically placed technical assistance and funding, to support cross-cutting laboratory services to assist long-term monitoring of people on treatment. We will collaborate with the GOM to expand implementation of services to OVC and PLWHA, strengthen integrated community-based platforms for service delivery, multi-sectoral coordination, and public private partnerships.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Malawi FY09 COP Ambassador Letter.pdf	application/pdf	11/14/2008	Ambassador Bodde letter to Ambassador Dybul	MYilla

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Mamadi	Yilla	PEPFAR Country Coordinator	YillaM@state.gov
DOD In-Country Contact	John	Letvin	Political/Military Officer	LetvinJC@state.gov
HHS/CDC In-Country Contact	Austin	Demby	HHS/CDC Chief of Party and GAP Country Director	ADemby@mw.cdc.gov

Peace Corps In-Country Contact	Dale	Mosier	Country Director	DMosier@mw.peacecorps.gov
USAID In-Country Contact	Alisa	Cameron	HPN Team Lead	ACameron@usaid.gov
U.S. Embassy In-Country Contact	Peter	Bodde	Ambassador	PBodde@state.gov
Global Fund In-Country Representative	Mamadi	Yilla	PEPFAR Country Coordinator	YillaM@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	$0
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, 2009

Prevention	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	87,000	329,576	416,576
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	7,300	32,274	39,574

Care (1)	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		89,500	660,950	750,450
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	37,000	205,000	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	3,400	12,613	16,013
8.1 - Number of OVC served by OVC programs	0	52,500	455,950	508,450
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	300,000	900,000	1,200,000

Treatment	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		0	171,863	171,863
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	0	171,863	171,863

Human Resources for Health	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		0	1,400	1,400
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	1,400	1,400

2.2 Targets for Reporting Period Ending September 30, 2010

Prevention	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	90,000	352,612	442,612
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,200	33,848	42,048

Care (1)	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	89,500	726,600	816,100
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	37,000	229,200	266,200
***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)	4,500	11,513	16,013
8.1 - Number of OVC served by OVC programs	52,500	497,400	549,900
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	400,000	920,000	1,320,000

Treatment	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	0	223,863	223,863
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	223,863	223,863

Human Resources for Health	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	0	1,400	1,400
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	1,400	1,400

(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: DOD GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3898.09
System ID: 9260
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: FY09 Compact

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9297.09
System ID: 9297
Planned Funding($): [redacted]
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: FY09 Compact

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9300.09
System ID: 9300
Planned Funding($): [redacted]
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: FY09 Compact

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9492.09
System ID: 9492
Planned Funding($): [redacted]
Procurement/Assistance Instrument: USG Core
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FY09 Compact

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9611.09
System ID: 9611
Planned Funding($): [redacted]
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: FY09 Compact

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10299.09
System ID: 10299
Planned Funding($): [redacted]
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD LP CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5672.09
System ID: 9262
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: OVC/AED

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12040.09
System ID: 12158
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Academy for Educational Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Baobab

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5576.09
System ID: 9263
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

Mechanism Name: CRS CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5657.09
System ID: 10333
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: 7664.09
System ID: 9265
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: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Howard GHCS (State)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9208.09
System ID: 9266
Planned Funding($): $1,000,000
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: Intrahealth CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12157.09
System ID: 12157
Planned Funding($): $150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: IntraHealth International, Inc
New Partner: Yes

Mechanism Name: JHPIEGO CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5630.09
System ID: 12155
Planned Funding($): $25,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: To Be Determined
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: JSI CSH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5660.09
System ID: 9268
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: 7875.09
System ID: 9269
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: 7876.09
System ID: 9270
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 CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5662.09
System ID: 10334
Planned Funding($): $2,420,600
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: JHCOM GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12159.09
System ID: 12159
Planned Funding($): $681,150
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Mechanism Name: KNCV/MSH TB-CAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7740.09
System ID: 9271
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: No

Sub-Partner: Management Sciences for Health
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Mechanism Name: Lighthouse GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5571.09
System ID: 9272
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DHS+/Macro Int CSH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12156.09
System ID: 12156
Planned Funding($): $62,300
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Macro International
New Partner: No

Mechanism Name: MACRO GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3881.09
System ID: 9273
Planned Funding($): $200,000
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

Mechanism Name: MBTS GAP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11292.09
System ID: 11292
Planned Funding($): $100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Malawi Blood Transfusion Service
New Partner: No

Mechanism Name: MBTS GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3894.09
System ID: 9274
Planned Funding($): $50,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MSH - SPS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7872.09
System ID: 9275
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: 7874.09
System ID: 9276
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: 3897.09
System ID: 9277
Planned Funding($): $150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Ministry of Health, Malawi
New Partner: No

Mechanism Name: National TB Program (NTP)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7131.09
System ID: 9257
Planned Funding($): $200,000
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: NAC GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3883.09
System ID: 9278
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

Mechanism Name: PACT CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5666.09
System ID: 9279
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: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Malawi AIDS Counseling Resource Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Malamulo Hospital
Planned Funding: $387,244
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Mponela AIDS Counselling Care
Planned Funding: $281,875
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: National Association of People Living with AIDS in Malawi
Planned Funding: $327,900
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Nkhoma Mission Hospital
Planned Funding: $392,146
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Nurses and Midwives Council of malawi
Planned Funding: $181,384
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection

Sub-Partner: Society for Women and AIDS in Malawi
Planned Funding: $271,846
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Southern African Media Training Trust
Planned Funding: $331,062
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Synod Livingstonia - Ekwendeni
Planned Funding: $394,297
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Tutulane AIDS Organization
Planned Funding: $300,385
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Community Partnership for Relief and Development
Planned Funding: $202,807
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Lusubilo Community Based Orphan Care
Planned Funding: $589,229
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner:	Adventist Health Services
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HBHC - Care: Adult Care and Support

Sub-Partner:	Christian Community Church
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB

Sub-Partner:	Common Vision for Social Development
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	Foundation for Community Support Service
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HBHC - Care: Adult Care and Support

Sub-Partner:	FVM Matunkha Centre
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	Malawi Business Coalition against HIV/AIDS
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVCT - Prevention: Counseling and Testing

Sub-Partner:	Malawi Interfaith AIDS Association
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVAB - Sexual Prevention: AB

Sub-Partner:	Nkhotakota AIDS Support Organization
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVCT - Prevention: Counseling and Testing

Sub-Partner:	Partners in Hope

Table 3.1: Funding Mechanisms and Source

Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Palliative Care Association of Malawi
Planned Funding: $314,919
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Tovwirane HIV/AIDS Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Zomba Catholic Health Commission
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Mechanism Name: PACT GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5665.09
System ID: 9280
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

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
18-OHSS	17445.21343.09	N/A	$198,000	$198,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: BASICS Task Order I CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7563.09
System ID: 9281
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

Mechanism Name: BASICS Task Order II CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7564.09
System ID: 9282
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: 5667.09
System ID: 10335
Planned Funding($): $1,500,000
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: PSI GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12160.09
System ID: 12160
Planned Funding($): $681,150
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: COM GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12152.09
System ID: 12152
Planned Funding($): $175,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: University of Malawi College of Medicine
New Partner: No

Mechanism Name: UNC MDF PMTCT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7137.09
System ID: 9261
Planned Funding($): $30,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: University of North Carolina
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3899.09
System ID: 9283
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

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HTXS	16528.21351.09	N/A	$300,000	$300,000
18-OHSS	6174.21354.09	N/A	$100,000	$100,000
14-HVCT	10715.21349.09	N/A	$50,000	$50,000
17-HVSI	16527.21352.09	N/A	$200,000	$200,000
17-HVSI	5983.21353.09	N/A	$400,000	$400,000
18-OHSS	16529.21355.09	N/A	$100,000	$100,000
09-HTXS	6168.21350.09	N/A	$50,000	$50,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5674.09
System ID: 9284
Planned Funding($): $2,197,425
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: USAID GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9209.09
System ID: 9285
Planned Funding($): $37,700
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

Mechanism Name: CDC Base/Gap

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3886.09
System ID: 9288
Planned Funding($): $2,627,000
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

Mechanism Name: CDC Base/GHAI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6792.09
System ID: 9287
Planned Funding($): $160,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/CDC CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6790.09
System ID: 9290
Planned Funding($): $200,000
Procurement/Assistance Instrument: IAA
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: HHS/CDC ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6789.09
System ID: 9289
Planned Funding($): $400,000
Procurement/Assistance Instrument: IAA
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: USAID ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7871.09
System ID: 9291
Planned Funding($): $101,575
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: Ambassadors Small Grant Fund (ASGF)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12153.09
System ID: 12153
Planned Funding($): $90,000
Procurement/Assistance Instrument: Grant
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: PEPFAR Coordination at State

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	3895.09
System ID:	9292
Planned Funding($):	$140,000
Procurement/Assistance Instrument:	USG Core
Agency:	Department of State / African Affairs
Funding Source:	GHCS (State)
Prime Partner:	US Department of State
New Partner:	No

Mechanism Name: Peace Corps

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	9301.09
System ID:	9301
Planned Funding($):	$460,000
Procurement/Assistance Instrument:	USG Core
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
7664.09	9265	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (USAID)	University of North Carolina	N	$0
5630.09	12155	JHPIEGO	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	[redacted]
7740.09	9271	KNCV TB Foundation	U.S. Agency for International Development	GHCS (USAID)	Management Sciences for Health	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Adventist Health Services	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Christian Community Church	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Common Vision for Social Development	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Community Partnership for Relief and Development	N	$202,807
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Foundation for Community Support Service	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	FVM Matunkha Centre	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Lighthouse	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Lusubilo Community Based Orphan Care	N	$589,229
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Malamulo Hospital	N	$387,244
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Malawi AIDS Counseling Resource Organization	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Malawi Business Coalition against HIV/AIDS	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Malawi Interfaith AIDS Association	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Mponela AIDS Counselling Care	N	$281,875
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	National Association of People Living with AIDS in Malawi	N	$327,900
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Nkhoma Mission Hospital	N	$392,146
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Nkhotakota AIDS Support Organization	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Nurses and Midwives Council of malawi	N	$181,384
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Palliative Care Association of Malawi	N	$314,919
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Partners in Hope	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Society for Women and AIDS in Malawi	N	$271,846
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Southern African Media Training Trust	N	$331,062
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Synod Livingstonia - Ekwendeni	N	$394,297
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Tovwirane HIV/AIDS Organization	N	$0
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Tutulane AIDS Organization	N	$300,385
5666.09	9279	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	Zomba Catholic Health Commission	N	$0

Table 3.3: Program Budget Code and Progam Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: $2,693,650

Program Area Narrative:

Context

Based upon a observed antenatal prevalence of 9.5% and an estimated 566,000 annual deliveries (UNICEF), 53,770 HIV-exposed infants will be born in Malawi this year, of which about 30% or 16,131 would be infected with HIV in the absence of PMTCT interventions. While only 54% of pregnant women deliver in health facilities, 92% of pregnant women make at least one antenatal care (ANC) visit, providing an excellent opportunity for providers to routinely offer HIV testing and counseling to most pregnant women, and provide the minimal PMTCT package to those who test positive. A strong national PMTCT program in Malawi has the potential to dramatically reduce new HIV infections in children. The potential exists to also enrol many HIV-positive women and family members into care and treatment at an early stage of disease, and more broadly, to reduce maternal and child mortality by strengthening maternal and child health (MCH) service-delivery platforms.

Malawi's PMTCT program is currently at a critical point, having made great strides in scaling-up very basic services, but needing to improve the quality of services to maximize their impact. At the start of 2007, only 140 sites were providing PMTCT services, but by September 2008, 454 sites were operational out of a total of 544 ANC and Maternity sites in the country. The national program is now on target to reach all 544 sites by end of 2008. The vast majority of the 454 sites providing PMTCT services are routinely offering HIV testing, using rapid tests with same day results.

In the first half of 2008, 224,292 women visited ANC sites with PMTCT services, of whom 181,142 were tested (81%), 17,124 (9.5%) were found to be HIV-positive, and 12,674 were given ARV prophylaxis (74% of those identified as positive). 1,426 (8.3%) were initiated on full antiretroviral treatment (ART), and 8,605 (50%) of exposed infants received prophylaxis. If these statistics were extrapolated to one year, they would represent 47% coverage of all HIV-positive pregnant women in the country with prophylaxis. Assuming a 41% efficacy of Nevirapine (NVP), the current level of PMTCT intervention in Malawi would be expected to avert 3,117 new pediatric infections.

Previous USG Support

In 2008, Malawi approved a Second Edition of its PMTCT Guidelines, and updated its 5-Year Expansion Plan. Malawi has also recently piloted and approved new ANC registers which will allow comprehensive ANC data to be collected on all pregnant women, including the complete set of services provided to each HIV-positive pregnant woman.

The new guidelines and 5-year plan emphasize support for infant feeding practices in keeping with recent WHO guidance, rapid roll-out of more efficacious combination regimen with antenatal AZT, single-dose NVP, along with an AZT/3TC tail; ensuring the long-term follow up of both mother and baby to access comprehensive treatment and care, including psychosocial support and family planning; and improving integration of PMTCT within broader MCH services. The 5-year plan includes ambitious targets to be achieved by the end of 2010 of reaching 80% of pregnant women with HCT, providing 80% of women testing positive with ARV prophylaxis, testing 80% of known HIV-exposed infants tested at 6 weeks, and initiating at least 15% of women testing HIV-positive on ART.

Despite the impressive achievements of the national PMTCT program, many significant gaps still exist. Due perhaps in part to the rapid scale-up of the program and lagging implementation of the new ANC registers, data quality assurance is very poor, with inconsistent and inaccurate data being reported for a number of key indicators. Other systemic problems include: a weak national supply chain leading to frequent stock-outs of PMTCT commodities and lower than optimal coverage of PMTCT prophylaxis; insufficient support for lab systems; a shortage of staff at all levels; and weak linkages between MCH services, ART services, and communities. Additionally, although PMTCT accounts for about 40% of all testing in the country, relatively few pregnant women are being initiated on ART, most HIV-exposed children were eventually lost-to follow-up, the vast majority of women testing positive are not enrolled in longitudinal HIV care, and very few male partners are being tested. Furthermore, apart from one exceptional district, only 6 sites are implementing the new combination regimen, which is much more effective in averting infections than single-dose NVP.

Donors supporting PMTCT in Malawi include the GFATM and other pool donors under the Sector-Wide Approach to Health (SWAp), which support most of the human resources and training; UNITAID, which supports commodities for PMTCT; UNICEF; and the Clinton Foundation (CHAI). Other significant implementing partners of the MOH are BASICS; University of North Carolina/Lilongwe Medical Relief Trust (LMRT); Elizabeth Glaser Pediatric AIDS Foundation (EGPAF); Howard University; Baylor; MSF; Dignitas; FHI; Partners in Health; Mothers-to-Mothers; and the Christian Health Association of Malawi (CHAM) and its affiliated institutions. With FY09 funding, USG will complement the support of these donors and implementing partners to support the national program in achieving its targets, through the five areas of focus for FY09 PEPFAR funding described below.

FY09 USG Support

i. Supporting technical leadership of the national PMTCT program

USG will continue to support a PMTCT/pediatric HIV technical advisor in the MOH. This position has been critically important in facilitating the rapid scale-up of PMTCT services and will continue to be crucial in the coming year to address the many challenges involved with putting into operation the new guidelines and scale-up plan. USG also provides technical assistance to the national program through USG staff, three of whom actively participate on the National PMTCT/peds Technical Working Group. There remains a need to create a post-natal follow-up register, an HIV-exposed infant follow-up register, as well as finalize the child health cards with HIV-specific information. CDC staff will provide TA in FY09 to contribute to this effort.

ii. Strengthening laboratory and supply chain systems for PMTCT

In FY08, USG provided TA to support the successful pilot of the early infant diagnosis (EID) program and also funded Howard University to assist high-volume facilities within the national laboratory system in processing more than 4,000 Dry Blood Spots (DBS) to date and 2,000-3,500 CD4 counts per month. CD4 testing of pregnant women is the MOH's top priority for use of the limited CD4 capacity in-country and it has also set very ambitious targets for EID.

In FY09 and beyond, Howard will scale-up support to more district hospitals and prioritize support for CD4 testing, DBS-testing, quality assurance (QA) for rapid testing, and hemoglobin testing at high-volume PMTCT sites. Please see the Lab narrative for more information.

In FY08, the JSI DELIVER project and the MSH Strengthening Pharmaceutical Systems (SPS) began work to strengthen the overall national supply chain system through: 1) "bottom-up" on-site technical assistance to MCH facilities and pharmacies through SPS to improve commodity utilization, record-keeping, and reporting; and 2) "top-down" technical assistance (TA) from DELIVER to support central, regional, and district systems responsible for ensuring a consistent supply for lower-level facilities. In FY09 these projects will include a specific focus on improving the reliable supply of PMTCT-related commodities, including test kits, NVP, AZT, cotrimoxazole, and DBS-testing supplies. These efforts complement activities being funded through the same partners related to Artemisinin-based combination therapies (ACTs) for malaria and family planning (FP) commodities which also are primarily focused on commodities used at MCH sites. Please see the OHSS narrative for more information.

iii. Mentoring of districts through zones to improve quality of PMTCT services

In FY08, BASICS began to provide comprehensive support to improve child survival activities in 8 districts, as well as support to the Northern and Central Eastern Zonal Health Offices, which are 2 of the country's 5 zones which supervise the 28 districts health offices (DHOs). EGPAF/UNC/ LMRT, an indigenous group started by UNC, are currently providing direct support to the Lilongwe DHO. Together, the 8 districts supported by BASICS and the Lilongwe District account for coverage of more than 40% of Malawi's population.

In FY09, BASICS, LMRT/UNC, EGPAF, and potentially other PMTCT partners including Dignitas, Baylor, and CHAI will develop a mentoring program for PMTCT service provision in the three zones which EGPAF and BASICS are currently supporting. In partnership with zonal and district health offices, mentors with substantial PMTCT implementation experience will be deployed to provide technical assistance to improve the quality of PMTCT services. Support will consist predominantly of on-site mentoring and training for staff delivering services in cooperation with the district PMTCT coordinators and technical assistance to these coordinators in logistics, M&E, and supportive supervision methods. Mentoring at the facility level will be focused on persons working in MCH and ARV clinics, as well as the network of Health Surveillance Assistants (HSAs) who serve as a primary link between facilities and the communities. Priority will be placed on working with sites to develop plans and systems to initiate more pregnant women and children on ART, improve infant and young child feeding (IYCF), implementing the new combination regimen, and strengthening linkages with community-based care to reduce loss to follow-up. Mentoring teams will also help orient districts and staff to the new ANC registers and reporting forms, and provide technical assistance to staff to improve data quality and utilization of the data for program improvement. Quality assurance collaboratives will be formed to help identify best practices and facilitate opportunities for technical exchanges between districts. At the MOH's request, EGPAF and BASICS will also assist in assessing PMTCT capacity in all 28 districts in FY09, and results of the assessments will inform the priority activities to focus mentoring on.

In late FY08 with central funding, BASICS and ACCESS, a USG-funded partner providing technical assistance in maternal and neonatal health, began work in the Balaka and Nkhotakota districts to develop approaches and tools to improve integration of PMTCT and pediatric HIV care within broader MCH services. With FY09 funding, the zonal PMTCT mentoring program will also help to scale-up best practices for integration which will be identified in these two districts.

iv. Improving HIV testing and counselling for PMTCT

In FY08 BASICS employed 16 lay counselors who were seconded to 8 District Hospitals; these counselors contributed approximately 50,000 tests at a cost of <$1 per test, exclusive of commodities and overhead. In FY09, BASICS will continue support for these counselors and work with the MOH to pilot the use of lay counselors at 30 lower level health facilities in two districts to inform policy decisions about expanding the use of this cadre in the future. The MOH is also in the process of adapting the WHO/CDC counseling and testing tools for ANC, labor and delivery, and postnatal wards, a process which will be completed in early 2009. Prior year USG funding will support the printing and roll-out the TC tools, thereby helping standardize the quality of counseling message and complementing the lab QA for testing provided through Howard.

v. Strengthening infant feeding and community-based support for PMTCT

In FY08, 170 community-based Mother-Father Support groups (MFSGs) were developed by BASICS in 2 districts. MFSG's promote MCH, with a strong emphasis on the maintenance of exclusive breast feeding and proper complementary feeding. During FY09 key aspects of PMTCT will be integrated into the MFSG's, including support for mother-infant follow up, increasing CPT utilization, strengthening referrals, and psychosocial support. Pending a mid-term assessment and available funding, these groups will be scaled-up in FY10. To complement these efforts at the community level, BASICS will also work with the MOH and DHOs to train health workers in new WHO guidelines on Infant and Young Child Feeding (IYCF) in the context of HIV in the eight districts where they is providing support.

USG will also continue mainstreaming of PMTCT messages within broader community-based BCC platforms, including its HIV sexual prevention agreements, child survival programs, new OVC activities, and activities involving Peace Corp Volunteers. In FY08, the USG-funded BRIDGE project trained 164 community members in the use of the "Have a Healthy Baby Hope Kit Update Package", and this tool will be distributed more widely to encourage mothers and fathers to attend ANC earlier, access HIV-testing, give birth in a facility, and exclusively breastfeed.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. PMTCT is a priority area under consideration.

In collaboration with the GOM, USG would: 1) expand laboratory support to all district hospitals for CD4 testing, EID, and better networking with MCH sites; 2) implement performance-based financing to districts in collaboration with the President's Malaria Initiative (PMI), focused on key indicators such as the number of pregnant women initiated on ART; 3) develop agreements with the MOH and CHAM to fill gaps in implementation of the national PMTCT plan; 4) roll-out lay counselor and community health workers cadres, pending results of current pilots and MOH policy; 5) expand the zonal quality improvement mentoring model from three zones to all five zones, with inclusion of a more extensive care and treatment component; 6) develop an integrated MCH/PMTCT/FP Request for Applications (RFA) to improve service delivery, building on the results of the centrally-funded integration activity; 7) support population-based PMTCT impact evaluations and supplement the 2009 DHS to collect more data-related to PMTCT/pediatric HIV; 8) strengthen male involvement, partner testing, prevention with positives, and interventions to limit gender-based violence in the context of PMTCT; 9) Expand local production of ready-to-use therapeutic foods for complementary feeding of HIV-exposed infants through public private partnerships with Project Peanut Butter.

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	7137.09	**Mechanism:**	UNC MDF PMTCT
Prime Partner:	University of North Carolina	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	15427.21290.09	**Planned Funds:**	$30,000
Activity System ID:	21290		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Summary

Implementation of the USG plan in Malawi is a model of excellent partnership and collaboration, with sharing of tools and approaches at all levels. In this activity, DoD is expanding its role as a provider of prevention services to the Malawi Defense Force (MDF) by strengthening the PMTCT programs at 6 MDF bases, through partner University of North Carolina (UNC). PMTCT is a key linkage to DoD's AB and other prevention activities. USG FY 2008 funding is to train MDF counselors in PMTCT. This is a new activity.

Background

According to statistics provided through UNC, 98% of Malawian women attending their first antenatal care visit accept HIV testing. 15% are HIV-positive and all accept nevirapine prophylaxis (NVP). UNC provides services to over 20,000 women a year and is estimated to prevent transmission of HIV to over 2,500 babies per year. All exposed infants are given NVP prophylaxis and are followed up for 18 months. UNC's PMTCT program provides almost half of all PMTCT services offered in Malawi.

UNC's primary mission is to identify innovative, culturally acceptable and relatively inexpensive methods of reducing the risk of HIV and STD transmission through research, strengthen the local research capacity through training and technology transfers, and to improve patient care for people living with HIV and AIDS. In addition, PMTCT training will address issues of intergenerational and transactional sex as well as DoD's Other Prevention activities and Abstinence and Being Faithful activities.

The MDF has two sites providing antenatal and delivery services, Cobbe Barracks in Zomba and Kamuzu Barracks in Lilongwe. In addition, MDF provides antenatal services only at Chilumba garrison in Karonga, the Marine Unit in Mangochi, the Combat Support Battalion in Dowa, and the Malawi Armed Forces College (MAFCO) in Salima. MDF has plans to establish labor wards at the MAFCO and Combat Support Battalion clinics. All these sites are serving large civilian populations surrounding the facilities because government hospitals are not within reach. Since the MDF supports civilians in the surrounding communities, Ministry of Health (MoH) assigns at least one nurse or clinical officer in clinics that provide such services.

Activity 1: PMTCT Training for MDF Personnel

With FY 2008 funds, UNC will assist the MDF with building a PMTCT program by training 12 medical personnel (nurses and clinicians) identified by the MDF, in PMTCT services over a period of two weeks. These personnel will oversee the 6 antenatal sites noted above. This training will help MDF's PMTCT providers assist soldiers' spouses and the surrounding community to stem the problem of HIV transmission during child birth.

UNC's PMTCT training will further enable MDF personnel to generate dialogue and positive support among MDF soldiers and their spouses, and surrounding communities for a spectrum of behaviors, including assessing information to understand the risk of contracting HIV, encouraging young women and their spouses to know their HIV status, and supporting HIV testing during pregnancy. Discordant couples will be counseled appropriately and provided condoms. UNC will train the medical personnel in counseling and testing for pregnant women, and administration of nevirapine prevention therapy.

Activity 2: PMTCT Service Delivery

UNC project staff will provide standard antenatal care services to PMTCT clients seen at the MDF clinics. UNC will provide free clinical care to MDF PMTCT clients every week that will go to Kamuzu Central Hospital (KCH) through the STD Clinic, the Lighthouse HIV Clinic, the adult medicine ward at KCH, and the family planning clinic and through VCT.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15427

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15427	15427.08	Department of Defense	University of North Carolina	7137	7137.08	UNC PMTCT	$30,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7664.09 **Mechanism:** EGPAF

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17127.21302.09

Planned Funds: $220,000

Activity System ID: 21302

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17127

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17127	17127.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7664	7664.08	EGPAF	$220,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $74,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5571.09 **Mechanism:** Lighthouse GHAI

Prime Partner: Lighthouse

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 14618.21317.09

Planned Funds: $20,000

Activity System ID: 21317

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14618

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14618	14618.08	HHS/Centers for Disease Control & Prevention	Lighthouse	6887	5571.08	Lighthouse GHAI	$20,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3883.09

Mechanism: NAC GHAI

Prime Partner: National AIDS Commission, Malawi

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 14606.21331.09

Planned Funds: $45,000

Activity System ID: 21331

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 of 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14606

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14606	14606.08	HHS/Centers for Disease Control & Prevention	National AIDS Commission, Malawi	6884	3883.08	NAC GHAI	$45,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5666.09
Mechanism: PACT CSH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 11020.21334.09
Planned Funds: $208,650
Activity System ID: 21334

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 heath 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 motoring, 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 heath care, cotrimoxazole prophylaxis administration from six

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17387

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17387	11020.08	U.S. Agency for International Development	Pact, Inc.	7742	5666.08	PACT CSH	$523,000
11020	11020.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	$627,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7563.09

Mechanism: BASICS Task Order I CSH

Prime Partner: Partnership for Child HealthCare Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 5909.21344.09

Planned Funds: $400,000

Activity System ID: 21344

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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#11020) 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17760

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17760	5909.08	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7864	7563.08	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

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7564.09

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: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 11023.21345.09

Planned Funds: $400,000

Activity System ID: 21345

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 effect 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 increased 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17761

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17761	11023.08	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7865	7564.08	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

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9611.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 22269.09

Planned Funds: [redacted]

Activity System ID: 22269

Activity Narrative: New Activity - MOH HIV/AIDS Unit

Compact goal 4

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 23844.09
Planned Funds: [redacted]
Activity System ID: 23844
Activity Narrative: New Activity - PPP
Compact Goal 1
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 23854.09
Planned Funds: [redacted]
Activity System ID: 23854
Activity Narrative: Continuing Activity - BASICS PMTCT
Compact Goal 1
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 23857.09
Planned Funds: [redacted]
Activity System ID: 23857
Activity Narrative: New Activity - PMTCT RFA on MCH Platform
Compact Goal 1
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5662.09

Mechanism: JHCOM CSH

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17151.24038.09

Planned Funds: $0

Activity System ID: 24038

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 sigma 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17151

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17151	17151.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7668	5662.08	JHCOM	$51,908

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: $5,949,586

Program Area Narrative:

Context

Malawi is a landlocked nation of 13.5 million people facing a severe and generalized, primarily heterosexual HIV epidemic, with HIV prevalence stabilized at 12%. Of the 900,000 people currently estimated to be infected with HIV, 56% are women. HIV prevalence peaks in the 30-34 year age group for both men and women. It is anticipated that 90,000 new HIV infections will occur each year in the absence of stronger prevention efforts. A majority of new adult infections occur within married or cohabitating partnerships where one partner was infected prior to marriage or during the marriage through multiple concurrent partnerships. Men with higher levels of income and education have significantly higher HIV prevalence than their poorer counterparts, indicating that poverty may not be the driving factor in HIV transmission in the Malawian context. Approximately 10% of all couples are sero -discordant, yet most individuals do not know their partner's status. Transactional sex constitutes another significant risk behavior, with 70% of sex workers in urban areas infected with the virus. Prevalence is highest in the southern region and in urban areas; however the bulk of infections are in the rural areas which constitute 80% of the Malawian population.

National leadership in HIV prevention activities has been inconsistent, with the National AIDS Commission (NAC) leading the effort without a mandate to implement activities. While Malawi launched HIV prevention efforts earlier in the epidemic, the focus on prevention has waned in recent years due in part to the increased emphasis on treatment programs, and there are no designated HIV sexual prevention staff within the Ministry of Health (MOH). What prevention efforts do exist, including the recently-awarded Round 7 GFATM grant which focuses on prevention, heavily emphasize life skills for youth, giving much less attention to addressing adult sexual behavior, in particular Multiple Concurrent Partnerships (MCPs).

Most prevention messages and national campaigns have not clearly addressed multiple concurrent partnerships (MCP) as the most important underlying driver of the epidemic in Malawi. And while a massive scale-up of HIV testing, care and treatment services has occurred in Malawi over the last three years, there has been minimal effort devoted toward reaching HIV-positive people with highly effective Prevention with Positives (PwP) interventions, including the promotion of condom use within discordant relationships. Additionally, financial processes which move funds from government to NGOs are highly inefficient. There is a tremendous need to build the technical, management, and financial capacity of both Malawian NGOs and government structures which relate to them to enable a prevention response that will be sustainable in the long-term.

Previous USG Support

Prior to the Round 7 GFATM grant, USG was the largest donor for HIV/AIDS prevention in Malawi, prioritizing its limited HIV/AIDS resources to support this important area of sexual prevention. In FY08 the USG-funded BRIDGE Project strongly contributed to prevention efforts in Malawi through a national multi-media campaign with various related activities highlighting male role models and a radio diary program to address stigma surrounding individuals living with HIV. These media activities were closely linked to and complemented with intensive community mobilization and interpersonal approaches to empower people to take small, doable actions to reduce their risk of contracting HIV.

USG also supported the Enhanced HIV/AIDS Prevention and Improved Family Health Project (EHAP-IFH) which supports social marketing of Chishango ("shield") condoms nationally through retail and NGO networks, intensified condom marketing in "hot

zones" where bars and other high risk venues are concentrated, and targeted outreach to key populations engaging in high risk sexual behavior. A branded, youth-focused communications program which includes Malawi's top-ranked youth radio program, and a national campaign which promotes delaying first sex as a strategy for girls completing school and achieving goals for the future, were also implemented.

While both the BRIDGE and EHAP-IFH projects end in 2009, reviews from Malawian communities, governmental structures and recent independent external evaluations have all been very positive. Although resources have only been sufficient to allow these two projects to be implemented in parts of 8 of the 28 districts in the country, the two programs have played an important technical leadership and capacity building role in laying groundwork for HIV prevention in Malawi.

At the district-level, Peace Corps has integrated HIV prevention into its programs in health, education and environment, and has developed a cadre of more experienced volunteers dedicated to working with other USG and government partners to strengthen prevention capacity at the district level.

In 2008, NAC requested that USG help build capacity of indigenous organizations implementing prevention programs in order for these partners to more effectively absorb resources available under GF grants. In response to this request, the PACT Community Reach program issued an annual program statement in FY08 focused on prevention of sexual transmission and now has 18 indigenous Malawian sub-partners which are implementing prevention activities.

In addition, USG funded activities with the Malawian Defense Force, supporting school-based prevention clubs to promote healthy behaviors and HIV-related life skills through an age-appropriate "AB" program, integrating HIV prevention activities into the "I-Life" economic and food security activities, and integrating prevention into family planning and reproductive health activities in eight districts.

With USG technical assistance, NAC initiated the development of the first National Prevention Strategy in 2008 which will be completed and launched by early FY09. This strategy will provide the platform for national scale-up of prevention services throughout the country, and USG is fully committed to supporting these efforts. USG's role in the prevention efforts will become even more critical in FY09 as Malawi expands successful prevention programs and develops models for prevention activities to fill existing gaps.

FY09 USG Support

FY09 PEPFAR funding will build on the successes and lessons learned from previous activities, incorporating recommendations from the MOH, NAC, USG Core Team, and other prevention partners.

i. Expand prevention programs for adults

Given the current emphasis on HIV prevention in youth by the GFATM and other donors, USG support for prevention activities will be primarily focused on sexual prevention for adults. Before the end of 2008, USG will award and provide initial funding from FY08 to two new 5-year complementary cooperative agreements, which will work toward the single strategic objective of increasing adoption of safer sexual behaviors by Malawian adults.

Activities funded under the first agreement ("Sector I") will seek to promote normative change and increase preventive behaviors among adults in the general population, while those funded under the second ("Sector II") will focus on supporting a comprehensive package of intensified preventive interventions targeting populations and venues with high prevalence of risky sexual behavior. Both projects will coordinate closely with one another and harmonize messages, emphasizing the following approaches: 1) influencing social and gender norms which contribute to the spread of HIV, 2) deepening individual understanding of HIV risk and increasing self-efficacy to prevent HIV infection, 3) integrating and linking HIV prevention activities with testing, treatment and care services, and 4) providing technical leadership, coordination, and capacity building for national prevention efforts.

With FY09 funding, the Sector I program will implement activities in at least 10 of Malawi's highest prevalence and highest population districts, with the objective of directly reaching most of the people living in these districts with HIV prevention activities. This effort will reach a larger and different population than that reached by the BRIDGE project, building on the successes and lessons learned from the former project. The primary foci of the project will be on reducing multiple concurrent partnerships, promoting mutual faithfulness, increasing individual self-perception of HIV risk and self-efficacy to prevent HIV, emphasizing HIV testing including knowing partner's status, and mobilizing communities to adopt social norms, attitudes, and values that reduce vulnerability to HIV. The project will also emphasize linking community-based prevention interventions to other HIV and health services, with a strong focus on PwP interventions and reaching discordant couples. In order to rapidly start-up, USG has fully funded a year of activities in FY09 outside of new compact funding and will request a waiver of the 8%-to-one-partner rule.

With FY08 funding, the Sector II agreement will begin in early 2009 with a comprehensive baseline mapping exercise to better enumerate populations and settings with a high prevalence of risky sexual behavior and describe the dynamics which drive these behaviors. Based upon this information, the project will utilize FY09 funding in the summer of 2009 to target condom promotion and risk reduction counseling to high risk populations and venues (including discordant couples), increase the availability of condoms for both the general population and for high-risk populations, and establish and strengthen linkages for high-risk populations to comprehensive HIV and other health services.

ii. Build capacity of indigenous partners to implement prevention activities

FY09 funding will be used to expand PACT efforts to build capacity of indigenous organizations to implement prevention efforts. Pact's partners will implement HIV prevention activities tailored to the specific communities and target groups with whom they work, and all partners will be closely linked to the Sector I and Sector II programs describe above. These prevention strategies will include the following: 1) utilizing peer educators and communication approaches to inform individuals about HIV risk and equip them to engage healthy behaviors, 2) mobilizing communities and stimulating social discourse about HIV, and 3) training and mentoring service providers in PwP interventions including direct HCT service provision by some partners.

iii. Develop models of youth prevention programming for scale-up with GFATM resources

While a majority of PEPFAR funding will be targeted at adult prevention efforts, successful prevention programs for youth will continue to be implemented in FY09. Malawi's top-ranked youth radio program, previously funded by USG, will be transitioned to GF funding. Therefore with PEPFAR support for youth prevention programming will primarily come through Pact's fifteen implementing partners. These partners will utilize a variety of complementary and targeted approaches to reach in-school and out -of-school youth including the following: 1) facilitating youth groups to help them provide in-depth IEC on abstinence and faithfulness and training on specific life skills, 2) training and supporting peer educators and youth patrons to serve as role models for AB behaviors, share information about HIV, and provide emotional support, as well as equipping parents and community leaders to do the same, and 3) providing other HIV prevention services for youth, including condoms for sexually active and at-risk youth over 15 years old, youth-friendly services, and HIV testing and counseling services. Youth prevention activities are linked to OVC programs for younger and older OVC by Pact's partners working in both areas.

iv. Provide technical leadership to strengthen the national prevention response

USG partners and staff will continue to play an important role in providing technical support to NAC and the GOM to lead the national response and to other USG partners to implement prevention programs which reflect best practices and incorporate strategic information. USG will recruit a full-time international prevention expert who will provide technical assistance and capacity development to the GOM, NAC, and other USG partners and will mentor a local hire USG prevention program officer.

v. Strengthen the evidence-base to inform prevention programming

Both the Sector I and Sector II programs will invest in improving strategic information for prevention to determine whether the interventions they are implementing are having an effect. They will continue to implement traditional, high quality monitoring methods and will consider population-based estimates of behavior change and coverage given adequate resources. All information on effective prevention programming will be shared with GOM and utilized to inform national prevention efforts.

vi. Ensure the Malawi Defense Forces (MDF) access to high quality prevention services

Rather than developing separate agreements with the MDF for prevention, USG will ensure its new prevention partners under Sector I and Sector II clearly target their prevention programming to the special needs of military populations and surrounding communities.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership Compact with the GOM. Sexual prevention is a priority area under consideration.

Areas of focus for the Compact include: 1) Intensification of comprehensive adult prevention activities in order to achieve wider and more strategic coverage in areas and populations where the bulk of new infections are occurring, 2) support national scale-up of PwP activities within the national care and treatment program, 3) assist NAC and the MOH in implementing an innovative data synthesis and use programs at the district and community-levels and increase the capacity of communities to develop activities appropriate to their own context, 4) bolster the 2009 DHS+ to collect more comprehensive information about sexual behavior, gender and cultural practices, as well as oversample for district-level prevalence and incorporate incidence estimation, 5) develop a cooperative agreement with the MOH to help fully transition management and activities in HIV prevention and other areas to the government and other local partners, and 6) explore public-private partnerships with faith-based groups which are utilizing substantial private resources.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	5662.09	**Mechanism:**	JHCOM CSH
Prime Partner:	Johns Hopkins University Center for Communication Programs	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	11044.24039.09	**Planned Funds:**	$0
Activity System ID:	24039		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17146

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17146	11044.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7668	5662.08	JHCOM	$513,140
11044	11044.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	5662	5662.07	JHCOM	$1,094,230

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5667.09

Mechanism: PSI CSH

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5918.24043.09

Planned Funds: $0

Activity System ID: 24043

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 though 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 Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17446

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17446	5918.08	U.S. Agency for International Development	Population Services International	7765	5667.08	PSI CSH	$350,000
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

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5674.09 **Mechanism:** USAID CSH

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 26206.09 **Planned Funds:** $64,504

Activity System ID: 26206

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5657.09

Mechanism: CRS CSH

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 11047.24036.09

Planned Funds: $0

Activity System ID: 24036

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17115

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17115	11047.08	U.S. Agency for International Development	Catholic Relief Services	7663	5657.08	CRS CSH	$0
11047	11047.07	U.S. Agency for International Development	Catholic Relief Services	5657	5657.07	CRS CSH	$38,500

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10299.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 29006.09 **Planned Funds:** [redacted]

Activity System ID: 29006

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10299.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 23821.09 **Planned Funds:** [redacted]

Activity System ID: 23821

Activity Narrative: Continuing Activity - Sector I or Gen Pop RFA - AB focus
Compact Goal 1

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10299.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 23822.09
Planned Funds: [redacted]
Activity System ID: 23822
Activity Narrative: Continuing Activity - Sector II or Social marketing RFA - AB focus
Compact Goal 1
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9611.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 22251.09
Planned Funds: [redacted]
Activity System ID: 22251
Activity Narrative: Continuing Activity - GHAI

Sexual prevention compact goal
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9297.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 21390.09
Planned Funds: [redacted]
Activity System ID: 21390
Activity Narrative: Continuing Activity -
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9300.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 21397.09
Planned Funds: [redacted]

Activity System ID: 21397

Activity Narrative: Continuing Activity -

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5666.09

Mechanism: PACT CSH

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 11048.21335.09

Planned Funds: $834,600

Activity System ID: 21335

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17388

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17388	11048.08	U.S. Agency for International Development	Pact, Inc.	7742	5666.08	PACT CSH	$381,100
11048	11048.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	$496,326

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5674.09

Mechanism: USAID CSH

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5921.21356.09

Planned Funds: $33,871

Activity System ID: 21356

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17777

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17777	5921.08	U.S. Agency for International Development	US Agency for International Development	7868	5674.08	USAID CSH	$35,018
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

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9209.09 **Mechanism:** USAID GHAI

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 21092.21363.09 **Planned Funds:** $37,700

Activity System ID: 21363

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 21092

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21092	21092.08	U.S. Agency for International Development	US Agency for International Development	9209	9209.08	FY08 Compact - Staffing/USAID	$75,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9301.09 **Mechanism:** Peace Corps

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 5917.21400.09 **Planned Funds:** $63,000

Activity System ID: 21400

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Summary

Peace Corps Volunteers (PCVs) are placed strategically at the grass-roots level, working with government staff at the local Ministry of Health (MoH), Ministy 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15431

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15431	5917.08	Peace Corps	US Peace Corps	7140	3896.08	Peace Corps GHAI	$75,000
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

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7876.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 17797.21313.09

Planned Funds: $40,000

Activity System ID: 21313

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17797

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17797	17797.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7876	7876.08	VG Country	$40,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	7875.09	**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:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	17793.21310.09	**Planned Funds:**	$0
Activity System ID:	21310		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17793

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17793	17793.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7875	7875.08	VG Central	$0

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3898.09
Mechanism: DOD GHAI
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 6418.21288.09
Planned Funds: [redacted]
Activity System ID: 21288

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Summary

HIV/AIDS prevalence rates are typically higher among the military than the general populace. Soldiers are usually young, single, and sexually active. They are often posted far away from home for extended periods, and a variety of factors like stress and loneliness may increase their likelihood of engaging in casual sex. Their steady income and higher status in the community provide them with access to alcohol and sex. Reported condom use among the military population is low and inconsistent. The Malawi Defence Force (MDF) first confronted HIV/AIDS in April 1996 at an internal workshop where officials openly agreed that HIV/AIDS within the military was a major challenge that must be confronted. Mortality rates clearly indicate that HIV/AIDS is a problem in the military, and the MDF itself clearly recognizes and accepts that HIV/AIDS is a major problem among its ranks. There have been some positive recent developments within the MDF that indicate a more serious commitment to addressing HIV/AIDS. Commitment at the highest levels at the Malawian Ministry of Defense and MDF include drafting a HIV/AIDS policy which is ongoing; introduction of an organic department to undertake HIV/AIDS both at the ministry and MDF level; increased efforts to allocate a specific budget for HIV/AIDS programs; the MDF's enthusiasm to work with outside organizations such as PSI/Malawi; the MDF's stated need to be included in national surveys; and active efforts to involve the spouses of servicemen and women in Information Education Communication (IEC) programs.

Background

In 2007, DoD issued a Request for Application (RFA) for prevention work with the MDF. This contract was recently awarded to PSI, who has begun implementation of a number of activities with FY 2006 funds. It is expected that this award will be extended to include FY 2007 funds. With FY 2008 funds, DoD will issue another RFA that will build on current activities being conducted by PSI with FY 2006 money. FY 2007 EP funds will be split between Abstinence Be Faithful (AB) and Condoms and Other Prevention. Encouraging AB messages among the MDF soldiers will help them change their behavior at home, and also during deployment. Through these activities, soldiers will be encouraged to be faithful and abstain from sex, and be educated about the importance of maintaining their negative status, as well as making positive contributions to the military.

Once the RFA has been awarded, the new partner (TBD) will conduct a baseline assessment to determine the success of previous interventions and determine whether alternate activities need to be developed. The new partner is expected to conduct a TRaC (Tracking Results Continuously) survey in order to measure reported levels of promoted behaviors and opportunity, availability, and motivation. The survey will complement the previously conducted MDF KAP (Knowledge Attitude Practical) survey by providing important data on segmentation and M and E. Also it is expected that the TBD partner will conduct qualitative research for concept development and pre-testing intervention IEC materials. The partner will evaluate the newly developed Voluntary Counseling and Testing (VCT) 'Drop In' centers to ensure uniformity and quality of services delivered. In order to measure the impact on key indicators a second comprehensive tracking survey need to be conducted at the end of the program. Most of the AB interventions for the Malawi Defense Force will focus on mutual faithfulness, partner reduction, and the risk associated with concurrent partnerships.

Activity 1: Peer Education

This is linked to Activity 1 in DoD Condoms and Other Prevention (ID#10756) which will provide condoms and messages about correct and consistent condom usage if soldiers cannot remain faithful to one partner. This activity will focus on "B" messaging and work with soldiers to strengthen their commitment to one partner and to understand the HIV risks associated with multiple (concurrent) partners. The soldiers will be equipped with skills to reduce the number of sexual partners and practice mutual fidelity. In addition, critical empowerment of young women in the MDF and surrounding communities to make positive decisions and gain confidence in the area of AB will be supported through training and mentoring. Another key strategy promoting AB will be the community/social mobilization capacity building activities through drama and sensitization meetings. These activities aim to strengthen MDF units to respond to topical issues and implement evidence based behavior change activities or facilitate extra generational intra-community communications. These include advocacy on family HIV testing, religious leaders on issues of mutual faithfulness, parents and teachers to change norms, and skills building for girls to reject intergenerational sex.

The program will focus on messages of faithfulness to one partner and the development of pilot materials by specially trained Peer Educators to impart correct and factual information on HIV/AIDS prevention and to help mobilize and motivate members of the MDF to go for VCT. A target of 80 Peer Education Providers and another 20 Trainer of Trainers (TOTs) is expected in 2008.

Activity 2: Targeted Outreach and Communication (TOC)

The TBD partner will assign a TOC team to conduct specially designed educational sessions with the MDF as well as broader outreach activities in and around the military barracks. These events will include the use of video and mobile video unit presentations and interpersonal communication (IPC) activities to reinforce key behavior change objectives and to increase AB awareness and motivators for VCT. The TOC team will utilize videos, short documentaries, and interactive discussions via a public address system and engage in interpersonal communications to motivate for the adoption of positive behavior change, the importance of knowing one's HIV status, and the value of remaining faithful to one partner and avoiding high-risk behavior. With this team, it is estimated that 4,000 military personnel, spouses, and family members will be reached.

Activity Narrative: Activity 3: Drop in Center

AB activities with the MDF are closely linked to the Counselling and Testing and ART services . With FY 2004 and FY 2005 funds, the DoD HIV program under the Naval Health Research Center constructed and equipped six VCT centers in six MDF barracks. Four of these centers have been approved by the Malawi government to be ART distribution sites which serve both the military and civilians of the surrounding communities, and MDF requested approval from the Ministry of Health (MoH) for the two most recently constructed VCT centers to become ART distribution centers as well.

Activity 4: Media

The new partner will use previously developed media and develop new media campaigns as required. These will include targeted, evidence-based HIV/AIDS prevention information, education, and communications (IEC) materials and will work closely with the MDF to develop targeted, evidence-based IEC materials to promote key behavior change objectives. Posters encouraging MDF members and their families to seek VCT services and outlining benefits of HIV/AIDS prevention will be promoted; and video documentaries, with emphasis on AB messaging using other leveraged funding, will be screened by the TOC teams. Point of use items such as T-shirts and lapel pins will also be produced. These materials will be designed to ensure their relevance to and understanding by the members of the MDF. The specific results of the IEC materials will be increased knowledge of VCT sites and services offered, increased awareness of the need for HIV testing, increased awareness of the importance of being faithful and abstaining from casual sex, and increased knowledge on methods of HIV infection and prevention. To ensure the desired outcome is achieved, all materials will be rigorously pre-tested with the MDF.

Activity 5: Monitoring and Evaluation

The current source of data existing for the MDF is from an internal KAP survey conducted within the army in 2002. On-going M and E is critical to determining the success of the program. The TBD partner will provide M&E, using some or all of the following suggested indicators in consultation with MDF: social norms, knowledge, self-efficacy, social support, beliefs, attitudes, locus of control, outcome norms, and subjective norms. The indicators reflect opportunity, ability, and motivation factors. Even though the military are classified as a “high-risk” group, there is no current national data that has tracked behaviors, knowledge, and practices of MDF soldiers. The BSS does not provide any information on military.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15425

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15425	6418.08	Department of Defense	Project Concern International	7136	3898.08	DOD GHAI	$60,000
10758	6418.07	Department of Defense	Malawi Defense Force	5581	3898.07	DOD GHAI	$76,000
6418	6418.06	Department of Defense	Malawi Defense Force	3898	3898.06		$67,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 12159.09

Mechanism: JHCOM GHAI

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 29640.09

Planned Funds: $681,150

Activity System ID: 29640

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5662.09
Mechanism: JHCOM CSH
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 29642.09
Planned Funds: $1,564,600
Activity System ID: 29642
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5667.09
Mechanism: PSI CSH
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 29645.09
Planned Funds: $493,000
Activity System ID: 29645
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 12153.09
Mechanism: Ambassadors Small Grant Fund (ASGF)
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 29629.09
Planned Funds: $30,000
Activity System ID: 29629
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 12160.09
Mechanism: PSI GHAI
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 29641.09
Planned Funds: $681,150
Activity System ID: 29641
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: $3,998,616

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5662.09
Mechanism: JHCOM CSH
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29643.09

Planned Funds: $806,000

Activity System ID: 29643

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5667.09

Mechanism: PSI CSH

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29646.09

Planned Funds: $957,000

Activity System ID: 29646

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3898.09

Mechanism: DOD GHAI

Prime Partner: To Be Determined

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 6417.21289.09

Planned Funds: [redacted]

Activity System ID: 21289

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Summary

This TBD activity will be a new RFA issued with FY 2008 EP funding to meet the needs for prevention programming within Malawi's Defense Force (MDF). With FY 2006 funding, PSI won a one year contract with the Department of Defense (DoD). In FY 2008, the winning bidder will have the opportunity to have a two year contract with DoD.

Background

Because the MDF is a high risk group, activities are aimed at preventing HIV transmission through the promotion of condom use and distribution, STI management, and messages/programs to reduce other risks of persons engaged in high-risk behaviors. In addition, the USG through the TBD partner will support community outreach sessions to promote the use of condoms by PLWHAs (including discordant couples) and palliative care patients within the MDF. These messages will include correct and consistent use of condoms.

HIV/AIDS prevalence rates are typically higher among the military than the general populace. Soldiers are usually young, single,and sexually active. They are often posted far away from home for extended periods, and a variety of factors like stress and loneliness may increase the likelihood of engaging in casual sex. Their steady income and higher status in the community provide them with easy access to alcohol and sex. Reported condom use among the military population is low and inconsistent. In FY 2008, USG will build on current programs with MDF to provide prevention messages.

MDF still faces many challenges related to the provision of HIV-related services for its personnel. MDF officials are concerned that Information, Education, Communication (IEC) materials from the National AIDS Commission (NAC) do not address the particularities of MDF culture and have requested the development and provision of IEC materials specifically target and address the concerns of military personnel.

With FY 2004 and FY 2005 non-EP-funds, the DoD HIV program under the Naval Health Research Center constructed and equipped six VCT centers in six MDF barracks. Four of these centers have been approved by the Malawi government to be ART distribution sites which serve both the military and civilians of the surrounding communities. MDF has also requested approval from MOH for the two most recently constructed VCT centers to become ART distribution centers. ARVs are provided by the MoH through the Global Fund for AIDS, TB, and Malaria (GFATM) grant by the MoH and are distributed at the VCT sites. They also issue free condoms to the soldiers. When DoD built the VCT centers, they included equipment such as TVs, VCRs, digital cameras, computers, and printers that help in information, education, communication, and data storage.

In 2007, DoD issued an RFA for prevention work with the MDF. A new RFA will be issued in FY 2008. When the new RFA is awarded, the new partner (TBD) will conduct a baseline assessment to determine the success of previous interventions and determine whether alternate activities need to be developed. A TRaC (Tracking Results Continuously) survey will measure reported levels of promoted behaviors and opportunity, availability, and motivation. The TRaC survey will complement the MDF KAP (Knowledge Attitude Practical) survey by providing important data on segmentation, monitoring, and evaluation. Qualitative research will also be used for concept development and pre-testing intervention IEC materials. Baseline and evaluation rounds of mystery client visits will be undertaken at the VCT 'Drop In' center to ensure conformity and quality of services delivered. Mystery clients are designed to test or audit the effectiveness of a particular service. In order to measure the impact on key indicators a second comprehensive tracking survey need to be conducted at the end of the program.

Activity 1: Peer Education

This activity complements activity 1 in AB (ID# 6418) by providing 'C' messages to soldiers in addition to A and B messaging. Besides learning communication techniques and methods of HIV/AIDS prevention, the peer educators will act as condom distribution agents to help ensure easy access to condoms within the military and provide messages about correct and consistent condom usage.

It is expected that 20 Peer Educators, selected from all ranks of the MDF and covering one pilot site within the MDF, will be trained as Peer Educators. With subsequent funding, this model will be replicated across all units of the MDF. The Peer Educators identified to participate will complete an initial five day training covering HIV/AIDS prevention, life skills, and general VCT information as well as communication techniques developed by a partner TBD and counterparts in the MDF. TBD partner will facilitate the development of the Peer Education manuals and support materials, and conduct the relevant training with the MDF. In addition to educating colleagues about methods of HIV/AIDS prevention, the Peer Educators will be provided with condoms for distribution to MDF members and their families to allow for on-going distribution of condoms on a revolving fund basis. A target of 80 Peer Education Providers and another 20 TOTs is expected in 2008.

Activity 2: Targeted Outreach and Communication (TOC)

The TBD partner will assign a TOC team as was previously done in FY 2007, to conduct specially designed educational sessions with the MDF as well as broader outreach activities in and around the military barracks. These events will include the use of video and mobile video unit presentations and IPC activities to reinforce key behavior change objectives and to increase 'C and OP' awareness and motivators for VCT.

Activity Narrative: The TOC team will utilize videos, short documentaries, and interactive discussions via a public address system and engage in interpersonal communications to motivate for the adoption of positive behavior change, especially for VCT services, and the correct and consistent use of condoms. With this team, it is estimated that 4,000 military personnel, spouses, and family members will reached. The TOC team will act as condom distribution agents ensuring enhanced targeted condom availability in high risk outlets and other commercial outlets around the barracks as well as re-supplying Peer Educators.

Activity 3: Drop in Centers

Under this program, the TBD partner will work with the MDF to achieve its vision of ensuring that the remaining four VCT centers be attached to, and integrated into, a broader information and education 'Drop In' centers which will include information resources such as radios, CD players, TVs, DVD players, IEC reading materials, and computer access. This activity will be to roll out piloted activities at all VCT centers. This will help ensure that these VCT sites are more welcoming and friendly and reduce the stigma and discrimination related to going to an MDF VCT location. The MDF has the needed space and room for creation of such a VCT Drop-In center. The MDF currently has six operational static VCT centers in six units. Per MDF planning, there is a need to establish more VCT centers at the four remaining units in order to adequately cover its ten key units. These drop in centers will be stocked with condoms which will be made available and easily accessible to clients who visit the centers. The information resources described above will capture the required information on correct and consistent use of condoms.

Activity 4: Media

Use of previously developed media and developing new media campaigns as required will be continued that will include targeted, evidence-based HIV/AIDS prevention information, education, and communications (IEC) materials will work closely with the MDF to develop targeted, evidence-based IEC materials to promote key behavior change objectives. Posters encouraging MDF members and their families to seek VCT services outlining benefits of HIV/AIDS prevention and video documentaries produced using other leveraged funding will be screened by the TOC teams. Point of use items such as T-shirts and lapel pins will also be produced. These materials will be designed to ensure their relevance to and understanding by the members of the MDF targeted. The specific results of the IEC materials will be: increased knowledge of VCT sites and services offered; increased awareness of the need for testing for HIV; increased knowledge on methods of HIV infection and prevention, including correct and consistent condom use; -decreased stigma and discrimination. A large focus will be given to the use of appropriate uniforms and insignia. To ensure the desired outcome is achieved, all materials will be rigorously pre-tested with the MDF. Other activities aimed at preventing HIV transmission will include purchase and promotion of condoms, STI management, and messages/programs to reduce other risks of persons engaged in high-risk behaviors.

Activity 5: Monitoring and Evaluation

On-going M&E is critical to determining the success of the program. The TBD partner will provide M&E, using some or all of the following suggested indicators in consultation with MDF: social norms, knowledge, self-efficacy, social support, beliefs, attitudes, locus of control, outcome norms, and subjective norms. The indicators reflect opportunity, ability, and motivation factors. It should be noted that though the military are classified as a "high-risk" group, there is no current national data that has tracked behaviors, knowledge, and practices of MDF soldiers. The BSS does not provide any information on military. The current source of data existing for the MDF is from an internal KAP survey conducted within the army in 2002.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15426

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15426	6417.08	Department of Defense	Project Concern International	7136	3898.08	DOD GHAI	$58,000
10757	6417.07	Department of Defense	Malawi Defense Force	5581	3898.07	DOD GHAI	$39,000
6417	6417.06	Department of Defense	Malawi Defense Force	3898	3898.06		$33,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9611.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 25460.09

Planned Funds: [redacted]

Activity System ID: 25460

Activity Narrative: Continuing Activity

- Sexual prevention compact goal

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7875.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 17794.21311.09

Planned Funds: $0

Activity System ID: 21311

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17794

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17794	17794.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7875	7875.08	VG Central	$0

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7876.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 17798.21314.09

Planned Funds: $10,000

Activity System ID: 21314

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17798

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17798	17798.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7876	7876.08	VG Country	$10,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	7874.09	**Mechanism:**	MSH TASC III
Prime Partner:	Management Sciences for Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	17788.21326.09	**Planned Funds:**	$125,000
Activity System ID:	21326		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17788

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17788	17788.08	U.S. Agency for International Development	Management Sciences for Health	7874	7874.08	MSH TASC III	$125,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5674.09

Mechanism: USAID CSH

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 18271.21357.09

Planned Funds: $33,871

Activity System ID: 21357

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18271

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18271	18271.08	U.S. Agency for International Development	US Agency for International Development	7868	5674.08	USAID CSH	$35,017

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5666.09

Mechanism: PACT CSH

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 11134.21337.09

Planned Funds: $417,300

Activity System ID: 21337

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17389

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17389	11134.08	U.S. Agency for International Development	Pact, Inc.	7742	5666.08	PACT CSH	$300,000
11134	11134.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	$358,800

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9300.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 21408.09

Planned Funds: [redacted]

Activity System ID: 21408

Activity Narrative: Continuing Activity -

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10299.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29007.09

Planned Funds: [redacted]

Activity System ID: 29007

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 27067.09
Planned Funds: [redacted]
Activity System ID: 27067
Activity Narrative: Continuing Activity - Sector I or Gen Pop RFA - OP focus Compact Goal 1
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 27068.09
Planned Funds: [redacted]
Activity System ID: 27068
Activity Narrative: Continuing Activity - Sector II or High risk RFA - OP focus Compact Goal 1
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3886.09
Mechanism: CDC Base/Gap
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 27136.09
Planned Funds: $132,580
Activity System ID: 27136

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5674.09

Mechanism: USAID CSH

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26268.09 **Planned Funds:** $64,504

Activity System ID: 26268

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5667.09 **Mechanism:** PSI CSH

Prime Partner: Population Services International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 5933.24044.09 **Planned Funds:** $0

Activity System ID: 24044

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17447

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17447	5933.08	U.S. Agency for International Development	Population Services International	7765	5667.08	PSI CSH	$430,000
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

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5662.09

Mechanism: JHCOM CSH

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 5930.24040.09

Planned Funds: $0

Activity System ID: 24040

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17147

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17147	5930.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7668	5662.08	JHCOM	$105,985
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

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: $250,000

Program Area Narrative:

Context

Malawi is in the process of developing a national HIV prevention strategy in a move to both scale up and intensify HIV prevention efforts. The prevention strategy will address gaps in current prevention efforts and identity new approaches to prevent HIV transmission. While the majority of this prevention strategy will target the previously neglected area of behavior change to reduce sexual transmission, prevention of biomedical transmission remains a commitment and will receive ongoing support from PEPFAR. The focus areas of biomedical prevention in Malawi are blood safety, injection safety, and the development of a male circumcision policy as part of a larger national HIV prevention package.

i. Blood Safety

Previous USG Support

USG began supporting activities to improve the safety of blood and blood products to Central and District-level hospitals in FY06. The aim of this support was to prevent the spread of HIV and other transfusion-transmissible infections by tackling the gaps which were identified. This support is channeled through the Malawi Blood Transfusion Service (MBTS).

Funding from PEPFAR in FY06 and FY07 supported the improvement of infrastructure and capacity of Central and District-Level Hospital Blood banks, and promoted appropriate clinical use of blood and blood products. This funding supported rehabilitation of 18 hospital blood banks and provided them with basic lab equipment. Buffer stocks of reagents and consumables were procured and are stocked by MBTS for distribution during stock outs. With FY06 funding, a training curriculum was developed and used to train Laboratory Technicians, under-graduate students of biomedical sciences, and nurses. The 5 Ministry of Health Zone Coordinators and 3 Directors of Clinical Services and Health Technical Support Services were oriented in blood safety and management. The National Quality Assessment System was established in 14 Hospitals. PEPFAR also trained MBTS' staff in monitoring and evaluation.

FY07 funding supported the rehabilitation of another 8 Hospital Blood banks and provided them with basic equipment for blood transfusion. This funding also provided stock buffer supplies of required reagents and consumables to prevent stock-outs and was used to provide recommendations for better planning and forecasting efforts in 22 hospitals. Another 193 health care workers were trained. The National Quality Assessment System was established in 8 Hospitals. 58 Clinicians were trained in Quality Assessment and Standard Operating Procedures (SOPs) were developed and will be implemented in FY09.

FY09 USG Support

In 2009, USG will use PEPFAR funds to build on the milestones achieved with funding from previous years in three main areas: improvement of the physical infrastructure for blood safety; increasing knowledge and skills of health care workers in blood safety through in-service and pre-service trainings; and ensuring high quality blood screening and transfusion services.

USG will fund MBTS to renovate existing dilapidated laboratory facilities at 5 District Hospitals to establish appropriate Hospital Blood Banks (HBBs), and will provide basic lab equipment for blood transfusion, stock buffer supplies of required reagents and consumables to prevent stock-outs, and provide recommendations for better planning and forecasting efforts.

USG will also support MBTS training both pre-service and in-service health care workers in blood safety. 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 use of blood. Training provided will also focus on improving the quality of data collected at blood banks.

To ensure quality of blood screening and transfusion activities, PEPFAR funds will support MBTS in rolling out the National Quality Assessment Scheme (NQAS) in all HBBs. The rollout will be implemented after the training of HBB staff to ensure compliance with technical standards. At the end of FY09, 27 hospital blood banks in the country will be targeted for enrollment in the NQAS. A total of 210 staff including nurses, doctors and clinical officers, laboratory technicians and undergraduate students of 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.

ii. Injection Safety

The National HIV and AIDS policy stipulates that the use of disposable sterilized injections can reduce the risk of HIV infection. The government has established systems to ensure that disposable materials and sterilizing equipment are in all health facilities. Dissemination of appropriate and up-to-date information on the dangers associated with unsterilized material is a priority. The Nurses and Midwives Council of Malawi (NMCM) is the regulatory and coordinating body of injection safety at the national and district level. Supported by PEPFAR through Pact/Malawi, NMCM has produced post-exposure prophylaxis protocols and guidelines for use by health care workers. NMCM are implementing most of the areas addressed above as priorities for the country. Risk reduction is integrated in all services which have any potential risk of HIV transmission through needle stick injuries or exposure to blood and other body fluids. NMCM's program is linked to the logistics and supply units for essential drugs, materials, equipment and supplies.

USG had previously funded ACCESS (prime partner JHPIEGO) to implement a Performance and Quality Improvement (PQI) initiative to improve Infection Prevention practices. ACCESS recently announced that it would close down after completing its FY08 work-plan. USG will discuss with GOM how the loss of support from ACCESS will impact the Performance and Quality Improvement (PQI) initiative which was initiated to improve Infection Prevention practices. This program was designed in such a way that the Ministry of Health (MOH) under the guidance of the National Quality Assurance Technical Working Group (NQATWG) takes a lead role in ensuring progress and sustainability of Infection Prevention control (IPC) efforts. Infection Prevention has been incorporated in the annual District Implementation Plans (DIPs), ensuring that all infection prevention supplies and IPC activities are budgeted for and integrated into the Districts' work plan.

iii. Male Circumcision

Context

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. The predominantly Muslim Yao and Lomwe ethnic groups account for 78% of the circumcised population: 86% of Yao and 34% of Lomwe are circumcised. Less than 10% of men in other ethnic

groups are circumcised.

FY09 USG Support

Malawi will not fully implement MC without conducting an acceptability and feasibility study. With PEPFAR support in 2007, 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. The consensus was that male circumcision should be considered as part of a comprehensive HIV prevention strategy, with the caution that some critical issues, particularly the reliability of the data which suggests that there is high HIV prevalence amongst the circumcised Yao and Lomwe groups, need to be addressed before a national policy on male circumcision is adopted.

In order to address key issues around the acceptability and feasibility of incorporating male circumcision into a national HIV prevention strategy, NAC will use carry-over FY07 PEPFAR funds to support 4 key areas: Conducting a rapid assessment of current social and cultural issues which would affect male circumcision in the context of HIV prevention; intensive consultation with critical constituencies such as traditional and religious leaders and policy makers; the development of an effective communication strategy; and targeted studies (i.e. operations research) in areas identified by the rapid assessment and consultations.

It is anticipated that the rapid assessment, which will be adapted from the UNAIDS/WHO situational analysis toolkit, will raise some questions with regard to gaps in the current knowledge and practice of male circumcision in Malawi. Carry-over PEPFAR 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.

Male circumcision in Malawi is deeply rooted in culture, tradition and religion. For male circumcision to be developed in a culturally appropriate way as part of an HIV prevention package, those who hold cultural influence in the major ethnic groups will be engaged in all levels of discussion to assist in health intervention planning. USG resources will be used in conjunction with other partners to convene multiple consultations with these key stake holders. A final consensus meeting which would advise the MOH on policy development around male circumcision will be convened.

Critical to considering the inclusion of male circumcision as part of a national HIV prevention policy is the need for an effective communication strategy. USG through PSI will assist the MOH with developing content for communication materials which 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 printed and distributed.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. How male circumcision can be considered part of comprehensive prevention in Malawi is part of the ongoing discussion for the Compact.

Should Malawi move forward towards drafting and implementing a policy on male circumcision (MC), USG would use Compact funds to support an assessment of Malawi's resources and training needs, skills of health care providers, capacity of health care facilities to implement an MC intervention, and to support the drafting of a policy and strategic plan.

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. USG will seek to use available Compact funds in conjunction with resources from other partners, in order to support time-limited operations research to answer some of those questions.

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID:	9611.09	**Mechanism:**	FY09 Compact
Prime Partner:	To Be Determined	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Biomedical Prevention: Blood Safety
Budget Code:	HMBL	**Program Budget Code:**	04
Activity ID:	22252.09	**Planned Funds:**	[redacted]
Activity System ID:	22252		
Activity Narrative:	Continuing Activity - MBTS GHAI Sexual prevention compact goal		
New/Continuing Activity:	New Activity		

Continuing Activity:

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID:	11292.09	**Mechanism:**	MBTS GAP
Prime Partner:	Malawi Blood Transfusion Service	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Biomedical Prevention: Blood Safety
Budget Code:	HMBL	**Program Budget Code:**	04
Activity ID:	5923.21324.09	**Planned Funds:**	$100,000
Activity System ID:	21324		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14600

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14600	5923.08	HHS/Centers for Disease Control & Prevention	Malawi Blood Transfusion Service	6883	3894.08	MBTS GHAI	$150,000
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

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 3894.09

Mechanism: MBTS GHAI

Prime Partner: Malawi Blood Transfusion Service

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 27116.09

Planned Funds: $50,000

Activity System ID: 27116

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: $108,460

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5666.09

Mechanism: PACT CSH

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 17396.21336.09

Planned Funds: $83,460

Activity System ID: 21336

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 expose 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17396

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17396	17396.08	U.S. Agency for International Development	Pact, Inc.	7742	5666.08	PACT CSH	$100,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5630.09

Mechanism: JHPIEGO CSH

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 29635.09

Planned Funds: $25,000

Activity System ID: 29635

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5630.09

Mechanism: JHPIEGO CSH

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 5924.29633.09

Planned Funds: $0

Activity System ID: 29633

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17131	5924.08	U.S. Agency for International Development	JHPIEGO	7665	5630.08	JHPIEGO CSH	$100,000
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

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: **$3,174,764**

Program Area Narrative:

Overview

Malawi is making progress towards achieving its target of enrolling 250,000 individuals on antiretroviral therapy (ART) by 2010. By June 2008 there were 207 public and private health facilities delivering ART in all districts, with 184,405 patients ever started on ART and 121,707 patients alive on ART, the vast majority of whom were initiated based on clinical staging.

With little to no pre-ART care available in country, there is a need to both expand care and treatment services to include pre-ART care, as well as focus on quality of care and treatment for those already initiated on ART. Linking HIV counseling and testing (HCT) services to HIV care services is important to reduce the number of HIV-infected individuals lost to follow-up once tested. Malawi almost exclusively initiates people on ART based on clinical staging. The use of immunological staging and availability of laboratory services can help move more people in need of treatment on to ART, and improve the quality of care and treatment. Management of existing patients is anticipated to become increasingly complex as the Malawi program transitions from acute to chronic care. Care and treatment challenges which USG will address in FY09 and beyond include a severe lack of human resources at all levels and an M&E system which needs strengthening.

Increased focus on care and support services nationally is required in communities, as community care and support has not developed as quickly or as systematically as ART services. The limited national, GFATM and PEPFAR resources which exist for care and support are directed primarily at supporting community home-based care programs (CHBC) for chronically ill bedridden patients (not limited to PLWHA) through CBOs and NGOs, even though approximately 90% of ART patients are ambulant. Other challenges include limited national coordination of care and support; poor procurement and supply chain management of cotrimoxazole, other OI drugs, and supplies for home-based kits; and a limited focus on prevention (including prevention with positives). Malawi currently provides HTC for more than 1 million people a year. However, many individuals who have tested HIV-positive and were not eligible for ART, have been lost to follow-up, and have therefore not benefited from cotrimoxazole prophylaxis (CPT) and other care interventions that reduce disease progression and prevent opportunistic diseases.

Previous USG Support

Recognizing GFATM support, and in a strategic effort to fill critical gaps, USG funding for facility-based adult care and treatment has been in human capacity development, training, laboratory services, M&E and program evaluation, while support for

community-based services has focused primarily on CHBC programs through international “umbrella” organizations such as Pact Malawi, to provide technical and program management support to indigenous CBOs and NGOs. In FY08, Pact Malawi supported 10 partners including the Palliative Care Ass. of Malawi (PACAM) in partnership with Africa Palliative Care Ass. (APCA), National Association of Persons Living with HIV/AIDS in Malawi (NAPHAM), Lighthouse Trust, and some CHAM health facilities. This support was to provide clinical, prevention, social, psychological, and spiritual services for people living and affected by HIV and AIDS in facility, community and home-based care settings. PACAM/APCA provided technical support to the Government of Malawi (GOM) to scale up palliative care services in Malawi, develop palliative care guidelines and training manuals, train HBC master trainers, advocate for increased access to opioids; and improve capacity of health workers to assess and manage pain. Additionally, USG has supported long-term HIV/AIDS Technical Assistant (TA) in MOH, and Lighthouse, a Malawian NGO which serves as a center of excellence for HIV/AIDS care and treatment, including CHBC.
FY09 USG Support

i. Human Capacity Building

USG will continue support to the national care and treatment effort by funding a medical officer and a laboratory officer as part of the USG team. These personnel will provide technical oversight for the expansion and improved quality of care and treatment services. Through ITECH, USG will fund a new clinical support team to assist MOH’s Department of HIV/AIDS with the expansion of HIV/AIDS treatment services throughout Malawi. The team will be comprised of a Senior TA and two Malawian Staff Fellows as counterparts. The Staff Fellowship program is intended to attract Malawians into a mentorship program to help address MOH concerns on human capacity development and sustainability of the HIV/AIDS treatment program. USG will continue to support Lighthouse through funding senior staff, building organizational capacity, and supporting cross-cutting activities such as task shifting. PACAM/APCA will train palliative care service providers, and sensitize medical training institutions to include palliative care in pre-service training for health professionals. Pact/Malawi partners will also train home-based care providers.

ii. Laboratory Capacity Building

In partnership with Howard, USG will continue supporting the expansion and sustainability of MOH in laboratory capacity building, human capacity building and training, uninterrupted flow of laboratory supplies and reagents, quality assurance/quality control systems, and service contracts for essential laboratory equipment. Laboratory training will include CD4 and CD4% enumeration, chemistries, hematology, and diagnosis of common infections including opportunistic infections. The training will aim at building the capacity of lab staff to provide support for HIV services while maintaining quality standards.

iii. Early Referral and Retention in Care and Support

FY09 funding activities will strengthen referral, feedback and patient tracking systems which will facilitate access to a continuum of HIV/AIDS prevention, care and treatment services, and reduce loss to follow-up. Proposed activities include mapping existing services: HCT, PMTCT, ART, food and nutrition, livelihoods, malaria, TB, FP services; developing referral directories, simple referral, feedback and patient tracking tools to improve clinical care and tracking of HIV-infected persons; and providing psychosocial and adherence support to pre-ART and ART patients. USG will work with MOH, Lighthouse, Pact, and other stakeholders to adapt successful referral and patient tracking models in Malawi for phased national scale up, and address program barriers to retention in care such as transport. PLWHA support groups will play a key role in community patient tracking efforts, and with support from health care workers they will continue to lead interactive individual and group sessions with PLWHA on positive prevention, disclosure, nutrition, alcohol, safer sex, FP, and positive living.

iv. Cotrimoxazole Prophylaxis and HBC kits

According to the national policy on the use of CPT, the main indications for CPT for any adult living with HIV include symptomatic HIV disease [Stages 2, 3 and 4] or a CD4 count of 500/mm3 or less, regardless of symptoms. Thus, all patients eligible for ART are also eligible for CPT. However regular access to CPT remains a serious challenge, as does stocking and replenishing of HBC kits. USG support will focus on supply chain management through PEPFAR-funded Deliver and Strengthening Pharmaceutical Services projects to increase access and coverage of CPT and other commodities, and working with MOH to advocate for increased awareness of CPT in routine HIV care. USG will also explore revising home-based care kits to a manageable number of critical commodities.

v. Expanded Community Support for HIV Services

USG will partner closely with the National AIDS Commission and MOH to pilot an “expanded community support model” which complements facility-based HIV services, as well as gender-sensitive community home-based care for bedridden chronically ill patients with increased adherence and gender sensitive psychosocial support for ambulant ART and pre-ART patients in a few districts. The key components (5Rs) of the model are to improve Readiness of patients for early and timely initiation to treatment (ART and cotrimoxazole), support ART and pre-ART patients in adherence and Retention; improve Responsibility of patients through prevention with positives and positive living; early Referral for ART patients with drug related problems; and Reporting through simple tools. PEPFAR will support “centers of excellence” such as Lighthouse to mentor other facilities and community partners and pilot the model in PEPFAR supported programs.

v. Palliative Care

Access to analgesics, especially opioids is a major challenge because of restrictions on opioid prescription by nurses, poor clinical training in opioid pain management and lack of pain management guidelines. USG will support PACAM/APCA advocacy efforts to improve access to morphine, and revise current opioid prescription practice to allow nurses prescribe morphine. USG in collaboration with MOH and PACAM/APCA will also develop opioid guidelines, national M&E guidelines for care and support, and

integrate palliative care into HBC programs.

vi. Basic Care Package

USG will work with MOH to explore developing and standardizing an essential care package for facility and community-based care. The package is likely to include CD4 counts, cotrimoxazole, TB screening and management, insecticide-treated bed nets (ITNs), livelihoods, food and nutrition assessment, positive prevention (HCT for family members and other contacts, status disclosure, FP), pain and symptom management, safe drinking water, personal hygiene and succession planning for children and families. PEPFAR and PMI will strengthen linkages to the proposed GOM universal access for ITNs that will allow non-pregnant PLWHA to receive ITNs.

vii. Food and Nutrition

FY09 focus is to strengthen nutrition in care and support interventions through technical assistance from the PEPFAR Nutritionist. PEPFAR-funded partners will conduct nutrition assessments for PLWHA through facilities and HBC programs to identify and refer malnourished patients to MOH “food by prescription” programs available at most ART sites. PLWHA support groups and HBC volunteers will also provide nutrition counseling (and food support from wraparound programs where available), and support PLWHA and their families to maintain home gardens for improved nutrition. Using FY08 “plus-up” funding, public private partnerships will be implemented in FY09 with Project Peanut Butter to increase local production of ready-to-use therapeutic foods to manage malnutrition in PLWHA, and with Land-O-Lakes to provide milk and HIV prevention services to households with chronically ill patients and vulnerable children.

viii. Monitoring and Reporting for PEPFAR
In Malawi, a person may be counted as a care and support client if HIV-infected (diagnosed or presumed), or HIV-affected, and provided with at least one clinical and one non-clinical care and support service directly supported by PEPFAR funds at any service delivery level. This definition strengthens the provision and referral to key clinical care services for HIV-infected individuals in both facility and community-based settings. These numbers are calculated from routine data accompanied by quarterly supervision visits and verified in the annual situational analyses. All services are provided through public and private facilities, and double-counting only pertains to clients who transfer to a different treatment site. The scale-up of the electronic data system with FY09 funds will better capture this information.

ix. Quality of Care and Support Services

PEPFAR quality activities will focus on improved supportive supervision and feedback to program volunteers, and improved outcomes for PLWHA through improved retention in care and treatment. PEPFAR will also collaborate with MOH and other partners to standardize program monitoring indicators and data collection and reporting tools on care and support.

x. Support to the Malawi Defense Force (MDF)

FY09 funding would be used to expand the reach of MDF’s HBHC program by procuring motor bikes and motor ambulances for use by MDF’s caregivers; and expand the current program to include home-based testing and other services. PEPFAR funds will also enhance the clinical skills of military personnel using the training programs at the Infectious Disease Institute in Uganda. In particular, the Training of Trainers course will be used to allow attendees at IDI to bring their newly gained knowledge back to other personnel at their military hospitals.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. Adult Care and Treatment is a priority area under consideration.

Additional USG compact funding would improve access to, and quality of, HIV care and treatment services. In collaboration with the MOH and other partners, USG will support national efforts to create and improve the quality of services to pre-ART and ART patients. Specifically, USG and partners will assist in rolling-out a basic palliative care package including quality-assured immunological staging to identify PLWHA in need of earlier initiation of ART, improve pain management and access to opioids, strengthening of longitudinal follow-up and referrals, optimizing linkages and integration between PMTCT, TB, and HIV care and treatment services, and delivering quality laboratory services for patient monitoring. This support will increase the survival of adults and children as Malawi moves towards reaching the goal of 250,000 people on ART by the end of 2010.

USG proposes a new care and support RFA to expand clinical, prevention, social, spiritual and psychological services for persons living with and affected by HIV/AIDS, including a pilot of cervical cancer screening and treatment, thus filling an enormous gap in the care for pre-ART and ART patients. The program will also strengthen national M&E systems and provide opportunities for operations research on care and support.

USG will support the GOM Community Nutrition and HIV/AIDS Worker Initiative. This is a plan to pilot a new cadre of lower-level community health workers who will assist in providing care for PLWHA and conducting activities at the community level to improve nutrition. This activity will require careful application of USG Malawi’s sustainability strategy, and may require a cooperative agreement with the GOM.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	5666.09	**Mechanism:**	PACT CSH
Prime Partner:	Pact, Inc.	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	10359.21338.09	**Planned Funds:**	$751,140
Activity System ID:	21338		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 Rumphi, 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 Rumphi, 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17390

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17390	10359.08	U.S. Agency for International Development	Pact, Inc.	7742	5666.08	PACT CSH	$755,000
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

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$71,291

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water	$1,446

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7564.09
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: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 11295.21346.09
Planned Funds: $550,000
Activity System ID: 21346

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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)
- 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17762

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17762	11295.08	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7865	7564.08	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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $550,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5674.09

Mechanism: USAID CSH

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17782.21358.09

Planned Funds: $135,185

Activity System ID: 21358

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17782

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17782	17782.08	U.S. Agency for International Development	US Agency for International Development	7868	5674.08	USAID CSH	$145,638

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9301.09
Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 5941.21401.09
Planned Funds: $37,300
Activity System ID: 21401

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15432

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15432	5941.08	Peace Corps	US Peace Corps	7140	3896.08	Peace Corps GHAI	$15,000
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

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5571.09

Mechanism: Lighthouse GHAI

Prime Partner: Lighthouse

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 10720.21318.09

Planned Funds: $20,000

Activity System ID: 21318

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14612

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14612	10720.08	HHS/Centers for Disease Control & Prevention	Lighthouse	6887	5571.08	Lighthouse GHAI	$20,000
10720	10720.07	HHS/Centers for Disease Control & Prevention	Lighthouse	5571	5571.07	Lighthouse GHAI	$24,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9611.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 22270.09
Planned Funds: [redacted]
Activity System ID: 22270
Activity Narrative: New Activity - CHAM Compact goal 2
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9300.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 21411.09
Planned Funds: [redacted]
Activity System ID: 21411
Activity Narrative: New Activity -
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08

Activity ID: 23841.09

Planned Funds: [redacted]

Activity System ID: 23841

Activity Narrative: New Activity - Community OVC RFA Compact Goal 2

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5657.09

Mechanism: CRS CSH

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5936.24037.09

Planned Funds: $0

Activity System ID: 24037

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17116

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17116	5936.08	U.S. Agency for International Development	Catholic Relief Services	7663	5657.08	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

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5674.09 **Mechanism:** USAID CSH

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 26269.09 **Planned Funds:** $32,047

Activity System ID: 26269

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Nutrition Advisor

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: $2,208,387

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6792.09 **Mechanism:** CDC Base/GHAI

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment

Budget Code: HTXS **Program Budget Code:** 09

Activity ID: 27133.09 **Planned Funds:** $160,000

Activity System ID: 27133

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

This activity is split funded with activity # 27307

The new Lab Advisor 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9611.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment

Budget Code: HTXS **Program Budget Code:** 09

Activity ID: 22271.09 **Planned Funds:** [redacted]

Activity System ID: 22271

Activity Narrative: New Activity - CHAM

Compact goal 2

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9300.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment

Budget Code: HTXS **Program Budget Code:** 09

Activity ID: 21410.09 **Planned Funds:** [redacted]

Activity System ID: 21410

Activity Narrative: New Activity -

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9611.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment

Budget Code: HTXS **Program Budget Code:** 09

Activity ID: 22255.09

Planned Funds: [redacted]

Activity System ID: 22255

Activity Narrative: Continuing Activity - Howard University

Adult care and treatment

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5571.09

Mechanism: Lighthouse GHAI

Prime Partner: Lighthouse

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5970.21321.09

Planned Funds: $135,000

Activity System ID: 21321

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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,

Activity Narrative: 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)

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14615

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14615	5970.08	HHS/Centers for Disease Control & Prevention	Lighthouse	6887	5571.08	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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9208.09

Mechanism: Howard GHCS (State)

Prime Partner: Howard University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 21082.21303.09

Planned Funds: $300,000

Activity System ID: 21303

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21082

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21082	21082.08	HHS/Centers for Disease Control & Prevention	Howard University	9208	9208.08	Howard GHCS (State)	$240,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3886.09

Mechanism: CDC Base/Gap

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 15422.21372.09

Planned Funds: $206,387

Activity System ID: 21372

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15422	15422.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6797	3886.08	CDC Base	$260,262

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3899.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 6168.21350.09

Planned Funds: $50,000

Activity System ID: 21350

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15438

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15438	6168.08	HHS/Health Resources Services Administration	University of Washington	7141	3899.08	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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3899.09
Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 16528.21351.09
Planned Funds: $300,000
Activity System ID: 21351

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16528	16528.08	HHS/Health Resources Services Administration	University of Washington	7141	3899.08	I-TECH	$300,000

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: $610,000

Program Area Narrative:

Overview

The number of children living with HIV in Malawi is estimated to be 101,939, which accounts for about 1.5% of the total population of children less than fifteen years of age in the country. Of these children about 32,500 are thought to require treatment now, but only slightly more than 9,000 are currently on ART, representing 28% coverage of the estimated need for pediatric treatment, and 9% of all patients presently on ART. Malawi has set a target of 15% of patients on ART being children by 2010, which would double the current proportion, and translate into a numerical target of 36,750 children. The median age of children being initiated into treatment is 7, with very few infants currently on ART, in part due to lack of access at most health facilities to Early Infant Diagnosis (EID). While 15,400 children were ever started on ART, 6,400 of these are no longer on treatment, indicating a great need to improve the quality of the program, and retain children in care. Unfortunately, national data is not currently available to indicate how many of these 6,400 children have died, were lost to follow-up, or were transferred out.

The number of children being enrolled on ART has accelerated in the last year with 95% of national ART sites reporting that they have ever started a child on treatment. However, most of these sites are still enrolling very few children in proportion to the number of adults being initiated on treatment. Although there are large numbers of children being enrolled in care at non-public sector or international partner sites (i.e. Baylor and MSF), a specialty pediatric treatment model of care is prioritized rather than a family-centered model in which mothers and children can receive their care at the same time and in the same facility. In order to more rapidly expand the number of children on treatment at ART sites in the country it will be necessary to implement a more mainstreamed and decentralized approach to pediatric treatment.

The national ART guidelines were recently updated to recommend immediate treatment for all HIV-infected children less than one year of age, but little has been done to orient providers on this change or to develop plans of how to implement it nationally. Monitoring and evaluation for pediatric HIV in Malawi has also received inadequate attention, as is evidenced by the fact that a recent country-wide survey of HIV services made no mention of pediatric HIV. The ART card, which is the main source of pediatric patient records, does not have a space for CD4%, and the standard child health passport has not yet been updated to include HIV -specific information, although plans are in process to address the deficiencies in both of these tools.

The vast majority of HIV-positive children on ART are receiving an adult FDC (d4t/3TC/NVP) split into smaller dosages using pill-cutters. Pediatric FDCs such as pedimmune are now being procured and are expected to become more available in country in FY09. While there have been no reported stock-outs of ARVs, shortages of cotrimoxazole have been frequent. This is due in part to the fact that cotrimoxazole is supplied through the inconsistent Central Medical Stores (CMS) system. ARVs are supported through a parallel system operated by a private company. Both drugs are procured with Global fund for AIDS, TB and Malaria (GFATM).

Commodities for the pediatric cohort including ARVs, OI drugs, EID reagents, Ready-to-use therapeutic foods (RUTF) (i.e. “plumpy-nut”), and other supplies are largely provided with GFATM resources. UNITAID, UNICEF, and Clinton Foundation (CHAI) have committed to support until the end of 2010 at which time all pediatric ARVS will be purchased with GFATM resources.

Previous USG Support

FY08, USG support for pediatric HIV activities in Malawi focused primarily on two priorities: 1) expanding access to early infant diagnosis (EID); and 2) strengthening basic care for HIV-exposed and infected children. In expanding EID, USG and its partner Howard, along with other collaborators such as Baylor and CHAI, supported the Ministry of Health (MOH) in implementing a successful EID pilot in all three regions of the country. Over 70 lab staff have now been trained in EID, 4,000 dried blood spot (DBS) samples tested, and the country is in the process of developing a national EID scale-up plan, having set ambitious targets of DBS testing 80% of known HIV-exposed infants at 6 weeks by the end of 2010.

With regard to the second priority of improving pediatric care, USG has been working to support the implementation of

comprehensive child survival interventions through Basic Support for Institutionalizing Child Survival (BASICS) in eight priority districts which account for almost 30% of Malawi's population HIV. BASICS provides HIV-related support to district health management teams, health facilities, and communities to improve postpartum follow-up of HIV-exposed infants and increase access to pediatric HIV diagnosis, care, and treatment services for HIV-infected and exposed infants, including improving CPT utilization, management of OI's, nutrition and organizational aspects of pediatric care delivery. During FY08, Year One of the project, a baseline survey took place which characterized the current status of pediatric HIV implementation in eight districts and indicated that cotrimoxazole preventive therapy (CPT) services remain limited, with only 47% of sites providing CPT to HIV-exposed and positive children, and only 60% of staff having been oriented to CPT guidelines and the implementation process. Additionally, an orientation module was developed which will be used to orient staff in the districts on the most important aspects of PMTCT and pediatric HIV.

FY09 USG Support

With FY09 funding, USG will continue to deepen its support for the two priority areas of EID and pediatric care, while also expanding support to include activities that will increase provider initiated testing and counseling (PITC) of children and improve monitoring and evaluation of pediatric HIV.

i. Laboratory and technical support for scale-up of early infant diagnosis services

With FY09 funding, Howard University will continue to provide support for the scale-up of EID, providing direct on-site technical assistance and commodities as needed to high three high-volume zonal hospital labs to ensure EID samples are processed and transported efficiently and accurately. Howard will also provide support for quality assured CD4 testing at 17 zonal and district hospital labs, including CD4% which is needed for staging of children. To complement the direct on-site assistance provided by Howard, USG staff will work with other stakeholders at the national level to provide technical assistance to the MOH to complete the EID pilot data evaluation and develop a comprehensive and detailed national EID scale-up implementation plan based upon the results of the pilot. See lab section for more information.

ii. Improving quality of pediatric HIV care

With FY09 funding, BASICS will support District Health Management Teams (DHMT) to strengthen the implementation of CPT and monitor progress at facilities in these districts on number of infants receiving CPT. BASICS will train Trainers of Trainers in all 8 districts who in turn will train clinicians at a total of 80 facilities, utilizing a CPT training package developed by the HIV Unit of the MOH. Additionally, BASICS will train lower-level health workers who would not normally be able to access specialized HIV training. Despite the fact that low-level health workers such as HSA's do not directly provide PMTCT services, they are active in Maternal and Child Health (MCH) units where these services are provided, and are able to enhance key aspects of HIV service delivery during interactions with clients. The orientation module emphasizes enquiring about a child's HIV exposure status at routine under-5 clinics, assessing HIV-exposed and infected children, enquiring about CPT, and referring children for clinical assessment, testing, and treatment when needed. The orientation process will also emphasize practical issues such as appropriate patient flow pathways which prevent missed opportunities, regular examination of health passports, and the development of mechanisms which limit the drop out of children from PMTCT care. Program support will consist of on-site training activities, district level technical assistance, the development of supportive supervision for service provision, and use of job aids to facilitate improved quality of care.

To complement these efforts on the facility level, the USG will continue to support 170 community-based Mother-Father Support groups (MFSG's) that were established by BASICS in FY08 in 2 districts, and will scale-up these MSFG's to more districts with FY09 funding pending an evaluation of them in mid-2009. MFSG's promote maternal and neonatal health and child health, with a strong emphasis the maintenance of exclusive breast feeding and the introduction of complementary feeding. During FY09 key aspects of pediatric care will be integrated into activities provided through the MFSG's, including support for Mother-Infant pair follow up, advocating for CPT in HIV-affected children, and appropriate referral of children who may be affected by OI's.

BASICS is also receiving non-PEPFAR USG Child Survival funding to provide technical assistance to support the MOH in rolling-out its Pediatric Hospital Initiative and Integrated Management of Childhood Illnesses (IMCI) interventions which are aimed at improving the quality of care provided to ill children at community and facility levels. BASICS will help ensure that HIV Positive children who present with common childhood illnesses (pneumonia, diarrhea, fever) are managed effectively, and conversely that children presenting with common illnesses are tested for HIV. These initiatives build on work done by the earlier BASICS bilateral project in incorporating key HIV components into IMCI materials. With 2009 funding, TB-CAP will also work closely with BASICS in the 8 districts where BASICS provides support to improve the quality of HIV/TB services provided to HIV-exposed children identified in MCH, using a family-centered approach that targets all household members.

iii. Supporting expansion of PITC for children

FY09 funds will be used to provide reliable and regular HCT services through continuing support of 16 lay counselors at 8 district hospitals, and to pilot deployment of 30 counselors to lower-level health facilities in 2 of these districts. FY09 funding these counselors will increasingly focus on EID and active-case finding among children in the pediatric wards in district hospitals and large MCH clinics. Monthly meetings will be held for counselors in the 8 USG supported districts in which counselors will follow an in-service training program and meet to discuss problem areas related to HIV testing in children such as issues of consent, client rights, and disclosure related to pediatric HIV and effecting proper referrals of children following testing. Additionally, building on the findings of its FY08 baseline assessment in the eight districts where it is working, BASICS will provide technical assistance to CBOS providing OVC services to strengthen the capacity of these CBOs to actively refer HIV-exposed and infected children for testing and other HIV care as indicated. BASICS will further contribute to PITC by ensuring that the community therapeutic care nutrition activities it is supporting are actively linked with HIV testing and counseling services.

vi. Strengthening monitoring and evaluation of pediatric HIV

USG staff will work within the national PMTCT/peds subgroup and HIV technical working group to strengthen M&E for pediatric HIV through: 1) supporting revision of the child health passport to include HIV-specific information and modification of clinical cards to include CD4%; 2) advocating for inclusion of pediatric-specific indicators within national HIV program and for reorganization of medical records at the site level to allow for separate records for pediatrics and adults; and 3) supporting inclusion of pediatric components in future national program evaluations and reviews. Based upon the recommendations of a recent TA visit from the PEPFAR PMTCT/peds TWG, if adequate technical and financial support could be provided from headquarters USG would also consider involvement in multi-country PHE projects such as the Pediatric HIV Monitoring and Outcomes Project.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. Pediatric care and treatment is a priority area under consideration.

GOM has a goal of enrolling 36,750 children on HIV treatment by 2010. If approved under the Compact, USG would explore developing a public-private partnership with Baylor and the Clinton Foundation to increase the number of children enrolled on treatment throughout the country and improve the quality of pediatric care. Baylor has developed and implemented successful approaches in the Malawi context to link children and families in longitudinal care maximize PITC and linkages to long-term care in high-volume facilities, strengthen community-based systems to improve retention of children in clinical care, and provide on-site mentoring and training of staff in pediatric treatment. Given its medical expertise in ART, Baylor appears well-positioned to complement the work that BASICS is doing at the facilities and communities and to help develop service outreach models which would allow pediatric ART to be decentralized to lower-level health centers.

Compact funds would also be prioritized to help scale-up the national EID program, as current resources under the GFATM are not sufficient to reach the national goal of testing 80% of exposed children by the end of 2010. Funds would also be used to re-establish a 3rd EID lab in the Northern Region, which was closed in early 2008 after the departure of the Taiwanese Medical Mission. Additionally, to complement the performance based financing (PBF) to be proposed under the Compact for PMTCT indicators, indicators such as infants tested, and numbers of infants and numbers initiated on ART, could be used for PBF.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	10299.09	**Mechanism:**	FY09 Compact
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	23845.09	**Planned Funds:**	[redacted]
Activity System ID:	23845		
Activity Narrative:	New Activity - PPP Compact Goal 1		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	10299.09	**Mechanism:**	FY09 Compact
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	23823.09	**Planned Funds:**	[redacted]
Activity System ID:	23823		

Activity Narrative: Continuing Activity - BASICS Compact Goal 2

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9611.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Care: Pediatric Care and Support

Budget Code: PDCS **Program Budget Code:** 10

Activity ID: 22257.09 **Planned Funds:** [redacted]

Activity System ID: 22257

Activity Narrative: Continuing Activity - Howard University

Compact goal 2 - Quality and access of care and treatment services

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: $435,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9611.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Treatment: Pediatric Treatment

Budget Code: PDTX **Program Budget Code:** 11

Activity ID: 22258.09 **Planned Funds:** [redacted]

Activity System ID: 22258

Activity Narrative: Continuing Activity - Howard University

Compact goal 2 - Quality and access...

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 10299.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 23846.09
Planned Funds: [redacted]
Activity System ID: 23846
Activity Narrative: New Activity - PPP Compact Goal 2
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9208.09
Mechanism: Howard GHCS (State)
Prime Partner: Howard University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 23911.09
Planned Funds: $0
Activity System ID: 23911
Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.
New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: $1,238,193

Program Area Narrative:

Overview

HIV is the most important risk factor for TB patients in Malawi, and TB is the leading cause of HIV-related deaths. Facing a situation in which an estimated 70 percent of TB patients are HIV-positive, Malawi committed itself to implementing joint TB/HIV activities. The Malawi Ministry of Health (MOH) formulated a national TB/HIV integration strategy which would deliver increased HIV services to TB patients, and expand TB services to HIV/AIDS patients through the National TB Program (NTP).

In 2000, as part of the WHO-supported Pro-TEST initiative, Malawi started implementing joint TB/HIV activities. 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 (CPT) to HIV-positive TB patients, and provision of antiretroviral (ARV) therapy to HIV-positive TB patients.

Early in 2007 Malawi adopted a provider-initiated testing and counseling strategy with an opt-out clause, as a way of identifying patients with TB/HIV co-infection and increasing their access to services. A target of 95 percent of all suspected TB cases being tested for HIV was set to be achieved by 2011. By late 2007, of the 26,229 TB cases registered, 90 percent were tested for HIV, and 68 percent of those tested, were HIV-positive. A total of 14,294 TB/HIV patients (97 percent of those testing HIV-positive) were started on CPT. However, this service was only offered to registered TB cases. Expanding this service to suspected TB cases will be critical to an effective national TB/HIV strategy. With rapidly scaling up of ART services, 4,573 (32 percent) of TB patients have been initiated on ART as of December 2007. The quality of TB/HIV services in Malawi has also improved over the

years. Today Malawi has 145 TB microscopy sites, 48 TB registration sites, and over 600 TB drug dispensing sites. There are a total of 620 Health Surveillance Officers that are focal-points for TB services. This provides an excellent opportunity for TB/HIV integration. Of the 48 TB registration sites in the country only nine have integrated routine HIV testing services as a standard package of care for TB patients and of the 30 TB officers in the country, only 18 focus on TB/HIV integration.

Multi-drug resistant (MDR)-TB prevalence in Malawi is currently unknown. There are presently 32 MDR-TB cases registered. 20 of these patients are on treatment while 12 are awaiting treatment.

The issue of infection control for TB in HIV service delivery settings is increasing becoming problematic as AIDS patients congregate in large numbers to receive services. Malawi is considering the incorporation of effective infection control measures in their new TB/HIV strategy that is being developed.

Malawi successfully applied for Global Fund for AIDS, TB and Malaria (GFATM) support for TB for the first time in 2008. A grant for $18,000,000 (2008 – 2013) will provide funds to strengthen NTP's capacity to deliver TB treatment. While the additional resources are welcome, critical gaps still remain for TB/HIV care and activities which the GFATM grant does not support. USG has identified the need for support for national-level coordination, the quality of services, and the geographic coverage of the programs. There is a need for improved M&E and more training of health care staff. Expanding the quality of TB sputum smear microscopy countrywide and strengthening the current reference laboratory capabilities to perform reference and training functions including the periodic national TB drug resistance surveys are also areas of priority. Infection control for TB/HIV management in institutional and congregational settings also requires attention.

Previous USG Support

While USG was committed to joint management of TB and HIV interventions through PEPFAR, small amounts of funding limited our support. PEPFAR funds wrapped around CSH funds for tuberculosis and supported the United States funded Tuberculosis Control Assistance Program (TBCAP) to provide support to the National TB reference Laboratory and TB/HIV activities in two selected districts. National coverage will require additional GFATM resources, and greater investments into NTP. TBCAP plans on using FY08 funding to complete renovations at the national reference lab in preparation for an MDR-TB survey to begin in 2009. PEPFAR funding and technical support to the Lighthouse Trust and NTP assisted develop a new TB/HIV strategy using and evaluated care models for TB/HIV patients incorporated into the strategy.

Overall, TB/HIV activities in Malawi have been implemented in an environment where National TB and HIV programs are functioning reasonably well, but do so independently and with relatively weak interactions at the service delivery level. Through joint programming, the planned TB/HIV activities for FY09 will strive to improve linkages between TB and HIV at the service level.

USG through PEPFAR funds will support the MDR-TB survey which will begin in February 2009. Results from this survey would help Malawi plan the management of an increasing number of patients with MDR-TB in the country.

FY09 USG Support

i. Training and TB Registration

Through cooperative agreements between USG and its partners, NTP and Lighthouse, training will continue to be a priority. In an effort to reduce the barriers to access to TB treatment, NTP intends to pilot decentralization of TB registration. Focus will be on training new TB officers from amongst TB-focal HSA at ART clinics which are not TB registration centers and are not close to any TB registration site. FY09 funds will be used for the training of 30 new HSAs a year to manage these registration sites. As part of the process of implementing a model pilot program integrating TB and HIV activities, Lighthouse adapted the WHO/CDC generic district TB center (DTC) training guidelines to the Malawian context, and used it to provide a two-day training to TB officers. Collectively, the trained TB officers have done well in the field and increased HIV testing rate for TB patients to over 93 percent within their clinics. FY09 PEPFAR funds will be used to run a Training of Trainers to train 20 additional TB officers.

ii. MDR-TB Control

FY09 funds will enable NTP to supervise the MDR-treatment centers in the country and conduct biannual meetings with the districts and health centers MDR-TB management teams. N95 masks will continue to be allocated to centers treating MDR-TB patients, In addition, FY09 funds will be used to train more health workers in MDR-TB management and procurement of N95 masks.

iii. Infection Prevention Guidelines

NTP developed infection prevention guidelines in addition to the national strategy for infection prevention in medical settings. Using PEPFAR funds and through support from TBCAP, NTP will be able to print and distribute the infection prevention guidelines. NTP plans to train health workers on work practice and administration infection prevention control using the FY09 funds.

iv. Support to the National TB Reference Lab

With FY09 PEPFAR funds, TBCAP will continue to provide focused support for the national TB reference laboratory and TB/HIV activities in the two districts of Zomba and Mangochi. Funds will be used to rebuild and strengthen the capacity of the central reference lab and selected local labs in the two districts to implement an MDR-TB survey. At the district level, TBCAP will help to

develop SOP's for quality care of TB and TB/HIV treatment, supervision and management of information. In order to strengthen the integration of TB/HIV/AIDS services at facility level TBCAP will build the capacity of health workers providing ART services in the management of TB. The project will train health workers from TB registration centers in ART management, Isoniazid Preventative Therapy (IPT) as well as in management of opportunistic infections for Zomba and Mangochi districts. In Zomba and Mangochi the project will train laboratory technicians and HSAs in TB microscopy and QA for SS microscopy. TBCAP will also work towards establishing new sites, implementing SOP's, QA and supervision, bio-safety, laboratory commodity and information management systems for sputum smear microscopy.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. TB/HIV is a priority area under consideration.

Should Compact plans be approved, GOM in collaboration with USG will use Compact resources to increase the number of TB/HIV patients benefiting from coordinated treatment of both infections by building capacity in health care workers, laboratory and pharmacy staff and referral systems to manage TB/HIV patients. This would include training ART providers in TB screening and training health workers in TB/HIV integrated services. The electronic data system for proper registration, referral and monitoring of TB/HIV co-infected patients would be expanded.

The quality of TB smear microscopy and the number of sites performing both HIV and TB testing especially in high-burden HIV/AIDS care and treatment sites and TB diagnostic sites would be increased. The national TB reference laboratory would be supported to provide training, quality assurance of smear microscopy and TB drug resistance monitoring.

Continued support for the integration of TB and HIV services so that they are responsive to the patients co-infected with HIV and TB is critical to effective patient care. Strengthening advocacy, communication and social mobilization around TB/HIV issues would receive priority consideration for increased funding.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3886.09	**Mechanism:**	CDC Base/Gap
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	27310.09	**Planned Funds:**	$103,193
Activity System ID:	27310		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Summary

This activity is linked to the activity narrative in HTXS ID# 21372 describing the USG intergagency 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

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9611.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Care: TB/HIV

Budget Code: HVTB **Program Budget Code:** 12

Activity ID: 22267.09 **Planned Funds:** [redacted]

Activity System ID: 22267

Activity Narrative: Continuing Activity - MOH NTP

Compact goal 2 -

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	7131.09	**Mechanism:**	National TB Program (NTP)
Prime Partner:	Ministry of Health, Malawi	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	15410.21285.09	**Planned Funds:**	$200,000
Activity System ID:	21285		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Summary

Through sole sourcing, USG Malawi will partner with the National TB Program (NTP) to develop a national implementation plan based on a new TB/HIV strategy, extend pilot TB/HIV services, monitor trends in TB/HIV co-infection, and strengthen the monitoring and evaluation (M&E) of TB/HIV activities. Overall these planned activities are expected to result in

- Improved coordination of National TB/HIV collaborative activities
- Increased HIV testing of TB patients
- Increased screening for TB in HIV service settings (especially CT and ART)
- Improved documentation of integrated TB/HIV services
- Improved monitoring of TB/HIV co-infection
- Effective supervision of decentralized treatment of MDR-TB cases of identified through the national surveillance system

Background

A well functioning national coordinating body is critical for effective implementation of TB/HIV activities. Malawi's TB/HIV coordinating body was established in 2003 as a precondition for implementing the first 3-year TB/HIV development plan. The body functioned well initially but became weaker over time and was non functional by the end of 2005. With technical support from USG Malawi, in mid 2007, NTP and the HIV/AIDS Unit initiated consultations with stakeholders to re-establish a national TB/HIV coordination body and terms of reference revised in line with current priorities. The coordinating body has constituted a task force to develop a new National TB/HIV strategic plan that replaces an earlier version which expired in 2005. Prioritization of activities for the new plan period has been done with significant technical input from USG partners and the new strategy will be in place by the end of 2007.

The USG, MSF-Belgium, and other partners already are supporting a number of successful pilot projects that integrate TB/HIV activities in different settings. For example, Lighthouse uses partial funding from USG to implement a model pilot TB/HIV project which integrates HIV testing and counseling (CT) and referral to ART services as a standard package of care for TB patients. Within the same comprehensive care project, patients on ART are screened for TB using a standard checklist at every visit and referred to a TB clinic if TB is evident or suspected. Similarly, all HIV positive clients identified at a co-located VCT center are screened for TB using a standard checklist and referred for TB services if responses meet a set of predetermined criteria. Similar activities are being implemented in a number of other sites though practical details vary depending on infrastructure and human resource capacity. If rolled out, these activities collectively can reduce the burden of TB in HIV patients and the burden of HIV in TB patients.

Malawi has implemented TB/HIV activities since 1999, when NTP started piloting the World Health Organization (WHO) coordinated Pro-TEST project. Lessons from this project were applied in developing the country's first 3-year TB/HIV plan whose implementation was driven solely by NTP. Using FY 2008 EP funds, NTP will build on positive gains made over the past four years by assisting with an update of Malawi's first TB-HIV strategic plan that expired in 2005. The focus will be to assist the National TB/HIV coordinating body in: guiding implementation of the new National TB/HIV Strategy, leveraging resources for core HIV and TB activities to roll out successful pilot programs that integrate CT in TB settings and TB screening in HIV settings especially CT sites, ART Clinics, and medical wards. Also the TBD partner will develop a minimum package of TB infection control measures to be implemented in congregate medical settings. The infection control measures will only be phased in at five high volume ART and TB sites initially.

All planned activities are new and fit within a broader national TB/HIV effort implemented jointly with Lighthouse and TB Country assistance Program (TBCAP) and non USG supported partners under the umbrella of a single national TB/HIV coordinating body (Activity ID# 17384; Activity ID#5948). The activities are linked to HVCT as a primary source of human resources and commodities for HIV testing and HTXS for cross referral of HIV-positive TB patients, and screening of ART patients for TB.

Activity 1: Support National Coordination of TB/HIV Activities in Malawi

NTP will use FY 2008 EP funds to support national coordination of TB/HIV by providing resources for quarterly meetings, supervision, and ongoing program monitoring at National, Zonal, and district levels. The TBCAP project is already providing significant support for these TB/HV activities in two focus districts. To avoid duplication of efforts and build on the ongoing efforts TBCAP is included in the membership of the national TB/HIV coordinating body and the planned activities will target districts that are not covered by TBCAP.

Activity 2: Roll Out Successful Pilot TB/HIV Activities

NTP will use FY 2008 EP funds to support the screening of HIV-infected patients for TB at 36 HIV registration sites, and promote counseling and testing for TB patients at 47 TB registration sites that do not currently provide these services. The process will involve training TB officers on routinely offering HIV testing to TB patients; strengthening referral linkage between TB, ART, and VCT sites; and promoting initiation of ARV therapy within TB settings where possible. Cotrimoxazole for prophylaxis in HIV positive TB patients will be dispensed along with TB drugs.

Activity 3: Implement TB Infection in Medical settings

Activity Narrative: In Malawi, TB infection control is not in place in most settings where people are treated for HIV yet many patients with potentially contagious TB congregate with vulnerable individuals in these sites. TB infection prevention is not addressed adequately in the national strategy for infection prevention in medical settings.

NTP will use FY 2008 to support development of a national plan for tuberculosis infection control based on the addendum to WHO guidelines for TB prevention in Health facilities. Specific activities will include technical meetings to adapt the WHO addendum to Malawi settings, printing, and dissemination of a TB infection prevention plan, situation analysis, and phased implementation of the plan based on outcome of situation analysis. The minimum package of TB infection control measures will be phased in at five high volume ART and TB sites during FY 2008.

Activity 4: Support Supervision and Monitoring of Decentralized Treatment of MDR-TB

Treatment of MDR TB is an effective strategy for reducing risk of TB among people living with HIV. Currently the exact magnitude of MDR-TB in Malawi is not known because a drug resistance survey has never been conducted. However, MDR-TB cases have been reported from routine surveillance of smear positive re-treatment TB cases. Since 2000, the Central Reference Laboratory (CRL) has reported cumulatively 72 MDR-TB cases of whom only 12 are known to be still alive. Patients with MDR-TB have not received treatment in the past due to lack of second line anti-TB drugs and lack of capacity at the Central Reference Laboratory (CRL) to consistently and reliably support monitoring of treatment responses. CRL has no capacity to conduct drug and sensitivity testing on second line drugs. The current practice in Malawi is to offer MDR-TB patients Ethambutol and Isoniazid to reduce infectiousness while offering education on cough hygiene and the importance of restricting contact with other people.

Given the large pool of people living with HIV in Malawi, even few MDR-TB cases constitute a major public health concern. Malawi has therefore developed guidelines for management of MDR-TB and has procured a small supply of second line drugs to treat known MDR-TB cases. FY 2008 funds will be used to print and disseminate guidelines for management of MDR-TB and to consolidate and roll out program of MDR-TB treatment as a joint effort between NTP and the HIV/AIDS program. While TBCAP will support surveillance for MDR-TB, strengthen the Central Reference Laboratory, and enhance surveillance for MDR-TB, NTP will use FY 2008 EP funding to strengthen supervision of a decentralized management plan for MDR-TB. These activities will complement core TB activities funded by non-EP funds that include training of providers on management of MDR-TB.

Activity 5: Strengthen Monitoring and Evaluation of TB/HIV Activities

Testing for HIV, Cotrimoxazole prophylactic therapy and referral for ART services are being integrated increasingly into management protocol for TB in Malawi. Recording and reporting of these services has been incomplete and inconsistent due to lack of standard tool to capture all the required HIV information. A revised TB patient master card has been developed and successfully piloted by Lighthouse and other partners. In addition to TB data this new tool captures information on HIV status from previous testing, HIV status from testing at TB registratio sites, ARV treatment status, and whether started before initiation of TB treatment or in the course of TB treatment. The applicant will use FY 2008 to print and disseminate the new TB Master card and support its introduction at all TB registration and treatment sites. FY 2008 funds will support joint system of supervision, data collection, and monitoring for NTP and HIV programs using this new tool as an entry point.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15410

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15410	15410.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Malawi - National TB Program	7131	7131.08	National TB Program (NTP)	$200,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5571.09

Mechanism: Lighthouse GHAI

Prime Partner: Lighthouse

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 5948.21319.09

Planned Funds: $35,000

Activity System ID: 21319

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14613

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14613	5948.08	HHS/Centers for Disease Control & Prevention	Lighthouse	6887	5571.08	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

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7740.09 **Mechanism:** KNCV/MSH TB-CAP

Prime Partner: KNCV TB Foundation **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Care: TB/HIV

Budget Code: HVTB **Program Budget Code:** 12

Activity ID: 19176.21315.09 **Planned Funds:** $0

Activity System ID: 21315

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19176

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19176	19176.08	U.S. Agency for International Development	KNCV TB Foundation	7740	7740.08	KNCV/MSH TB-CAP	$0

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7740.09 **Mechanism:** KNCV/MSH TB-CAP

Prime Partner: KNCV TB Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17384.21316.09

Planned Funds: $400,000

Activity System ID: 21316

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17384

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17384	17384.08	U.S. Agency for International Development	KNCV TB Foundation	7740	7740.08	KNCV/MSH TB-CAP	$400,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: $3,863,575

Program Area Narrative:

Context

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 (2005 – 2009), the Government of Malawi (GOM) reported that of its stunning 1,008,000 orphans (or 14 percent of all children) in 2005, nearly half were a direct result of AIDS. Beyond these, many more children are vulnerable due to factors which impact their physical and psychosocial development, health and protection, and access to education, food, and other essential services. Of the 924,248 persons living with HIV/AIDS in Malawi 101,939 are children (0-14). Eight percent of all persons ever started on antiretroviral therapy are children. While there are very few child-headed households in Malawi (two-thirds of one percent, DHS 2004), this issue warrants attention. Currently, one third of all Malawian households and 50% of female-headed households are reported to care for at least one orphan.

In 2004 the Ministry of Women and Child Development (MOWCD), with support from PEPFAR, UNICEF and other key partners including the Global Fund for AIDS, TB and Malaria (GFATM), developed the NPA. Notable progress in the national OVC response include the development and inclusion of district OVC action plans into district implementation plans in all 28 districts; the development of an M&E plan by the MOWCD; nationwide registration of OVC in rural areas; provision of school bursaries to about 15,000 children nationwide (albeit a far cry from the numbers of children who need education support) and social cash transfers to 7800 ultra poor households in five districts.

Despite these successes, the just concluded mid-term review of the NPA outlines key areas that still require attention. These are limited access of OVC to essential services, especially those in peri-urban and very rural areas; the poor quality of existing services; lack of basic data on OVC and mechanisms for collecting data; un-coordinated OVC reporting systems and limited OVC operational research to inform programming; limited capacity, leadership and coordination by the ministry; lack of collaboration and synergy among partners in implementing the NPA; and limited advocacy and enabling environment on OVC issues. Limited MOWCD capacity to utilize the GFATM resources also remains a major challenge due to difficulties between the MOWCD (sub-recipient) and National AIDS Commission (NAC, principal-recipient).

There are two coordinating bodies for OVC programs in Malawi, the National OVC Steering Committee (NSC) housed at the NAC, and the National OVC Technical Working Group at the MOWCD. USG participates in both groups and is therefore effectively involved in strategic leadership on OVC and supports national-level efforts such as development of materials, implementation of the NPA, and advocacy for OVC.

Previous USG Support

FY08 marked the transition in USG Malawi's OVC programming, as the large FHI and Save the Children Umoyo projects concluded in FY07. These programs and services were continued with Pact Malawi. Through an annual program statement competition in 2007, Pact selected six organizations serving OVC in 8 districts, followed by 4 new organizations in 2008 to increase coverage and scale up quality of OVC programming in an additional 3 districts. By September 2008, a total of 41,833 OVC out of a target of 39,150, were reached with primary and supplemental direct services. Pact partners built capacity through staff and volunteer training in OVC care and support, monitoring and evaluation, and reporting. PEPFAR funding increased age-appropriate and gender sensitive services for OVC such as food and nutrition, education and vocational training, shelter and care, health services, protection, psychosocial support, and economic strengthening and improved referrals for prevention, CT, PMTCT, ART and other HIV/AIDS related services to OVC identified by local communities. USG also supported community based child care centers where children under five (U5) participated in early childhood development activities, received food, growth monitoring and immunization. USG provided educational support in the form of facilitating enrolment into schools, 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. Meals were provided for children in food constrained homes through community feeding centers as well as food rations to child-headed households. Play, recreation and life skills were other key services provided to children. All Pact partners supported households to establish home gardens.

USG, in partnership with UNICEF, supported the MOWCD in conducting a human resources assessment and gap analysis in the ministry that will support the on-going decentralization of government services to districts by building the skills of frontline district staff to lead and coordinate OVC response. USG also supported 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.

FY09 USG Support

The PEPFAR OVC program plans to complement the GFATM Round 5 HIV/AIDS grant for OVC. In FY09, USG will focus on addressing some key areas identified in the NPA midterm review. This includes expanding and strengthening integrated community-based platforms for direct OVC service delivery to children, especially in hard to reach communities; improving quality of OVC services through the child status index (CSI) initiative; continuing support to build MOWCD through an HR implementation

plan, and upgrading of Magemero Institute, the school that trains social welfare workers. To this end, PEPFAR will explore GFATM Technical Support for MOWCD, and partner with MOWCD and NAC to strengthen the national OVC M&E system and support OVC operations research. USG will also maintain its strategic role in addressing the bottlenecks to accessing GFATM resources from NAC by beneficiaries. The PEPFAR Gender Initiative that aims to prevent HIV infection among 13-19 year old girls will also continue.

i. Focus on scale-up

10 OVC partners under Pact will continue to increase the scope of services and numbers of children and households affected by HIV/AIDS they reach. Other scale-up plans include integration with the current Food for Peace program and its follow-on which currently reaches over 60,000 vulnerable households with targeted food and agriculture support and microfinance in seven districts. Through integration with the USAID/Malawi Education Decentralization Support Activity, PEPFAR funds will complement GFATM education bursaries to OVC (which between 2005 – 2007 supported only 15,000 children in secondary schools), by reaching additional children in primary and secondary schools with education bursaries, school material, prevention and psychosocial support (including in-school children living with HIV/AIDS whose needs are not adequately addressed by current programs in Malawi) in order to improve school attendance, retention and performance. Pact partners will also work with Peace Corps to strengthen capacity at district assemblies, and also facilitate OVC access to GFATM school bursaries and social cash transfers. Public private partnerships are also planned with Land-O-Lakes to provide milk and HIV prevention services to households with vulnerable children, and with Project Peanut Butter, for increased production of ready-to-use therapeutic foods to malnourished children.

ii. Improve quality

In 2007 PEPFAR funds supported three MOWCD and one partner staff to attend the quality improvement training in Tanzania. PEPFAR will partner with MOWCD, Pact partners and other stakeholders to implement the CSI initiative – a tool for assessing OVC well being and therefore the quality and outcome of OVC programs. National quality standards and service outcomes will be adapted and piloted in the PEPFAR funded programs. The Funders Collaborative for Children (FCFC) – a consortium of four UK-based foundations and major donor - is currently piloting the use of the CSI in two districts. Lessons from these pilots will inform the PEPFAR quality improvement initiative. The USG Community Care and Support and Nutrition Advisors will also provide program mentoring to Pact and other PEPFAR supported programs.

iii. Coordinate Care, Referrals and Linkages

A key focus for USG in FY09 is to strengthen referral and feedback systems that will facilitate access to continuum of HIV/AIDS prevention, care, and treatment and related services to all PEPFAR program beneficiaries. Proposed activities – in collaboration with other PEPFAR treatment, care and support programs - will include a mapping of existing services such as CT, PMTCT, ART, food and nutrition, education, maternal neonatal and child health, President's Malaria Initiative (PMI), Sustainable Economic Growth, Malawi's P.L. 480 Title II food aid program; Ambassador Girls Grants, FAO, UNICEF protection services; GFATM social cash transfers; and developing referral directories and simple referral and feedback tools. Existing referral models in Malawi will be identified and adapted for phased national scale up. Linkages with the proposed GOM universal access for insecticide treated nets (ITNs) will ensure malaria prevention services to OVC older than five years and non-pregnant HIV positive parents or caregivers who currently cannot receive ITNs through PMI and the National Malaria Program.

iv. Reach especially vulnerable children

Current and planned programs will adopt the developmental, life cycle approach to ensure that program activities are age-appropriate and gender sensitive for children under 2, 2 -4, 5 – 11, and 12 – 17 years. Especially vulnerable children who will be reached in FY09 will include U5 girls who are maternal orphans; HIV positive children in schools; and children who are carers of chronically ill parents. Data emerging from the UNICEF funded secondary data analyses of the MICS 2006 and DHS 2004 show that U5 girls who are maternal orphans are not accessing immunization and other child health services at rates that are markedly lower than U5 boys. USG will collaborate with UNICEF to further understand this and other noteworthy phenomena and program appropriately to address these gaps.

v. Strengthen Capacity

The 2008 Human Resource Gap Analysis of the MOWCD supported by USG and UNICEF, revealed significant areas requiring restructuring in order for the Ministry to carry out its duties as well as succeed in decentralizing the response to districts. The developed HR capacity building plan includes support to MOWCD to strengthen the pre-service training for District Social Welfare Officers who are the duty bearers for OVC at the district, by revising and upgrading the training curriculum at Magamero Institute so the institute can award diplomas and degrees (instead of the current certificate); and train the lecturers to upgrade their skills. Twinning with the Catholic University, Mzuzu University, and other institutions in the SADC region are also being explored. USG is working closely with UNICEF, MOWCD and the Regional HIV/AIDS program (RHAP) in South Africa to implement this plan, as this is critical to sustainability. Other capacity building activities will support the MOWCD to resolve its internal bottle-necks, which hopefully will assist in removing the barriers to the ministry's ability to draw on much needed GFATM for OVC programs. Peace Corps activities will also support MOWCD district efforts.

vi. Build knowledge

Planning for OVC programs is greatly limited by the lack of basic data for programming. The situation analysis that was planned in the NPA has not happened. PEPFAR funds will support the collection of basic OVC data possibly through over-sampling the 2009 DHS to help programs understand the scope, dimensions and intensity of vulnerability in Malawi, and inform strategic

decision-making for OVC programming. The planned OVC strategic information mapping will also support better targeting of USG services with needs on ground by identifying areas of high vulnerability and potential linkages with other programs. Formative research on the needs of HIV positive children in schools will provide important information for this critical group of OVC. Through continued partnership and information sharing of best practices and lessons learned with other agencies – UNICEF, FCFC, NGOs, MOWCD - PEPFAR programs will ensure increased access to OVC data and information. Training and capacity building at all levels will also contribute to building knowledge. PEPFAR funds will also support USG partners to strengthen and harmonize data collection tools and ensure alignment with the national M&E tools.

vii. Policy

MOWCD with funding from the GFATM is working on several laws in Malawi. These include The Adoption Act; Child Care, Protection & Justice Bill; The Wills and Inheritance Act; Human Trafficking Act; Gender Equality Act; Domestic Violence Act; and, the HIV and AIDS Legislation. USG will collaborate with MOWCD, UNICEF, NAC and other stakeholders to ensure the speedy enactment of these laws through the TWGs. As already described elsewhere, USG will, in close partnership with UNICEF and MOWCD, continue to support the restructuring and decentralization of the ministry functions, upgrading of Magemero Institute in order to strengthen the ministry's capacity at national and district level to provide, and supervise and coordinate support to OVC, their households and communities.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. OVC is a priority area for the Compact.

In collaboration with the GOM, USG will propose a scale up of the OVC response through a new RFA for activities that mobilize and support community response; increase meaningful child participation; strengthen household, community and national capacity to respond; and ensure equitable access of boys and girls to quality services. Key focus will be on initiatives that channel the most services directly to vulnerable children and their households; promote integration and wraparounds with food/nutrition, education, child health, and household economic strengthening; and ensure each child receives the right mix of quality services that translate to real improvements in child well being.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	5672.09	**Mechanism:**	TBD LP CSH
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	21085.21295.09	**Planned Funds:**	[redacted]
Activity System ID:	21295		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

New OVC and community care activity to be programmed during FY09 COP planning

New/Continuing Activity: Continuing Activity

Continuing Activity: 21085

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	7875.09	**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:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	17795.21312.09	**Planned Funds:**	$0

Activity System ID: 21312

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17795

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17795	17795.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7875	7875.08	VG Central	$0

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5666.09

Mechanism: PACT CSH

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 10360.21339.09

Planned Funds: $793,250

Activity System ID: 21339

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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, Rumphi, 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., 0-5years, 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17391

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17391	10360.08	U.S. Agency for International Development	Pact, Inc.	7742	5666.08	PACT CSH	$773,000
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

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$139,324
Water	
Estimated amount of funding that is planned for Water	$12,360

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5674.09
Mechanism: USAID CSH
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 17781.21359.09
Planned Funds: $135,186
Activity System ID: 21359

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17781

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17781	17781.08	U.S. Agency for International Development	US Agency for International Development	7868	5674.08	USAID CSH	$185,500

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 23847.09
Planned Funds: [redacted]
Activity System ID: 23847
Activity Narrative: New Activity - PPP Compact Goal 2
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 23842.09
Planned Funds: [redacted]
Activity System ID: 23842
Activity Narrative: New Activity - Community OVC RFA Compact Goal 2
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5674.09
Mechanism: USAID CSH
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 26270.09
Planned Funds: $32,047
Activity System ID: 26270
Activity Narrative: Nutrition Advisor
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10299.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 23817.09

Planned Funds: [redacted]

Activity System ID: 23817

Activity Narrative: Continuing Activity - Pact Compact Goal 2

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5667.09

Mechanism: PSI CSH

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5952.24045.09

Planned Funds: $0

Activity System ID: 24045

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 whic 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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17448

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17448	5952.08	U.S. Agency for International Development	Population Services International	7765	5667.08	PSI CSH	$5,900
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

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 12153.09
Mechanism: Ambassadors Small Grant Fund (ASGF)
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 29630.09
Planned Funds: $60,000
Activity System ID: 29630
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 12157.09
Mechanism: Intrahealth CSH
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 29637.09
Planned Funds: $150,000
Activity System ID: 29637
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 12040.09
Mechanism: OVC/AED
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: OVC

Budget Code: HKID
Program Budget Code: 13
Activity ID: 29422.29638.09
Planned Funds: $0
Activity System ID: 29638
Activity Narrative: OVC activities wraparound education efforts
New/Continuing Activity: Continuing Activity
Continuing Activity: 29422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29422	29422.08	U.S. Agency for International Development	Academy for Educational Development	12040	12040.08	OVC/AED	$100,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 12040.09
Mechanism: OVC/AED
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 29639.09
Planned Funds: $500,000
Activity System ID: 29639
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: $1,720,740

Program Area Narrative:

Context

High quality HIV Counseling and Testing (HCT) is one of the most successful interventions in the national response to HIV/AIDS in Malawi. From just 50 testing sites in 2004, Malawi now has over 750 HCT sites in the public and NGO sectors. There are over 2,000 trained counselors providing services in the country. Early in 2008 the standardized HCT training was compressed from its original 5 weeks to three weeks without compromising the quality of the training. Malawi's success in HCT service uptake has been complemented by several major policy changes; the acceptance of provider-initiated testing and counseling (PITC) with an opt-out clause, the focus on offering testing services to all pregnant women in antenatal clinics as part of an expanded PMTCT program, the offering of testing to all TB suspects, and the transition from parallel to serial HIV rapid testing.

In addition to the significant policy changes, the increased publicity surrounding national HIV testing week campaign which is conducted once a year has raised awareness of this service and promoted it's rapid uptake. Counseling and testing week targets the general population by taking services to the community, with a heavy emphasis on outreach, mobile, and more recently door-to-door testing. In both previous campaign years, the targeted number of people to be tested was exceeded by at least 35%. The success of the first two testing week campaigns indicated that Malawians were eager to access HCT services when those services are made more accessible. A national shift in HCT models is rapidly emerging as HCT is taken closer to potential clients through outreach and door-to-door programs and well as mobile programs for hard-to-reach communities. In the first quarter of

2008, 21% of all testing reported to the Ministry of Health (MOH) were outreach sites as opposed to static sites. With the diversified models of HCT practiced in Malawi, including outreach, mobile, and door-to-door testing, larger numbers of people than ever before are accessing testing and subsequent referrals to care and treatment. Impressively, between July 2007 and June 2008 over 1,000,000 individuals were counseled and tested for HIV.

A major challenge to HCT services particularly in stand-alone non-medical facilities, mobile clinics, and in outreach programs, is the national policy of anonymous testing. A transition from anonymous to confidential counseling and testing will greatly improve the linkages between HCT and other HIV/AIDS services in Malawi.

Previous USG Support

PEPFAR funding for HCT services previously focused on five major areas; 1) Central-level coordination, 2) Support to major implementing partners, 3) Training counselors and service providers 4) Quality assurance of the use of simple HIV rapid tests, and 5) HIV testing week campaign.

i. Central-level coordination

USG hired and placed a senior-level Technical Assistant (TA) with the Department of HIV/AIDS MOH. The TA works with technical staff from the USG and host country counterparts, to coordinate all HCT activities in the country. He oversaw the HCT component of quarterly supervisory visits to all HCT sites. He guided the development of key policies such as the Provider-initiated testing (PITC) policy which is critical to the implementation of routine HCT in hospital and clinic settings. The TA coordinated training for HCT providers and oversaw the seamless transition from a 5-week to 3-week training model for HCT providers. The TA also coordinated the development and dissemination of key guidelines including the guidelines for pediatric counseling and testing. The TA coordinated the two previous national HIV testing week campaigns.

ii. Major implementing partners

USG directly supported three of the major NGOs which provide HCT service in the country; MACRO, Lighthouse, and BASICS. MACRO, a local NGO with 6 stand-alone and several outreach and mobile counseling and testing operations tested 124,723 individuals in FY08. Similarly, Lighthouse, another local NGO and one of the largest providers of care and treatment services, provided HCT services to 34,106 clients in 2008. BASICS is another USG partner which has active HCT services in 8 of the 28 districts of the country and they tested 35,574 individuals in 2008. MSH/SPS provided HCT services to 7,108 and EGPAF provided HCT services to 39,003 in PMTCT settings. Altogether this accounted for 194,403 people tested; almost 22% of the total number of people tested in Malawi during FY08.

iii. Training counselors

USG supports the training of HCT counselors through support to two partners, MACRO and Lighthouse. At MACRO, USG supports salaries of all trainers and the physical infrastructure of the training facility. At Lighthouse USG supports a TA to oversee training efforts. The efforts of the training unit extend beyond the training course provided at Lighthouse; they provide ongoing mentoring support to graduates from their training program. Between the USG partners, 677 counselors were trained and mentored in 2008.

iv. Training and quality assurance of HIV rapid tests

With direct funding support to the National Reference Laboratory (NRL), and USG technical assistance, Malawi successfully transitioned from a parallel to a serial HIV testing algorithm. USG assisted the NRL in the creation of job aides and provided training assistance to service providers throughout the country. USG also supported the establishment of a national Quality Assurance program for HIV rapid tests to ensure that reliable test results are generated at all the testing sites in the country.

v. HIV testing week campaign

For the past two years USG supported the successful HIV testing week campaigns. In 2006, over 89,000 individuals were counseled and tested for a pre-launch target of 50,000. In the following year, 186,000 individuals were tested of a targeted 130,000. For 2008 the target has been set at 250,000, and the campaign is in effect from November 10-16. USG support for the 2008 campaign involved coordination at the central and district levels, procurement of commodities, assistance with training, implementation by USG supported partners, quality assurance of the tests and testing process, design of data collection forms, and analysis of the data from the campaigns.

FY09 USG Support

In FY09, USG through PEPFAR will support Malawi's goals of increasing access to, and improving the quality of, HCT services. USG will also work with partners to improve linkages between HCT and other treatment and care services. This will be done through 1) continued provision of national level technical assistance, 2) advocacy for aggressively implementing the PITC policy, 3) Improving access to HCT through training and deployment of additional counselors to districts, 4) policy changes which would permit confidential instead of anonymous HIV testing at client-initiated testing and counseling sites, and 5) continued support for HCT in the Malawi Defense Force (MDF) facilities.

i. Supporting technical leadership of HCT at national level

The MOH through the Department of HIV/AIDS coordinates HCT activities at the national level. This has been done through

effective planning, setting national priorities and standards, developing and overseeing the implementation of national guidelines, and providing quarterly supervisory visits to implementing partners across the nation. Besides providing additional human capacity at the MOH, USG-supported TA has had a significant impact on the quality of HCT services nationally. In FY09, USG funds will be used to continue supporting HCT at national level through the ongoing support of the HCT TA. Additional direct support will be provided through technical assistance from the USG Agencies and other key PEPFAR funded implementing partners.

ii. Advocacy for improving Provider-initiated Testing and Counseling

PITC was officially endorsed by the MOH in 2007 Implementation of the program has been unacceptably slow. USG will work directly with MOH and indirectly through partner institutions to both advocate for and implement a much more aggressive PITC program.

A phased-in approach to PITC is planned with primary funding secured from the GFATM and available from September 2008. Implementation of PITC will be done in part through the USG partner BASICS. BASICS has a low-cost, high impact program which provides a total of 16 counselors to 8 district hospitals, and contributed over 35,000 tests in the 2008 calendar year. These counselors will play a critical role in implementing PITC in the facilities they are assigned to.

Early in 2009, USG will provide additional technical assistance for the implementation of PITC in Malawi. The HCT TA, national HCT coordinators, and in-country USG staff will engage the District Health Officers (DHO's) and work with them to develop and implement district-wide PITC plans. PITC will first be implemented in those health care facilities providing services to populations with high prevalence of HIV as well as TB and in STI clinics. In some of these facilities, PITC is already implemented at ANC sites for mothers. With PEPFAR funding these services will be strengthened by the deployment of additional HCT staff. Also, with the expansion of the USG-supported DNA-PCR based Early Infant Diagnosis (EID) program, HIV-exposed infants from 6 weeks of age will benefit from PITC. PEPFAR funds will be used to increase access to these services through increasing the number of sites offering PCR testing as well as strengthening referral networks. Full implementation of PITC into general clinics and wards will follow.

iii. Supporting improved access and quality of HCT services at district level

The MOH relies on three major PEPFAR funded partners; Lighthouse, MACRO, and BASICS to train HCT counselors. These partners have the mandate to train HCT counselors for all three regions of the country. Lighthouse and MACRO have both employed a model which allows for mentoring after the completion of training, ensuring that quality HCT services are provided after the counselors' deployment. With the recent Government of Malawi policy on decentralization of training to districts there is concern that the quality of training is being compromised as districts implement the national HCT training curriculum with limited monitoring of the training process and of trained counselors. The three USG partners are in an excellent position to support the decentralization process through becoming a training resource to individual districts. In recognition of the changing needs of the MOH, FY09 activities will include adjusting the USG partners training model to complement the new national decentralized approach to training. This will likely include more extensive mentoring of both the district-level trainers and the HCT providers after their training and deployment to the districts.

MACRO reported that by the middle of 2008 approximately 80% of all HIV tests conducted were at outreach and mobile sites, showing that a high demand for HCT access in remote and rural areas exists. Outreach sites as defined by MOH are sites which are visited periodically and do not retain their own register, and mobile sites are those which are temporary. In FY09, MACRO will be funded to increase access to testing services through expanding their outreach and mobile HCT programs. Efforts will be made to seek concurrence from the MOH allowing MACRO to provide confidential HCT to show proof-of-concept that clients can be definitively linked to other HIV/AIDS services.

In FY09 USG will support BASICS in evaluating a project which looks at utilizing lay counselors who are hired by NGOs and seconded to MOH facilities to perform HCT instead of medical staff. If this project is successful, these lay counselors may help address the human resource shortages by freeing medical staff to utilize their higher-level technical skills in the areas they trained in.

In FY09 USG will also promote the deployment of HCT counselors to district health facilities from funded partners. These counselors will increase access and quality of HCT services, and enable MOH's implementation of PITC. These counselors will play a critical role in both providing HCT services and ensuring that the linkages between HIV testing and antiretroviral clinic services are strengthened.

iv. Policy changes form anonymous to confidential HCT

A major barrier to linking HCT with other HIV/AIDS services is the national policy which supports anonymous testing instead of confidential testing. Without names or identifiers on records it is not possible to track clients who are referred from HCT providers to ART or other programs. This is a missed opportunity for providing continuum of care from diagnosis to treatment.

In FY09, USG will provide funds and technical assistance to Lighthouse and MACRO and help them demonstrate to the MOH the value of confidential HCT when it is linked to other HIV-related services through an electronic data system. Both institutions currently use an electronic data system to capture routine client data. It is hoped that the routine data from this system will provide evidence to promote a change in national policy from anonymous to confidential counseling and testing.

v. HCT in the Armed Forces

The Malawi Defense Force (MDF) has eight HCT centers covering ten barracks, garrisons, and other facilities. Six of the HCT

centers were constructed with USG funds. The HCT centers are open to all military, their family members, and the surrounding community. Over 60% of those tested are civilians. In FY09 no increase in current activities is anticipated.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. Counseling and testing is a priority area under consideration.

In collaboration with the GOM, USG would prioritize the following: 1) achieving increased access to HCT through expansion of mobile HCT services; 2) supporting nationwide scale-up of provider-initiated testing for all individuals accessing treatment at health care facilities in Malawi with particular focus on individuals accessing TB and STI services through the provision of additional lay counselors; 3) improving the training curriculum for HCT providers to include specialty areas such as pediatrics; 4) expanding the role of USG-funded partners in providing mentoring and quality assurance of HCT services nationally; and 5) increasing the availability of EDS in health facilities to promote the linking of HCT, pre-ART, and ART services.

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	5674.09	**Mechanism:**	USAID CSH
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	26278.09	**Planned Funds:**	$28,593
Activity System ID:	26278		
Activity Narrative:	NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi. HIV/AIDS - generalist		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	9611.09	**Mechanism:**	FY09 Compact
Prime Partner:	To Be Determined	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	22246.09	**Planned Funds:**	[redacted]
Activity System ID:	22246		
Activity Narrative:	Continuing Activity - MACRO GHAI Sexual prevention compact goal		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3886.09

Mechanism: CDC Base/Gap

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 15415.21371.09

Planned Funds: $290,497

Activity System ID: 21371

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 advice 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15415

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15415	15415.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6797	3886.08	CDC Base	$331,271

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3881.09

Mechanism: MACRO GHAI

Prime Partner: Malawi AIDS Counseling Resource Organization

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5958.21323.09

Planned Funds: $200,000

Activity System ID: 21323

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14452

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14452	5958.08	HHS/Centers for Disease Control & Prevention	Malawi AIDS Counseling Resource Organization	6844	3881.08	MACRO GHAI	$191,000
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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3899.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 10715.21349.09

Planned Funds: $50,000

Activity System ID: 21349

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15437

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15437	10715.08	HHS/Health Resources Services Administration	University of Washington	7141	3899.08	I-TECH	$50,000
10715	10715.07	HHS/Health Resources Services Administration	University of Washington	5360	3899.07	I-TECH	$13,084

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5666.09

Mechanism: PACT CSH

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 10361.21340.09

Planned Funds: $558,650

Activity System ID: 21340

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 Rumphi, 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 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 Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17392

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17392	10361.08	U.S. Agency for International Development	Pact, Inc.	7742	5666.08	PACT CSH	$655,000
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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3883.09

Mechanism: NAC GHAI

Prime Partner: National AIDS Commission, Malawi

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 10711.21332.09

Planned Funds: $183,000

Activity System ID: 21332

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14603

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14603	10711.08	HHS/Centers for Disease Control & Prevention	National AIDS Commission, Malawi	6884	3883.08	NAC GHAI	$183,000
10711	10711.07	HHS/Centers for Disease Control & Prevention	National AIDS Commission, Malawi	5356	3883.07	NAC GHAI	$130,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $156,934

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7564.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 11257.21347.09

Planned Funds: $50,000

Activity System ID: 21347

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17763

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17763	11257.08	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7865	7564.08	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

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$50,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5571.09
Mechanism: Lighthouse GHAI
Prime Partner: Lighthouse
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 5957.21320.09
Planned Funds: $60,000
Activity System ID: 21320

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: of all HIV positive HCT clients for TB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14614

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14614	5957.08	HHS/Centers for Disease Control & Prevention	Lighthouse	6887	5571.08	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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7874.09

Mechanism: MSH TASC III

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 17790.21327.09

Planned Funds: $250,000

Activity System ID: 21327

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17790

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17790	17790.08	U.S. Agency for International Development	Management Sciences for Health	7874	7874.08	MSH TASC III	$125,000

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: $650,000

Program Area Narrative:

Context

Of the approximately 120,000 people currently alive and on antiretroviral therapy (ART) in Malawi, greater than 95 percent are receiving the country's recommended first-line regimen of a twice daily fixed-dose combination of d4T/3TC/ NVP. With the exception of pediatric ARVs which are procured partially with UNITAID funding until 2010, ARVs for the national program are procured exclusively with Global Fund for AIDS, TB and Malaria (GFATM) resources through UNICEF, and supplied to sites through SDV, a private company funded by UNICEF with GFATM resources.

SDV operates through a parallel system outside of the weak national Central Medical Stores (CMS) system, which is responsible for supplying almost all other health commodities in Malawi, including HIV test kits and OI drugs. Unlike programs which depend on commodities through CMS, Malawi's ART program has not experienced any ARV stock-outs to date, although the increasing demand on the current supply chain for HIV/AIDS-related commodities requires streamlining certain pharmaceutical management and monitoring functions. This will be particularly true in the future as the number of patients on ART continues to rise and the proportion of patients requiring alternative and second-line regimens increases.

The Government of Malawi (GOM) has expressed a strong desire to integrate ARVs into the CMS procurement and distribution system, but an assessment in 2008 by the USG-funded Deliver project indicated that CMS currently did not have the capacity to take on the responsibility of procuring and distributing ARVs in the near future. The findings of this assessment, which were widely accepted by the GOM and other stakeholders, including the GFATM, led to the recent decision by Malawi to competitively advertise for a third-party procurement agent. This agent would replace UNICEF in procuring ARVs and possibly other GFATM commodities, and provide technical assistance to strengthen the capacity of CMS. The goal of this arrangement is for CMS to be capable of managing ARV and other HIV-related supplies procurement within 3-5 years. At the request of the Ministry of Health (MOH), USG is supporting a consultant to prepare the terms of reference for the third-party agent, and it is expected that this agent will be in place by the spring of 2009.

In addition to the issues related to procurement and supply of ARV drugs, there are operational challenges which need to be addressed including how to optimize use of the specific drug regimens recommended by the current guidelines, and to ensure that patients receive alternative and second-line regimens when these are indicated as a result of toxicity or treatment failure. MOH adopted new treatment guidelines in April 2008 which built on the highly successful public health approach to the delivery of ART, and recommended continued use of d4t/3TC/NVP as the first-line regimen. However, during a PEPFAR Adult Care and Treatment TWG assessment held in October 2008, interviews with clinicians and nurses providing ART in Malawi confirmed widespread side -effects related to the use of the first-line regimen, including debilitating peripheral neuropathic pain due to d4T, and severe rashes due to NVP. While the current guidelines include relatively straightforward guidance for switching for NVP hypersensitivity based on visual examination of rash, MoH has set a high bar for switching from d4T to ZDV for peripheral neuropathy. These criteria have led to a reluctance of providers to switch to a ZDV-based first-line regimen to address d4T toxicity. This reluctance to switch was confirmed in a recent GOM survey that found only 4 percent of patients on ART have switched to an alternative ARV regimen, in contrast to rates of 20 percent or higher in studies from Uganda, Kenya and South Africa.

In addition to a reluctance to change regimen based on side-effects, minimal attention is being made to treatment failure; less than 1 percent of patients on ART have been switched to second-line regimens with treatment failure cited as the cause for change. Although the public health approach in Malawi has appropriately concentrated efforts on expanding the use of first-line regimen, a growing number of patients are no longer benefiting from first-line therapy. Current Malawi guidelines for switching patients from first- to second-line therapy requires multiple steps, including referral to a central facility, which may be contributing to the lower than expected uptake of second-line ART.

Previous USG Support

Given the fact that procurement of ARVS has been funded by other donors in Malawi, PEPFAR is currently utilizing its limited FY08 resources in two areas: Funds were given to the USAID/Deliver project to perform a comprehensive assessment of ARV

procurement and related supply chain issues in Malawi, and to MSH, to strengthen the management of ARVs through the Strengthening Pharmaceutical Services (SPS) project. Activities under the SPS project are at the facility-level, and include training and mentoring the health workers in pharmacies and clinics on appropriate management of ARV drugs, and equipping them with tools and systems to support them in their positions.

With FY08 resources, 340 health workers (at least two from each ART site) from the public sector as well as the private sector are being trained through SPS in partnership with the Malawi Business Coalition against HIV/AIDS. Training focuses on adherence monitoring, recognizing suspected Adverse Drug reactions (ADRS) and how to report them, medication counseling, and pharmaceutical stock management. SPS is also developing standardized drug management procedures for ART management in both public and private sector facilities, and will introduce these standardized procedures in all 170 ART sites. SPS is also introducing an electronic ART dispensing tool for use in district hospitals.

FY09 USG Support

USG will continue to focus on improving the management of ARVs and other HIV-related pharmaceutical products at the health facility level through a Monitoring, Training, and Planning (MTP) approach in FY09. USG will also expand complementary efforts on the national level to support technical leadership, enabling appropriate use of ARV drugs consistent with the Malawi's new ART guidelines. Through more accurately quantifying the extent to which patients need to switch regimens, either for toxicity or treatment failure, SPS efforts will also support the MOH and ARV procurement agent's forecasting for ARVs.

i. On-site mentoring to strengthening pharmaceutical management at ART facilities

SPS will use FY09 funds to train staff in pharmaceutical management at new ART sites beyond the 170 sites which are receiving training with FY08 funds, and provide training for health care workers at sites where already trained pharmacy staff have now left. However the focus for FY09 funding will primarily be on site-based mentoring of multidisciplinary teams, including pharmacy staff but also clinical service providers to help ensure they are following correct procedures with regard to stock management, dispensing, medication counseling, adverse event reporting, medication errors, and side effects management. SPS staff will visit all ART sites in the country at least twice yearly, with larger sites receiving quarterly visits, and will report any relevant findings to the MOH Pharmaceutical Services on a regular basis so it can take any further actions if needed.

ii. Provide technical assistance to help optimize implementation of new ART guidelines

As noted above, health care workers in pharmacies are strategically placed to monitor for Adverse Drug Reactions (ADRs) and provide other support and counseling which can help improve the clinical management of patients who are having side-effects on their current regimens. One key recommendation which arose during a visit from the PEPFAR Adult Treatment TWG in October 2008 was for PEPFAR/Malawi team and its partners to assist the MOH in efforts to reduce the severity and incidence of side effects, particularly chronic side effects, through giving providers the capacity and support to make the decision to switch to alternative regimens.

SPS will work closely with mentoring pharmacy staff as well as other health care providers at ART facilities throughout the country, in order to ensure they are helping to monitor for d4T and NVP-related toxicities, appropriately informing clinical officers and nurses who prescribe these medicines about toxicities that may not have recognized during clinic visits and reporting information to MoH about the prevalence of these toxicities and frequencies of drug regimen switches to the better inform ART policy and planning. Pending further discussions with the MOH, SPS can help develop standardized tools to assist sites in more accurately quantifying the frequency and severity of ADRs. SPS can also assist in the process of identifying highly functioning ART sites which have the capacity to initiate and monitor patients on second-line ARVs, ensuring they have both appropriate standardized operating procedures (SOPs) in place and consistent availability of alternative and second-line ARVs, including ZDV, efavirenz (EFV), tenofovir (TDF), and lopinavir/ritonovir (LPV/r).

iii. Review and dissemination of the Essential Drugs List (EDL)

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). In 2009, MSH/SPS will support an annual review/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 many conditions, including 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. PEPFAR 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.

iv. Incorporating HIV pharmaceutical use into pharmaceutical training curricula

In FY09 SPS 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, including 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 of topics include non adherence, poor quality drugs, drug interactions, and microbial resistance. These topics will be covered during pre-service training for health workers directly involved in ART as well as other health staff working in primary health care settings. The activity will target the Malawi College of Health Sciences and Christian Health Association of Malawi (CHAM) training schools.

iv. Building capacity of CMS and the MOH pharmaceutical services unit

FY09 PEPFAR funds will support the USAID/Deliver project to build the capacity of CMS to manage procurement and supply of a wide range of pharmaceutical products, including HIV-test-kits and OI drugs. While ARV drugs will remain in a parallel system outside of CMS in the near future, these capacity building efforts will potentially bear fruit over the long-term if ARV drugs can eventually be transitioned successfully into the CMS systems after 2010. (Please see OPSS section for more information). SPS will also coordinate national stakeholders for policy decisions leading to the development of an ART inventory management system in the MOH pharmaceutical management services unit to track ART consumption at facility level, identification, and installation of inventory management software that can accommodate the ART management information system.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. Support for health commodities is a priority area under consideration.

In collaboration with the GOM, USG would prioritize the expansion of long-term capacity building efforts at CMS to move towards Malawi's stated goal of fully integrating ARV drugs into the broader national supply chain system over the next five years. Additional funds could also be used to expand a more robust surveillance system for ADRs and treatment failure in cooperation with SPS and other partners. This would inform ongoing discussions with the National HIV Technical Working Group which addresses issues related to regimen changes. USG will also integrate into training programs, initiatives that target members of the military for support.

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	7872.09	**Mechanism:**	MSH - SPS
Prime Partner:	Management Sciences for Health	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	ARV Drugs
Budget Code:	HTXD	**Program Budget Code:**	15
Activity ID:	18515.21325.09	**Planned Funds:**	$500,000
Activity System ID:	21325		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18515

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18515	18515.08	U.S. Agency for International Development	Management Sciences for Health	7872	7872.08	MSH - SPS	$500,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5660.09

Mechanism: JSI CSH

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 11261.21307.09

Planned Funds: $150,000

Activity System ID: 21307

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17133

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17133	11261.08	U.S. Agency for International Development	John Snow, Inc.	7666	5660.08	JSI CSH	$150,000
11261	11261.07	U.S. Agency for International Development	John Snow, Inc.	5660	5660.07	JSI CSH	$55,166

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: $2,993,000

Program Area Narrative:

Overview

In order to address the issues of equity and improved access to health care services in the public sector, Malawi developed a national health care strategy that focuses on the minimal essential services that could be efficiently delivered at a District level, the Essential Health Package (EHP). Complementary to the EHP is the Essential Medical Laboratory Services (EMLS) package. The EMLS was designed to provide tiered laboratory services at the district and primary health care unit levels, addressing issues such as physical infrastructure, personnel, training, equipment, reagents and supplies. However, both the EHP and the EMLS programs were developed in 2002 prior to the rapid expansion of HIV/AIDS services which started in 2003. These two important national programs have not met the ever increasing needs of HIV/AIDS-related services. Funding for implementation of both the EHP and the EMLS has been effected through the Sector Wide Approach (SWAp) mechanism; unfortunately, this plan has not been fully funded. In addition, the national laboratory policy for implementation of the EMLS expired in June 2008. With the scaling-up of ART, PMTCT, HCT, TB/HIV and malaria services, the need for laboratory capacity to support these interventions has increased both in scope and complexity. It is therefore necessary to strengthen laboratory capacity and quality assurance to meet both the current and the anticipated program needs.

Previous USG Support

Previous USG laboratory support to Malawi focused on the following four main areas: 1) pre-service training, 2) strengthening the National Reference Laboratory, 3) increasing access to laboratory services at high throughput laboratories, including support to pregnant mothers and babies, and 4) Improving supply chain management of laboratory commodities.

i. Pre-service training

USG has made it a priority to increase the number as well as skills of trained laboratory technicians by investing in pre-service training at two of the main laboratory training institutions in the country, Malawi College of Heath Sciences and Malamulo College of Health Sciences. Support included continued funding for critical faculty, expansion of the curriculum to cover new technologies, renovation of physical space, and providing upgraded equipment and supplies for training purposes.

ii. National Reference Laboratory

The National Reference Laboratory (NRL) within the Community Health Sciences Unit (CHSU) of the Ministry of Health (MOH) has been a USG partner since 2001. The NRL has the national mandate to assure the quality of laboratory services throughout the country. The USG support had focused on providing funding for critical laboratory and epidemiology staff and assisting with the implementation of the NRL mission. The support had allowed the NRL to develop national standards such as the national HIV rapid testing algorithm as well as continue with in-service training of laboratory staff at national, regional and district levels. USG has supported the NRL to develop and implement a national Quality Assurance program for HIV rapid tests. They have also implemented programs that integrate HIV testing within routine laboratory services. With support from PEPFAR, the NRL has been instrumental in the initiation of the early infant diagnosis programs, expansion of CD4 capability, and development and

implementation the first national surveillance system to detect emerging ART drug resistance. The NRL has also been an indispensable partner in supporting special studies such as the national ante-natal HIV survey and other epidemiological studies.

iii. Improved access to services at point-of-care settings

With very limited resources, USG supported two of the four regional laboratories; Kamuzu Central Hospital (KCH) in Lilongwe and Queen Elizabeth's Central Hospital (QECH) in Blantyre. Support at these two laboratories involved improved diagnostics for HIV, TB, Malaria, OIs, as well as CD4 capabilities, basic hematology, and basic chemistries. A special focus was placed on CD4-based staging for pregnant women and PCR-based early infant diagnosis. These laboratories as "centers of excellence" not only provided support to the high throughput AIDS patient sites, they also provided training, technical assistance and referral services to the surrounding districts. With support from USG, the NRL implemented a CD4 quality assurance program in FY08 at eight central and district hospital laboratories to monitor the quality of CD4 testing services.

iv. Supply Chain Management

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 adequately forecast laboratory commodity needs, and incorrect reagents are sometimes procured. Even when reagents and supplies are available, the very weak distribution system has made laboratory services unreliable, especially in public institutions. In FY08, USG leveraged Presidents Malaria Initiative (PMI) resources to revitalize CMS. Through a national assessment and training in forecasting and re-building capacity at the CMS by USAID/Deliver, laboratory commodities were procured and distributed in a manner that greatly improved the quality of laboratory services.

FY09 USG Support

i. Technical support for laboratory services

HIV/AIDS treatment and care services are becoming increasingly complex in Malawi. With significant resources being allocated to this program area, a USDH position has been created for the PEPFAR team. This previously approved position will be filled in FY09.

ii. Support for expanded laboratory services

With very limited financial resources in previous years, USG assisted Malawi in making significant contributions to the provision of laboratory services at the central, regional, and district levels in the country. In addition, USG continues to provide technical support to the Malawi Defense Force multi-agency laboratory partnership funded primarily through Foreign Military Financing (FMF). These efforts have not only benefited HIV/AIDS patients it has served to improve health care delivery in general. In FY09, USG will work to consolidate those gains while exploring other opportunities to improve and expand services. Critical to this is updating and costing an integrated national laboratory strategy that reflects the expanding HIV/AIDS needs. USG will provide technical assistance and play a leadership role in the development and implementation of an updated laboratory strategy. The focus of the new strategy will be on a tiered approach that matches laboratory support to the programmatic needs at the central, regional, and district levels.

iii. Pre-service training

USG will continue to work with Howard University, our primary implementing partner to strengthen pre-service laboratory training, continue to support key faculty, and complete the renovation of Malamulo College's training laboratory. In response to the severe shortage of laboratory staff in the country, USG will work with Howard University and the MOH to develop plans for placing and retaining qualified technicians who graduate from the training institutions.

iv. Enhanced support to the national laboratories

USG will continue to work with the Central Health Services Unit (CHSU) to improve their epidemiology and national reference laboratory capability and capacity. This will include continued funding support to the two technical assistant positions in both epidemiology and laboratory services. USG will continue to support the NRL in their role of in-service training and quality assurance of critical analytes at the national, regional, and district levels. The NRL will also be supported to continue their role as the national reference laboratory with active involvement in special epidemiology studies such as the antenatal clinic (ANC) surveys and ART drug resistance monitoring. Through mentorship and management training, efforts will be made to develop stronger leadership at the NRL so that they can earn national recognition and assume a greater leadership role befitting their national mandate.

Through support to Howard University, two additional regional laboratories will be added to KCH and QECH as centers of excellence with upgraded equipment, reagents, supplies and training capacity. Howard University will continue to provide critical staff to these institutions as a temporary measure while local staff are trained and mentored into leadership positions. Similarly, Howard University will work with the EMLS to ensure that laboratory tests for the EHP in all of the 28 districts are provided along with those tests that support HIV/AIDS programs such as ART and PMTCT.

While the major areas of program support from FY08 will not change dramatically, increased emphasis will be placed on supporting laboratories at central hospitals and those linked to high throughput sites, intensifying high quality training, recruiting and retaining high level management and technical staff, and strengthening quality assurance programs. USG will leverage resources from other interested partners, and Clinton-Hunter AIDS Initiative, WHO, DFID, UNICEF have expressed interest in

working with USG and the MOH to address these important laboratory needs.

In order to strengthen procurement and distribution of laboratory commodities, USG will fund Deliver to scale–up its current activities. Deliver will recruit a Laboratory Focal Person (LFP) to provide in-country support and activity monitoring. The Deliver Lab Logistics advisor will continue to oversee the roll out of the lab logistics system and focus on building the capacity of the Diagnostics Department of the MOH, and Deliver will continue to support CMS in managing lab commodities.

In FY09, USG will build the capacity of the MOH and CMS to lead the annual laboratory quantification and mid-term review, using the logistics data from the FY08 funded system to inform the quantification. The project will also support integrating laboratory quantification teams into the national health commodities quantification process. Standard Operating Procedures, a preliminary training curriculum for system users in the handling and ordering of laboratory supplies, and a roll-out plan targeting all District laboratory technicians will also be developed. A Performance Improvement Specialist will be placed in Malawi to provide capacity building to the project.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. Increasing laboratory services is a priority under consideration.

While PEPFAR has provided significant support and capacity building to laboratory services in Malawi, these investments have been strategic but too limited in scope to meet the increasing needs of the expanding HIV/AIDS services. Of high importance is ensuring that laboratory support for HIV/AIDS interventions also contribute to the overall improvement of laboratory services in the country. With additional funding through the Compact, there is an opportunity to dramatically improve laboratory services throughout Malawi. The additional funds would allow USG to work with other partners to provide strategic support to laboratory services with a focus on expanding access to these services while maintaining their quality. Central to this effort is the new strategic plan for laboratory services. This document with its anticipated focus on tiered laboratory services would serve as the roadmap for USG contribution to expanding laboratory services in Malawi.

For this approach to be successful it is important that there is strong leadership at the NRL/MOH with the vision, seniority and management capability to oversee the implementation of the new laboratory strategic plan. USG would identify an appropriate technical assistant to the NRL/MOH provided the MOH identifies and places an appropriate, high level Malawian counterpart.

By providing additional technical staff and technical assistance at the NRL, USG will support expansion of the national reference capability, training, national quality assurance of important analytes including HIV, TB, malaria, OIs, chemistries, and hematology. The NRL would also expand their ability to support special studies such as new assay evaluations, ART resistance monitoring, and epidemiological surveys.

At the four central hospital laboratories, USG would support the expansion of diagnostics including HIV, TB, malaria, early infant diagnosis of HIV, and OIs. We would also support the expansion of CD4 capability for laboratory staging especially of pregnant women to determine their eligibility for ART. With additional PEPFAR funding, USG would provide support for limited hematology and chemistries.

With the de-centralization of services to the districts in Malawi, additional compact funds will be used to expand sustainable laboratory services to the Malawi Defense Force and major public and Christian Health Association of Malawi (CHAM) hospitals in all 28 districts of the country. Because the intent is to establish sustainable systems, USG support would be aligned with the minimal tiered requirements of the updated EHP and the ELMS packages. At the district-level hospital laboratory HIV, TB, and malaria diagnosis will be supported, and CD4 capability will be provided to all these laboratories. Simple methods for measuring hemoglobin and chemistries such as liver function tests would also be made available.

This effort will require the deployment of a large number of laboratory technicians throughout the country. Increased efforts will be made to link graduates from the laboratory training institutions with the expanded laboratory services. USG will work with MOH to develop non-monetary incentives for staff deployed to hardship posts.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	5660.09	**Mechanism:**	JSI CSH
Prime Partner:	John Snow, Inc.	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	17137.21308.09	**Planned Funds:**	$400,000
Activity System ID:	21308		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17137

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17137	17137.08	U.S. Agency for International Development	John Snow, Inc.	7666	5660.08	JSI CSH	$400,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9208.09

Mechanism: Howard GHCS (State)

Prime Partner: Howard University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 21083.21304.09

Planned Funds: $670,000

Activity System ID: 21304

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21083

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21083	21083.08	HHS/Centers for Disease Control & Prevention	Howard University	9208	9208.08	Howard GHCS (State)	$536,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3897.09

Mechanism: CHSU GHAI

Prime Partner: Ministry of Health, Malawi

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 6062.21329.09

Planned Funds: $90,000

Activity System ID: 21329

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Summary

In FY 2008 CHSU will focus on a 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 vise 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14619

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14619	6062.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Malawi - CHSU	6888	3897.08	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

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9611.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure

Budget Code: HLAB **Program Budget Code:** 16

Activity ID: 22256.09 **Planned Funds:** [redacted]

Activity System ID: 22256

Activity Narrative: Continuing Activity - Howard University

Compact Goal number 4 - systems strengthening

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9611.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 27308.09
Planned Funds: [redacted]
Activity System ID: 27308

Activity Narrative: Continuing activity - Because the GAP account begins FY09 spending in October of 2008, and because there is insufficient funding in the CDC base for increased management and staffing costs, we have had to signal our intention of using Compact funds to partially fund year 2 of the Lab Advisor position. Since recruitment is ongoing at this time, and salaries will not have to be paid for a few months, we have chosen to use our limited GAP funds for activities that need funding immediately.

NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

This activity is split funded with activity #27133

The new Lab Advisor 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.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: $4,243,796

Program Area Narrative:

Overview

Within the National AIDS Framework (NAF), SI encompasses monitoring and evaluation, health management information systems (HMIS) and surveillance at the national, sub-national and program levels. The data generated through these complementary systems serve as the cornerstone of evidence-based HIV/AIDS prevention, care and treatment programs throughout the country. Malawi has taken a leadership role in advancing strategic information systems in Sub-Saharan Africa, particularly in its proactive use of evidence to guide national strategic planning and resource allocation. However, the country faces many challenges in this area including the need to increase staffing levels and technical capacity, institutionalize routine supervision of monitoring activities, upgrade technology and infrastructure to support more advanced data management and communications systems. USG is playing an integral role in providing the necessary information to effectively scale-up and decentralize services, evaluate the national response, and monitor changes in epidemic dynamics.

i. Functioning of USG Strategic Information Team

The USG SI team is comprised of an SI Liaison, housed within USAID who serves the entire USG team; two Monitoring and Evaluation Officers (including a non-PEPFAR funded USAID mission M&E Officer) and an Epidemiologist. The SI Liaison ensures systems are in place at USG and amongst implementing partners to effectively plan and monitor programs according to PEPFAR requirements. The Epidemiologist provides technical leadership and program management over all HIV/AIDS surveillance, public health evaluations and management for a subset of USG partners in SI. The PEPFAR-funded Monitoring and Evaluation (M&E) Officer provides technical leadership and program management for M&E and HMIS activities with the Ministry of Health (MOH), which includes strategic planning, routine monitoring and evaluation, capacity building, and data quality assessments. The non-PEPFAR funded M&E Officer provides technical and capacity building support to civil society partners.

ii. Surveillance and Surveys

USG has a long history of supporting population and sub-population-based HIV biological and behavioral surveillance in Malawi. In 2009, USG will again be the primary funder of the Malawi Demographic and Health Survey (MDHS), including a behavioral component, HIV biomarkers, and oversampling for district-level HIV prevalence estimates. Funding and technical assistance for the implementation, analysis and dissemination of the HIV integrated Behavioral Surveillance Survey (BSS) with HIV and syphilis biomarkers among key high risk populations has been provided for two previous national surveys. Funding for the design and methodological revision of the 2009/2010 third round of BSS and strengthened data use will continue to be a primary objective of USG in the FY09 COP.

To date, Malawi has relied on modeled estimates of new HIV infections based on prevalence data. As the successful national treatment program reaches almost 70% coverage, prevalence data has become less reliable in identifying where, and among whom, the bulk of new infections are occurring. In order to increase the information foundation for program planning, particularly for prevention activities, in-country laboratory and epidemiological training and support for incidence estimation using BED assay will be provided to the MOH, College of Medicine and partners. Incidence estimates will be conducted among the general population 2009 MDHS sample as well as in other important sub-populations in Malawi.

Since 2005, USG Malawi has assisted the MOH and WHO in developing and implementing an HIV drug resistance surveillance system including supporting the national HIV Drug Resistance Technical Working Group, monitoring of Early Warning Indicators, conducting threshold surveys of transmitted drug resistance, and implementing baseline prospective surveillance of acquired drug resistance at four high-volume ART sites. The first round of prospective surveillance will be completed in FY09 and a second threshold survey and continued Early Warning Indicator detection will be implemented. In addition, a National HIV Drug Resistance Strategy, incorporating both WHO and USG recommendations, will be developed with USG assistance. This framework will be used to lobby for Global Funds for longer-term drug resistance surveillance support.

With USG support, Malawi has been a global leader in systematically incorporating data into the national decision-making. In FY09, USG will continue to support national data use activities including data triangulation, modeling national estimates and projections, and developing data-driven briefings for policy makers. In addition, USG will support the development of an innovative district and local-level data use model to guide decentralization of prevention, care and treatment programs.

Beyond providing funding for HIV surveillance activities, direct -almost daily - technical assistance to strategic information activities is fundamental to the Malawi program. The USG Epidemiologist is a member of the MOH Health Impact Study Technical Working Group, and provides technical support for surveillance activities including ANC sentinel surveillance, drug resistance surveillance and BSS. In addition, trainings were held on data triangulation, and drug resistance surveillance. BED assay training will take place in December 2008. Capacity building and documentation activities will continue to be at the forefront of FY09 surveillance activities.

iii. Health Management Information Systems

Health Information Systems are essential for effective monitoring and evaluation and require reliable, standardized data collection. In 2002, the MOH began to implement the national HMIS to support routine data collection, analysis and dissemination for health sector data, including indicators on HIV/AIDS, malaria, TB, reproductive health and other health programs. Facility-level HMIS indicators are aggregated on a quarterly basis at the district level and sent via email or floppy disk to the national level. However, the accuracy, completeness, and timeliness of data are limited.

Baobab Health, a USG supported Malawi-based trust and NGO, has been addressing this issue for the past eight years by applying medical informatics principles to resource-poor settings. The core of Baobab's approach is the application of easy-to-use touch screen clinical workstations at the point of patient care. This system efficiently and accurately guides low-skilled healthcare workers through the diagnosis and treatment of patients according to national protocols. Baobab Health has deployed Electronic Data Systems (EDS) at 7 of the largest ART clinics throughout the country. Currently, 16,699 ART patients are captured by this system – or approximately 13% of Malawi's 121,707 patients who are alive and on treatment. Each deployment has also resulted in the training of 5 - 20 users To address challenges of data quality, in FY08 the MOH, in partnership with USG and Baobab Health, initiated a feasibility project of using EDS to capture out-patient registry data in rural health facilities to explore the use of alternative energy sources (e.g. windmill and solar panels); and remotely transmit data to a newly established central repository housed within the MOH. The challenge for FY09 will be the conversion of the paper-based record keeping system to the national scale up of EDS, The EDS scale up will include the development of modules to transfer of patient files and to transfer data to central repository. In FY09, USG will continue to provide TA support in preparation for the scale up. The only impediment to the scale up is the availability of resources. In FY09, in order to increase their organizational capacity, Baobab will receive a Pfizer Global Health Fellow as part of a new public private partnership initiative.

In Malawi there are a number of indicators collected at the national level which do not support program-level information needs. As a result, many vertical program-specific health information systems are being developed. In FY09, the USG will provide TA and support to explore potential for integrating systems through the use of national standards. To initiate the process of system integration, the MOH, WHO and USG conducted a 3-day workshop on standards in order to build consensus around a national health infrastructure strategy for Malawi, including governance structures, operational policies and processes to promote ongoing collaboration and coordination between stakeholders. One outcome of this workshop will be the identification of a Standards Task Force that will play an instrumental role in 1) developing a national framework for data analysis, patient referral and medical record management, 2) designing a roll-out plan for EDS, 3) harmonizing partner reporting to feed into the HMIS; and 4) developing specifications for a central data repository. This effort supports the objective of the National M&E Plan as well as the goal of the ‘Third One’.

iv. Monitoring and Evaluation

To help support the National M&E plan, USG recently identified the need for four staff within the newly formed M&E Unit of the Ministry of Health, including an M&E TA, an M&E Fellow and two IT Fellows. A new facility on the Community Health Science Unit (CHSU) campus is also underway to house the HIV/AIDS Unit, the central data repository, and additional rooms to support trainings and conferences.

In FY08, USG supported assessments for 1) the Touch Screen Electronic Data System (EDS), 2) the Logistics Management Information System (LMIS) for HIV test kits and ARVs, 3) the integration of the ARV Supply Chain System into Central Medical

Stores (CMS) and its Regional Medical Stores (RMS), 4) the Situational Analysis of HIV services, and 5) M&E Systems for OVC at the Department of Women and Child Welfare (MOWCD). Within the next two years, recommendations from these assessments will be incorporated into scale-up and data quality improvement plans for each of these Information Systems. The EDS will be scaled up to high-burden ARV public and private service delivery sites (approximately 12 per year) and will include the ability to transfer patient files from one facility to another. The LMIS will fully use standardized ARV recording, reporting and transaction forms documented in Standard Operating Procedures (SOP). A Training of Trainers on the SOP will result in all health workers trained at ARV service delivery sites and routinely using the forms. The CMS will have improved quantification capabilities which will be verified by stock reports from hospitals and facilities using remote reporting systems. USG played a critical role in planning, data collection and report writing of the 2007 Situational Analysis.

The MOWCD has an M&E plan for OVC which was written in 2007. The plan describes the use of four tools which provide the basis for data to move from communities to districts and the national level. The tools are: 1) the Household Listing Book; 2) the OVC Community Register; 3) the OVC Community Quarterly Report; and 4) the Community Based Structures Report. USG will provide a needed dimension to these M&E activities by supporting GIS mapping to improve coordinated service delivery and monitoring

In 2008 the USG funded a Human Capacity Review of the MOWCD to assist the Ministry to meet the funding requirements of the Global Fund Round 5 Phase 2. The MOWCD is in the process of completing a functional analysis of M&E standard operating procedures as well as all other service delivery activities. The analysis should be completed in 2009.

In FY08, the SI team instituted a Semi Annual Progress Report (SAPR) to promote the use of up-to-date data for program management and planning. Aggregate summary reports were included in the Portfolio Review template which consolidated partner specific life-of-project results and were used at the first Inter Agency Portfolio Review. The objectives of the Portfolio Review were to conduct a situational analysis of partners for past, present and future activities, and identify linkages amongst USG agencies. From the Portfolio Review four key priority themes were identified and used for planning activities in the Compact and FY09 COP. In addition, the USG team reviews partner performance after the APRs are received.

In FY08, the USG prioritized improving data quality at the national and partner levels. USG conducted a Data Quality Workshop for USG Project Managers and Implementing Partners in developing Performance Management Plans (PMP) and conducting Data Quality Assessments (DQA). At the national level, data quality improvements include a comparison of the results of the Situational Analysis and data collected by the routine HMIS. Variations will be identified and a data quality plan will be developed.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. SI is a priority area under consideration.

Should the Compact be approved, additional FY09 compact funds would go towards the full scale up of the EDS by developing and implementing a roll-out plan (approximately 1 site per month); developing EDS modules for Counseling and Testing, PMTCT and TB; designing the architecture to transfer patient files from one facility to another; setting up a central repository/data warehouse within the MOH; and developing policies on governance structures. In addition, Compact funds will be used in surveillance to train and support laboratory and data analysis needs for BED assay incidence estimation with BSS and DHS samples; expanding HIV drug resistance monitoring (threshold, early warning indicators and prospective monitoring) to more sites including urban and rural areas and public and private service providers; developing a pediatric ART drug resistance monitoring program; and providing technical assistance and support in district-level triangulation of monitoring and evaluation data.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	5667.09	**Mechanism:**	PSI CSH
Prime Partner:	Population Services International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	11277.24046.09	**Planned Funds:**	$0
Activity System ID:	24046		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17449

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17449	11277.08	U.S. Agency for International Development	Population Services International	7765	5667.08	PSI CSH	$20,000
11277	11277.07	U.S. Agency for International Development	Population Services International	5667	5667.07	PSI CSH	$35,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5662.09 **Mechanism:** JHCOM CSH

Prime Partner:	Johns Hopkins University Center for Communication Programs	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	5979.24041.09	**Planned Funds:**	$0
Activity System ID:	24041		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 Etools 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, Salphera 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17148

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17148	5979.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7668	5662.08	JHCOM	$29,095
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

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10299.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 23855.09

Planned Funds: [redacted]

Activity System ID: 23855

Activity Narrative: New Activity - SI Compact All Goals

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9611.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 22250.09

Planned Funds: [redacted]

Activity System ID: 22250

Activity Narrative: Continuing Activity - MACRO GHAI

Sexual prevention compact goal

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9611.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 22253.09
Planned Funds: [redacted]
Activity System ID: 22253
Activity Narrative: Continuing Activity - Lighthouse GHAI

Cross cutting compact goal
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9611.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 22254.09
Planned Funds: [redacted]
Activity System ID: 22254
Activity Narrative: Continuing Activity - Baobab

Compact goal 2 - Improving quality of and access to care...
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9492.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 21917.09
Planned Funds: [redacted]
Activity System ID: 21917
Activity Narrative: HRSA Compact cross-cutting SI
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9611.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 22259.09
Planned Funds: [redacted]
Activity System ID: 22259
Activity Narrative: Continuing Activity - Howard University

Compact goal - cross cutting
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9611.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 22260.09
Planned Funds: [redacted]
Activity System ID: 22260
Activity Narrative: Continuing Activity - CDC LES Technical staff salary for data management

Compact goal - cross cutting
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3897.09
Mechanism: CHSU GHAI
Prime Partner: Ministry of Health, Malawi
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 10708.21330.09
Planned Funds: $60,000
Activity System ID: 21330

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14620

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14620	10708.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Malawi - CHSU	6888	3897.08	CHSU GHAI	$60,000
10708	10708.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Malawi	5354	3897.07	CHSU GHAI	$49,500

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5571.09

Mechanism: Lighthouse GHAI

Prime Partner: Lighthouse

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 10729.21322.09

Planned Funds: $30,000

Activity System ID: 21322

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14616

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14616	10729.08	HHS/Centers for Disease Control & Prevention	Lighthouse	6887	5571.08	Lighthouse GHAI	$30,000
10729	10729.07	HHS/Centers for Disease Control & Prevention	Lighthouse	5571	5571.07	Lighthouse GHAI	$16,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9208.09

Mechanism: Howard GHCS (State)

Prime Partner: Howard University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 21084.21305.09

Planned Funds: $30,000

Activity System ID: 21305

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

This activity has split funding and is the same activity narative 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: Techncial 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21084

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21084	21084.08	HHS/Centers for Disease Control & Prevention	Howard University	9208	9208.08	Howard GHCS (State)	$24,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5660.09

Mechanism: JSI CSH

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 11272.21309.09

Planned Funds: $200,000

Activity System ID: 21309

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17134

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17134	11272.08	U.S. Agency for International Development	John Snow, Inc.	7666	5660.08	JSI CSH	$200,000
11272	11272.07	U.S. Agency for International Development	John Snow, Inc.	5660	5660.07	JSI CSH	$15,500

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5576.09

Mechanism: Baobab

Prime Partner: BAOBAB Health Partnership

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 10745.21299.09

Planned Funds: $200,000

Activity System ID: 21299

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14597

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14597	10745.08	HHS/Centers for Disease Control & Prevention	BAOBAB Health Partnership	6882	5576.08	Baobab	$200,000
10745	10745.07	HHS/Centers for Disease Control & Prevention	BAOBAB Health Partnership	7562	7562.07	Baobab GHAI	$135,004

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3899.09

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 Budget Code: 17

Activity ID: 16527.21352.09

Planned Funds: $200,000

Activity System ID: 21352

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 heath services monitoring and quality improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16527

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16527	16527.08	HHS/Health Resources Services Administration	University of Washington	7141	3899.08	I-TECH	$400,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3899.09
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 Budget Code: 17
Activity ID: 5983.21353.09
Planned Funds: $400,000
Activity System ID: 21353

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15439

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15439	5983.08	HHS/Health Resources Services Administration	University of Washington	7141	3899.08	I-TECH	$200,000
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

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3883.09

Mechanism: NAC GHAI

Prime Partner: National AIDS Commission, Malawi

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 5989.21333.09

Planned Funds: $72,000

Activity System ID: 21333

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14604

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14604	5989.08	HHS/Centers for Disease Control & Prevention	National AIDS Commission, Malawi	6884	3883.08	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

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5666.09

Mechanism: PACT CSH

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 11276.21341.09

Planned Funds: $125,190

Activity System ID: 21341

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17393

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17393	11276.08	U.S. Agency for International Development	Pact, Inc.	7742	5666.08	PACT CSH	$261,000
11276	11276.07	U.S. Agency for International Development	Pact, Inc.	5666	5666.07	PACT CSH	$275,800

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5674.09

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 Budget Code: 17

Activity ID: 6182.21360.09

Planned Funds: $252,846

Activity System ID: 21360

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 indictors 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17778

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17778	6182.08	U.S. Agency for International Development	US Agency for International Development	7868	5674.08	USAID CSH	$260,138
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

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3886.09

Mechanism: CDC Base/Gap

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 18903.21373.09

Planned Funds: $231,880

Activity System ID: 21373

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Summary

The USG Malawi Monitoring and Evaluation (Mand 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 Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18903

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18903	18903.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6797	3886.08	CDC Base	$206,998

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3886.09

Mechanism: CDC Base/Gap

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 10012.21374.09

Planned Funds: $132,580

Activity System ID: 21374

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15420	10012.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6797	3886.08	CDC Base	$259,451

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 12156.09
Mechanism: DHS+/Macro Int CSH
Prime Partner: Macro International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 29636.09
Planned Funds: $62,300
Activity System ID: 29636
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 12156.09
Mechanism: DHS+/Macro Int CSH
Prime Partner: Macro International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 11409.29634.09
Planned Funds: $0
Activity System ID: 29634
Activity Narrative: Summary

USG along with national counterparts will conduct the fourth Demographic and Health Survey (DHS) and the second DHS + survey which includes biomarkers for HIV. DHS surveys are conducted every four to five years, to allow comparisons over time. The next one will be scheduled for 2009 after the National Census is conducted in 2008.

Background

The DHS surveys are household surveys with a sample that represent the general population. DHS surveys provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health and nutrition. The basic approach is to collect and make available data that are comparable across countries. In recent years, an HIV module with HIV testing was added to the survey in order to provide nationally representative HIV data including prevalence. The data are crucial for planning resources and in developing the national HIV prevalence estimate.

In Malawi, DHS has been conducted in 1992, 2000 and 2004. In addition, an interim Knowledge, Attitude and Practice Survey was conducted in 1996. The next DHS + is scheduled for 2009 and planning for it will commence in 2008. The DHS in 2004 had a sample size of 13,664 and included questions on HIV Behavior, HIV Knowledge as well as HIV testing. The findings from the latest survey were released in FY 2006 and will be compared to findings in FY 2009.

This activity is cost-shared with funding from USAID's Operational Plan.

Activity 1: DHS+ Survey

Funding in FY 2008 will be used to initiate the planning process for the second DHS+ in Malawi. USG and national counterparts will ensure that proper guidance is in place, budgets, schedules are managed and standard procedures are followed for training, implementation, analysis, dissemination, and further analyses. USG will partner with the National Statistics Office (NSO) to implement the survey. Preliminary meetings will be held with NSO and other partners to develop a work plan for administering the DHS.

New/Continuing Activity: Continuing Activity
Continuing Activity: 17772

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17772	11409.08	U.S. Agency for International Development	Macro International	7867	5672.08	DHS+/Macro Int CSH	$62,300

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: $4,472,800

Program Area Narrative:

Overview

Malawi's HIV/AIDS response continues to suffer from a severe crisis in the quantity, coverage and quality of its health-related workforce and institutions, which results in limited access and sustainability of prevention, care and treatment services. Broad-based health system strengthening and human resource (HR) inputs comprise a significant portion of the donor support through the Sector Wide Approach (SWAp) and Global Fund for AIDS, TB and Malaria (GFATM) grants. Nonetheless, SWAp partners, stakeholders and discrete partners alike have voiced major concerns over continuing weak leadership for systems strengthening and related policies which do not foster sustainability in human capacity development or commodity security. This situation is further complicated by recent decentralization efforts where power and decision making has nominally shifted to the Districts, while ultimate authority, as well as mechanisms for accessing funds, remain centralized. In addition, roadblocks exist for Central Medical Stores (CMS) reform including bottlenecks which force emergency procurements and result in costly overheads. Finally, the overall financial and program management capacity of local government assemblies and local organizations is still low, which limit the impact of indigenous efforts.

Previous USG Support

PEPFAR has previously supported the Government of Malawi (GOM) in providing technical assistance (TA) to build and strengthen systems and provide coordination capacity of the Ministry of Health (MOH) to effectively plan, manage, and implement HIV programs. PEPFAR resources were implemented largely through technical assistance (TA) provided to Malawi government institutions – this included funding TA (International consultants, Peace Corps Response Volunteers (PCRVs), Fellows, and implementing partners) who worked within ministries, National AIDS Commission (NAC) and CMS. PCRVs were placed in district assemblies throughout the country to support Malawi's HIV/AIDS efforts. The Ministry with overall authority for the districts is the Ministry of Local Government (MOLG). PCRVs support the HIV/AIDS Sector at the district level by strengthening the Office of the District AIDS Coordinator and the Office of Social Welfare, the latter being an office of the Ministry of Women and Child Development (MOWCD).

In addition, USG strengthened 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 implementing partners. USG and implementing partners play a key role in national technical working groups (TWGs) to develop national policies, guidelines, protocols, curricula and strategic plans around HIV-related interventions. At the national level, USG has actively participated in the management group of the HIV unit, a key decision making body which ensures the AIDS response is dynamic and responsive to the changing needs in Malawi. To address issues of stigma and discrimination which continue to hamper the response to HIV and AIDS in Malawi, USG with PEPFAR funding provided training to social and religious leaders on stigma and discrimination. A gender assessment conducted for the health portfolio at USAID in 2008 provided recommendations to reduce stigma and ensure gender is adequately and accurately considered across our programs.

FY09 USG Support

Many of the activities proposed to strengthen the health system fall under specific program areas (Laboratory infrastructure, ARV drugs, PMTCT) and are found under those areas of the COP. Only cross-cutting activities are described here. The broad approach of USG is to build upon prior years activities and continue to strengthen systems and foster greater integration of health care services (especially at the facility level). At the national level, FY09 funding will strengthen the capacity of the GOM to plan, manage and implement HIV programs through a stronger health workforce, improved institutions and systems, and greater transparency and accountability.

USG will approach two distinct aspects of the challenge; human capacity development (HCD) and systems strengthening; the latter an opportunity where PEPFAR and President's Malaria Initiative (PMI) have seamlessly merged common interests for the most effective outcome for USG inputs. While HCD is discussed at greater length in its own narrative, key to all of the programs is the emphasis on HR. The USG Malawi team will continue 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, and supporting HR Gap Analysis work with the MOWCD. In terms of strengthening the systems which support integration and sustainability in Malawi, USG activities fall under three broad areas:

- Supporting national procurement and logistics systems
- Increasing local capacity in essential management and supervision skills to create greater impact
- Fostering a policy environment that encourages sound leadership and governance in addressing road blocks to implementation through our partners and coordination with other key stakeholders.

i. Support to the national procurement and logistics systems

USG through PEPFAR will increase its funding of USAID/Deliver, a platform which has broad support from the GOM and other key stakeholders. The project's approach in working directly with, and co-located at, CMS, has been extremely successful in achieving buy-in and influencing decision making. It also provides USG with an essential perspective in meeting the needs of CMS as they face recapitalization into a Trust; a more transparent, semi-autonomous organizational framework. The Deliver platform is a wrap-around activity closely tied to other USG programs in family planning, maternal and child health and PMI.

While DFID and GFATM provide greater financing to CMS reform efforts, USG fills a recognized essential technical gap. Assessments of ARV integration (which now runs as a parallel system) and warehouse optimization from FY08 are now ready for implementation. These assessments will allow USG to prioritize funding needs to match our available budget in order to catalyze technical steps which must take place for the process as a whole to succeed. Specific activities in systems strengthening include: developing standardized ARV recording, reporting and transaction forms to collect information for program and planning purposes and harmonize reporting format and information with the national Logistics Management Information System (LMIS); installing Supply Chain Manager Software at the HIV/AIDS Unit, and working with MOH to determine re-supplies and monitoring the ARV stock status throughout the supply chain, and extending remote reporting beyond districts to the facility level through piloting a PDA or cell phone data collection mechanism for the routine reporting by health facilities (beginning with ART sites).

A complementary piece of the USG response will be through SPS (Strengthening Pharmaceutical Management) for strengthening the pharmaceutical management for HIV/AIDS commodities at facility level in line with MOH policy to integrate HIV/AIDS pharmaceuticals into the national's supply system and the rational use of ART drugs. SPS and USAID/Deliver now have joint work-plans which will ensure linkages are effective, eliminate duplication, and leverage the skills and abilities of each partner as well as PEPFAR funding. Deliver uses a "top-down" approach from CMS, while SPS uses a "bottom-up" approach from facilities.

Activities will focus on training service providers, developing Standard Operating Procedures (SOPs) and facilitating their implementation at the facility level, and introducing management information system tools. Training participants will be drawn from the zonal office, all government and Christian Health Association of Malawi (CHAM) facilities providing HIV/AIDS services, and the private sector through the Malawi Business Coalition for HIV/AIDS. Through a cooperative agreement with a local NGO, USG will develop and maintain existing partnerships with academia in Malawi and introduce medical informatics content into the pre-service curricula of health care professionals. In addition, TA will be provided to the MOH to review and update the dissemination of essential drugs lists and standard treatment guidelines.

In logistics management, PEPFAR will continue to wrap-around the PMI support to USAID/Deliver and SPS to strengthen CMS. These activities target the interface between CMS, Regional Medical Stores, and the district and community level health centers. USG support has strengthened logistical and informatics support and currently provides warehousing for USG malaria commodities for CMS.

ii. Increasing local capacity in essential management and supervision skills to create greater impact

PEPFAR support in this area is provided by Pact Malawi (Pact). Pact has global and local expertise in organizational development, financial management, and HIV/AIDS policy and technical areas, which it draws upon to provide TA and capacity building for its local partners in Malawi. Through workshops and work with individual grantees, Pact provides TA in program implementation, administration, governance, and resource mobilization. Through this mechanism and with support from other implementing partners, USG leads nation-wide institutional capacity building of small community-based organizations to increase grantees' effectiveness to achieve expanded, high quality services and strengthen financial management, strategic planning, and monitoring and reporting systems.

With FY09 funds, Pact will focus more resources on graduating sub-grantees to sustain the response even in the absence or decrease of USG funding. This effort of increasing sustainable local capacity is further supported by the efforts in HCD mentioned above, and in the HCD narrative.

With FY09 funds, USG partners Howard and BASICS will provide leadership training and development for clinical and laboratory staff. PCRVs will be placed in additional district assemblies. In addition, USG will continue to provide TA to national efforts in ART, HCT, PMTCT, and to overall HIV/AIDS coordination at the MOH and NAC.

FY09 PEPFAR funds will be used to launch a new OVC RFA that focuses on strengthening the media, national, regional, and local government bodies, non-government, faith-based, and community based organizations to run as independent entities utilizing evidence-based practices for interventions and best practices for organizational capacity.

In addition to organizational development issues, the chosen partner will provide TA and workshops related to technical considerations for HIV prevention in high risk populations and reducing stigma. Regular meetings for partners will be convened

so as to share data, formative research and evidence regarding effective HIV prevention interventions; discussing implications for prevention programming; and harmonizing HIV prevention messages (see sexual prevention narrative).

Additionally, Management Science for Health (MSH) will support the GOM 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. It is a wrap-around activity which will promote linkages between HIV/AIDS and Reproductive Health (RH). Activities are implemented through a TA who sits at and works directly with the MOH. Lack of supervision has contributed greatly to poor quality HIV service provision, and 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 the laboratory facilities.

iii. Fostering a policy environment that encourages sound leadership in addressing road blocks to implementation through our partners and coordination with other key stakeholders

USG works continuously to assure coordination with other stakeholder that encourages sound leadership and best use of resources. USG will continue to participate in the Malawi Global Fund Coordinating Committee (the CCM) to optimize use of GFATM resources, and influence national policy. USG also maintains leadership roles in the Health Donor Group (HDG) and the HIV/AIDS Development Partners Group (HADG). To secure new financing for Malawi, USG will continue to provide TA to the MOH to coordinate efforts for drafting and finalization of all GFATM proposals for HIV/AIDS for Rounds 10 and 11 during FY09.

Compact Funding Program Plans

GOM and PEPFAR have discussed a framework under which a new partnership agreement will be developed using FY08 and FY09 Compact funds. In September 2008, a Concept note was submitted to OGAC, and the country team was given approval to begin developing a partnership compact with the GOM. Strengthening health systems is a priority area under consideration.

USG, GOM, and partners agree that an effective supply chain management system in Malawi is a high priority because of the large investments in health commodities supported through our bilateral PEPFAR, PMI, contraceptive logistics resources and multilateral support through the GFATM. With additional resources, USG's strategy will be to address specific systems-wide reforms to aid Malawi in strengthening its national supply and distribution system and to ensure the development of in-country technical competency for procurement. We will also encourage Malawi to adopt the central procurement service through SCMS offered by the GFATM. Scale-up in FY09 will stress informatics, quality assurance and human capacity issues, which will build on the platforms currently supported by USAID/Deliver and SPS, and focus on intense supportive supervision and forecasting at the regional and central levels. There will also be an increased focus on maximizing investments made in HR reforms within the MOH and MOWCD by USG, DFID and UNICEF.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	12152.09	**Mechanism:**	COM GHAI
Prime Partner:	University of Malawi College of Medicine	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	29628.09	**Planned Funds:**	$175,000
Activity System ID:	29628		
Activity Narrative:			
New/Continuing Activity:	New Activity		
Continuing Activity:			

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	5667.09	**Mechanism:**	PSI CSH
Prime Partner:	Population Services International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	29647.09	**Planned Funds:**	$50,000

Activity System ID: 29647

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5662.09

Mechanism: JHCOM CSH

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29644.09

Planned Funds: $50,000

Activity System ID: 29644

Activity Narrative:

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9301.09

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 15434.21402.09

Planned Funds: $281,640

Activity System ID: 21402

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 with-in 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15434

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15434	15434.08	Peace Corps	US Peace Corps	7140	3896.08	Peace Corps GHAI	$236,672

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5666.09
Mechanism: PACT CSH
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 10363.21342.09
Planned Funds: $400,860
Activity System ID: 21342

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17394

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17394	10363.08	U.S. Agency for International Development	Pact, Inc.	7742	5666.08	PACT CSH	$425,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $62,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5665.09
Mechanism: PACT GHAI
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 17445.21343.09
Planned Funds: $198,000
Activity System ID: 21343

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17445

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17445	17445.08	U.S. Agency for International Development	Pact, Inc.	7764	5665.08	PACT GHAI	$198,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$198,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3899.09
Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 6174.21354.09
Planned Funds: $100,000
Activity System ID: 21354

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 benifits 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,

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15440

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15440	6174.08	HHS/Health Resources Services Administration	University of Washington	7141	3899.08	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

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3899.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 16529.21355.09

Planned Funds: $100,000

Activity System ID: 21355

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

Summary

This activity is funded through an IAA to CDC from USAID Child Survial 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 careers.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16529

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16529	16529.08	HHS/Health Resources Services Administration	University of Washington	7141	3899.08	I-TECH	$100,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	7564.09	**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:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	11290.21348.09	**Planned Funds:**	$400,000
Activity System ID:	21348		

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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 with 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 or ART, HIV Testing, PMTCT and other prevention activities such as

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17764

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17764	11290.08	U.S. Agency for International Development	Partnership for Child HealthCare Inc.	7865	7564.08	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

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3886.09

Mechanism: CDC Base/Gap

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 27147.09

Planned Funds: $119,705

Activity System ID: 27147

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

Activity Narrative: 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.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7874.09

Mechanism: MSH TASC III

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17791.21328.09

Planned Funds: $125,000

Activity System ID: 21328

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17791

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17791	17791.08	U.S. Agency for International Development	Management Sciences for Health	7874	7874.08	MSH TASC III	$250,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10299.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23840.09

Planned Funds: [redacted]

Activity System ID: 23840

Activity Narrative: Continuing Activity - TBD MSH SPS Strengthening the health system Compact All Goals

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9611.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 22268.09 **Planned Funds:** [redacted]

Activity System ID: 22268

Activity Narrative: Continuing Activity - University of Malawi (College Of Medicine)

Compact goal 4

Summary

This includes USG-supported activity through CDC's Sustainable Management Development Program (SMDP) will be implemented through the College of Medicine in 2009

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10299.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 23853.09 **Planned Funds:** [redacted]

Activity System ID: 23853

Activity Narrative: Continuing Activity - Pact - Strengthening the Health system Compact All Goals

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9297.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** Peace Corps

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 21391.09 **Planned Funds:** [redacted]

Activity System ID: 21391

Activity Narrative: Continuing Activity -

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10299.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23824.09

Planned Funds: [redacted]

Activity System ID: 23824

Activity Narrative: Continuing Activity - BASICS TO2 Strengthening the health system Compact All Goals

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5662.09

Mechanism: JHCOM CSH

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 6002.24042.09

Planned Funds: $0

Activity System ID: 24042

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17149

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17149	6002.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7668	5662.08	JHCOM	$99,872
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

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10299.09 **Mechanism:** FY09 Compact

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 23848.09 **Planned Funds:** [redacted]

Activity System ID: 23848

Activity Narrative: Continuing Activity - JSI Strengthening the health system, supply chain management. Compact All Goals

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5674.09 **Mechanism:** USAID CSH

Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 26271.09 **Planned Funds:** $28,593

Activity System ID: 26271

Activity Narrative: NOTICE - Per the recommendation from OGAC that Malawi as an FY2008 Compact Country, submit a mini -COP (i.e. program area level narratives only), this activity level narrative has not been updated prior to the submission of the FY09 Full COP. The Malawi country team anticipates updating narratives upon completion and final approval of the negotiated 5-year Compact between the United States Government and the Government of Malawi.

HIV/AIDS Specialist - generalist

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: $4,589,433

Program Area Narrative:

i. Interagency Processes

FY08 was the fourth consecutive year in which the interagency HIV/AIDS Coordinating Team (HCT) for PEPFAR in Malawi had staff changes. However, these were positive changes which led to a full complement of staff for the first time since the Country team was established. This team has spent much of the past six months developing the direction and possible content of the new Compact to be negotiated with the Government of Malawi (GOM) following submission of the FY09 COP.

The first Staffing for Results exercise was held in May 2007, and was used to design the current team framework. The HCT received support from the Heads of Agencies resulting in the recruitment of additional PEPFAR staff for CDC and USAID. In October 2008, the HCT said farewell to Ambassador Alan Eastham and welcomed new leadership at post under Ambassador Peter Bodde, who promised to remain a strong advocate for the program.

The HCT continues to meet weekly to facilitate PEPFAR's design, implementation, monitoring, and evaluation. The HCT is chaired by Malawi's PEPFAR Country Coordinator and includes representatives from USAID, CDC, DOD, Peace Corps, and the State Department.

Specific recommendations and comments on best practices for interagency coordination:

Country teams have been asked to comment on best practices of interagency coordination and provide feedback for the transitional teams for the incoming administrations. Below is a list of suggestions from the Malawi country team:

1. Leadership at the level of the USAID Mission Director, and the HHS/CDC Chief of Party, who show a commitment to the interagency implementation of PEPFAR is crucial. This sets the stage for whether their subordinates will strive to make interagency relationships work, or will sabotage the process. Selection of CDC Chiefs of Party in particular, a critical position because they are members of both the Ambassadors country team and the PEPFAR country team, can make or break a PEPFAR team. At both USAID and CDC, great management and people skills enhance the great technical skills Heads of Agencies bring to post.

2. A USAID health team leader who has oversight of the entire health portfolio, if they have sufficient staff, can lead to a highly effective and successful interagency experience. While it may seem counterintuitive to have one individual administer PEPFAR, PMI, Maternal and Child Health etc, it provides a superb opportunity for cross fertilization, shared platforms for integrated program implementation, seamless weaving of PEPFAR and PMI and good multi-sectoral opportunities for PEPFAR.

3. Equal playing fields where all team members are respected, valued, and have a voice at the table. Interagency relationships suffer when there are several layers of hierarchy, and teams appear to have numerous tiers of authority that dis-empower members. Within Agencies, clear lines of authority are important and must be respected, but any country team which dictates for example, that a junior officer cannot speak to the PEPFAR Coordinator directly, is a team that is symptomatic of greater problems.

4. Inclusiveness is critical. However implementation by consensus can be debilitating and a balance must be sought and maintained.

5. Transparency is critical and effective communication is crucial to the inter-agency process. PEPFAR is a unique experience and even when information on a need-to-know basis may make sense, it is better to choose to share all the information available, within reason. Good judgment must prevail.

6. Clear understanding and buy-in into the mission makes a huge difference. Does the team understand why they are here? Do people get that saving lives, building sustainability, and host country capacity matter the most? When this is clear, the interagency process works better and is likely to succeed.

7. Coordination. Without coordination the interagency process will not survive.

8. Small teams and responsive budgets. Without a doubt as a team grows in size, the interagency process disintegrates. Similarly as a teams budget grows, so too does misplacement of the goals of the mission. Finding a good balance between the needs of a host country, and the mission footprint needed to deliver on those needs warrants attention.

9. Teams succeed when they are provided with support. PEPFAR in Malawi intends to bring to the field, training and coaching opportunities to build leadership among USG staff, teach the art of negotiation, and teach effective ways of reaching agreement and how to find common ground. This was identified as a need when we recognized that folks were sent into the field meeting technical competencies, yet often totally unprepared to effectively function in an interagency environment, or in a different cultural context. We hope to use these exercises to assist staff to find a balance between avoidance and aggressive stances, how to deal with conflict, acquire team building skills and lasting leadership skills.

10. Teams succeed when members are self aware. It is helpful when frustrations of communication, supervision, management are heard and effective solutions found. “Who does what?” and “Who makes which decisions?” must be clarified. An opportunity to do a 360 evaluation and enhance self-awareness is one that can help teams manage the interagency process well, and provide lifelong skills beyond their PEPFAR experience.

11. USG Malawi has a policy for hiring new PEPFAR staff for the country team that requires all Agencies to use an interagency hiring panel. Implementation of this policy has been an overwhelmingly positive move by the HCT which has helped create a cohesive and complementary team on the ground and improved the “fit” of the team.

12. Staff who believe it is an honor to work for the US Government in the service of this mission to the host country, which is PEPFAR.

ii. Previous Staffing Considerations Prior to FY09 COP Development

In the FY08 COP and subsequent reprogramming exercises, USG Malawi received funding to fill two previously approved positions. HHS/CDC requested funding for an FTE Lab Advisor and is currently recruiting for this position. In FY09, CDC will request 3 new LES positions for program management support for data, cooperative agreements and for administrative support. USAID/Malawi received funding to recruit a Senior HIV/AIDS Prevention Advisor PSC which remains open at this time. In FY09, USAID will request an LES Acquisitions and Assistance Specialist position. In FY08, State Department and Peace Corps sought part-time program assistant positions. Peace Corps has since filled the position, while State continues to recruit. In FY09, Peace Corps is requesting two new positions. A Financial Analyst/Logistician, and a TA for the Ministry of Local Government (MOLG) to be hired by Peace Corps and seconded to the MOLG.

As in several Other Bilateral Countries, Malawi is currently over the recommended 7% earmark for management and staffing (M&S). Currently our appropriations for the COP and Compact are planned at approximately 11 percent.

iii. Staffing For Results

In August of 2008, the HCT had its second staffing for results retreat. The team continues to jointly plan, implement, and evaluate 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. In 2008, we had our first interagency portfolio review and more interagency site visits are planned for FY09.

Malawi’s footprint supports the priorities the HCT identified for the FY08 Compact, and into the next phase of PEPFAR. The team maintains the previously identified priorities, and leadership continues to be co-chaired (see uploaded functional staffing chart). The following priorities remain:

1). Integrated Care and Treatment Technical Working Group

2). Prevention Technical Working Group

3). PMTCT and Pediatric Aids Technical Working Group

4). Strengthening Health Systems

5). Strategic Information Technical Working Group

The HCT continues to acknowledge the following 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 HMIS).

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 as 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, with 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 for AIDS, TB and Malaria (GFATM), 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 GFATM 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 GFATM in FY09 and beyond.

iv. Staffing for Results Benchmarks and Deliverables for FY09

In FY09, the USG team will seek to recruit and fill 3 vacant technical positions and 6 new 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, and use of regional platforms.

In FY09, Malawi is looking to deepen its use of staffing for results. We plan to be more effective in communicating with the broader team such that any CDC or USAID staff person engaged in a host country TWG can represent the USG, and not just their agency, thus negating the need for a presence from each agency because the trust level is high enough.

v. Staffing Analysis Tools

A functional staffing chart is uploaded. Agency Management Charts for US Peace Corps, USAID – HPN only, and CDC. The staffing database has also been updated and submitted to OGAC.

vi. The Vision for SFR by the Country Team

The staffing database captures the manner in which USG Malawi has put in place the ideal mix of staffing skill sets to maximize success and deliver on the new Compact. We have included information on all staffing needs. PEPFAR Malawi continues to suffer from the health worker crisis in Malawi with few LES staff in technical, management, and leadership positions. This is a strong priority and one we intend to focus on as we implement the FY09 COP, and prepare for the Compact years.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID:	10299.09	**Mechanism:**	FY09 Compact
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Management and Staffing
Budget Code:	HVMS	**Program Budget Code:**	19
Activity ID:	26299.09	**Planned Funds:**	[redacted]
Activity System ID:	26299		
Activity Narrative:	New Activity Acquistions and assistance position; M&S for FMO		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 29008.09
Planned Funds: [redacted]
Activity System ID: 29008
Activity Narrative: UPDATED FOR FY09 - All pre-Compact Management and Staffing Narratives have been updated for FY09

The PEPFAR Coordinator for USG Malawi continues to serve as Principal Policy and Management Advisor to the Ambassador and DCM for PEPFAR, is a liaison to the Office of the Global AIDS Coordinator, and works with the USG team in executing PEPFAR programming 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.

In FY08, a new PSC mechanism was established at USAID to hire the current Coordinator. The Coordinator was then seconded to State and the contract reflects supervision under the Ambassador/DCM. The Coordinator does not require housing nor a Cost of Living Adjustment hence the current contract is budgeted at $150,000.

In FY09, USG Malawi will program $250,000 additional compact resources, for a PSC contract for the succeeding Coordinator to be hired by July 2010 for the State Department through a PSC contract with USAID.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 23858.09
Planned Funds: [redacted]
Activity System ID: 23858
Activity Narrative: UPDATED FOR FY09 - Continuing Activity - 2010 Funds to hire a new PEPFAR Coordinator to replace current Coordinator whose contract will end in September 2010

Compact All Goals

The PEPFAR Coordinator for USG Malawi continues to serve as Principal Policy and Management Advisor to the Ambassador and DCM for PEPFAR, is a liaison to the Office of the Global AIDS Coordinator, and works with the USG team in executing PEPFAR programming 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.

In FY08, a new PSC mechanism was established at USAID to hire the current Coordinator. The Coordinator was then seconded to State and the contract reflects supervision under the Ambassador/DCM. The Coordinator does not require housing nor a Cost of Living Adjustment hence the current contract is budgeted at $150,000.

In FY09, USG Malawi will program $250,000 additional compact resources, for a PSC contract for the succeeding Coordinator to be hired by July 2010 for the State Department through a PSC contract with USAID.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10299.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 23859.09
Planned Funds: [redacted]
Activity System ID: 23859
Activity Narrative: UPDATED FOR FY09 - New Activity - Leadership Training Course
Compact All Goals

If approved under the Compact, USG Malawi will bring training and coaching opportunities to the field to build leadership among USG staff, teach the art of negotiation, and teach effective ways of reaching agreement and how to find common ground. This was identified as a need when we recognized that folks were sent into the field meeting technical competencies, yet often totally unprepared to effectively function in an interagency environment, or in a different cultural context. We hope to use these exercises to assist staff find a balance between avoidance and aggressive stances, how to deal with conflict, acquire team building and leadership skills.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3895.09
Mechanism: PEPFAR Coordination at State
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 Budget Code: 19
Activity ID: 21412.09
Planned Funds: $140,000
Activity System ID: 21412

Activity Narrative: UPDATED FOR FY09 - All pre-Compact Management and Staffing Narratives have been updated for FY09

PEPFAR Coordination at State

The PEPFAR Coordinator for USG Malawi continues to serve as principal policy and management advisor to the Ambassador and DCM regarding PEPFAR, is a liaison to OGAC, and works with the USG team in executing PEPFAR programming for Malawi. The Coordinator, under the direction of the Ambassador and DCM, provides leadership to the country team, the HCT, and administers the Ambassador's Small Grants Fund for HIV/AIDS.

In 2009, USG Malawi has programmed $140,000 of FY09 funds through State for management and staffing costs associated with the broader US mission.

In FY08, PEPFAR/Malawi was able to convert the mechanism for hiring the PEPFAR Country Coordinator from an EFM mechanism to a PSC mechanism through USAID. Using a headquarter generated cable to USAID contracting offices, the Coordinator is now hired through USAID and detailed to the State Department with supervision under the DCM/Ambassador.

This change has made it possible to hire a PEPFAR program assistant for the Coordinator using the EFM mechanism. State is in the process of hiring this part-time position.

This PEPFAR assistant's primary responsibility will be to oversee the Ambassadors Small Grant Fund (ASGF) under the supervision of the Country Coordinator, and provide management assistance to the coordination office of PEPFAR administered by the Department of State in Malawi. The incumbent will be directly responsible for overseeing the ASGF through PEPFAR, which amounts to approximately $90,000 annually. The PEPFAR Program Assistant will make strategic recommendations to the PEPFAR Coordinator on budget allocations and will ensure that the State program continues to support OGAC and PEPFAR Five-year global and country-level strategies. The incumbent will be supervised by the PEPFAR Coordinator. The position is being advertised as a one-year contract with the possibility of extension, based on funding availability. $30,000 - $50,000 is required for this part-time position.

M&S costs are inclusive of specific equipment (laptop computer and mobile printer) for all PEPFAR coordination activities. Costs for travel for the Coordinator to the implementers meeting, the PEPFAR Coordinators meeting, the Southern Africa Cluster Countries Global Fund meeting, and all communications are included. Costs for the PEPFAR assistant salary and benefits and in-country travel, and travel for the Ambassador to the implementers meeting are also included.

In FY09, PEPFAR/Malawi will program funds to State to support all host country nationals to travel to the 2009 Implementers meeting and costs to manage the Ambassadors small grants fund which will be implemented from State for the first time.

Program funds of $15,000 will be provided to the State Department for the sum of one LES FTE

Taxes in FY09 for PEPFAR coordination will be $700.00

There are no new positions requested at State

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 9611.09

Mechanism: FY09 Compact

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 22265.09

Planned Funds: [redacted]

Activity System ID: 22265

Activity Narrative: UPDATED FOR FY09 - Continuing Activity - CDC M&S

This activity is split funded with activity #21376

This narrative describes the CDC Malawi M&S needs for both GHAI and the Global AIDS Program (GAP) funds. The CDC Malawi M&S budget, including GHAI and GAP funding, has been vetted through the interagency decision making process and agreed to as presented in the FY09 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&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&S plan for the HHS/CDC office in Malawi is designed to have sufficient staff during the FY09 period and beyond, to provide appropriate technical and programmatic oversight and assistance to all implementing partners in Malawi. The CDC M&S budget in FY09 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 currently has nine 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 2009.

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 18 positions in FY09. This is an increase of one previously approved technical position (Laboratory Advisor), and 3 new LES administrative positions (Program Management Assistant, Cooperative Agreements Manager and Data Manager) over the previous year. If funding is available, we plan to be able to fill these positions in FY09.

The FY09 COP, HHS/CDC staffing plan includes 5 USDH that are comprised of the Chief of Party, Deputy Director, Medical Officer, and Epidemiologist. The Laboratory Advisor was planned for in FY 2007. However limits in our budget did not permit the addition of this staff member. This position is currently being recruited for with approved funding made available from reprogramming FY08 Compact resources. The current HHS/CDC staffing plan also includes two PSC positions; a Monitoring and Evaluation Officer and a Counseling and Testing Advisor (both are PS contracts through CDC). Additionally we have eight FSNs which include a Program Management Officer, an Administrative Officer, 2 IT support staff, 3 drivers and 1 custodian.

M&S costs are inclusive of rent for offices, utilities, office operational costs, M&S specific equipment, travel for M&S staff, training for M&S staff, residential leases and post allowance for the 5 USDH and 2 PSC M&S positions, and increased communications costs related to enhancement of office communications and connectivity. This FY09 COP submission does not include HQ TA support in keeping with FY09 COP guidance that this will be funded through the Headquarters Operational Plan process.

ICASS charges of $400,000 and CSCS charges $200,000 are budgeted separately in their own activities with the prime partner listed as State as required by FY09 COP guidance.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 9300.09
Mechanism: FY09 Compact
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 25118.09
Planned Funds: [redacted]
Activity System ID: 25118

Activity Narrative: UPDATED FOR FY09

New Activity

The entire Department of Defense (DoD) program at post, of which PEPFAR is 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 out of the ODC office (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).

Compact Funding Program Plans

With a growing military health and HIV/AIDS program, there will be larger management needs for the PEPFAR DoD program that will require additional funding.
Prior to FY09, there has been no direct budget for his training and travel for site visits. FY09 funding will provide opportunities for the FSN to attend training with a neighboring Department of HIV and AIDS Prevention Program (DHAPP) Program Manager, as well as to attend relevant training for Program Managers in the US. FY09 funding will also be used to send MDF personnel to military HIV conferences such as (but not specifically) the Military Prevention Conference in Gaborone, Botswana. DoD is requesting $20,000 in Compact resources for these activities.

NOTE: The planned partner for this activity is the Department of State. Following negotiations of the Compact, should this be approved, funds will be programmed directly to the Department of State to support this activity on behalf of DOD

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 9301.09
Mechanism: Peace Corps
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 15435.21403.09
Planned Funds: $78,060
Activity System ID: 21403

Activity Narrative: UPDATED FOR FY09 - All pre-Compact Management and Staffing Narratives have been updated for FY09

Peace Corps/Malawi plans continued support for its PEPFAR Coordinator/HIV Specialist position. The Peace Corps PEPFAR Coordinator (PCPC) was hired in FY06 to provide overall management and direction to Peace Corps/Malawi's PEPFAR program, as well as provide support to all Peace Corps Volunteers (PCVs)/
Peace Corps Response Volunteers (PCRVs) (formerly Crisis Corps Volunteers) engaged in HIV/AIDS activities. Management and Staffing costs are requested to fund this position in FY09 for a Malawian national.

The PCPC provides technical and programmatic support for all HIV/AIDS activities carried out by the 120 PCVs and PCRVs in Malawi. Among other activities, the PCPC will continue to coordinate all PEPFAR monitoring and reporting by volunteers, oversee the activities of the fifteen, twelve-month PEPFAR-funded PCRVs, and provide training for PCVs, PCRVs and local counterparts in all HIV/AIDS-related activities, including program areas that are receiving PEPFAR funds (HVAB, HBHC, OHPS) and those with no direct PEPFAR funding (HKID, PMTCT, HVCT, HVOP).

As PEPFAR-funded activities become more integrated within all sectors of Peace Corps (health, education, and community natural resources management), the PCPC will continue to promote involvement of other Peace Corps/Malawi staff members in the planning and implementation of PEPFAR-funded activities as well as other implementing partners (international and local NGOs and the Government of Malawi (GOM)).

Administrative costs for the staff and program (i.e. communication costs, equipment, supplies, etc) are also requested to continue to support the PEPFAR program. Peace Corps/Malawi also plans on developing an attractive high quality presentation tool to provide for stakeholders and partners and for other appropriate organizations.

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 will continue to support two sub-regional staff exchanges, enabling staff members 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.

PEPFAR funds are requested to continue support for the full-time program assistant, driver and vehicle maintenance costs that were introduced in FY08. Peace Corps/Malawi plans to send the PCPC to the 2009 Implementers Meeting.

Finally, the M&S budget includes an additional 15% charged from each technical program area (see M&S budget table), to cover ICASS-type costs and other Peace Corps overhead costs necessary to support the implementation of the field program (see Management and Staffing budget table). These funds do not go to the Department of State and are therefore not entered as a separate line entry in the COP.

Compact Funding Program Plans

Peace Corps/Malawi intends to expand its decentralization project as part of the new Compact in development with the GOM. A program evaluation using FY08 funding is planned, and this evaluation will inform the expansion of PCRVs into all 28 districts. In order to adequately support the expanding program, Peace Corps/Malawi is requesting FY09 funds to hire a full time financial analyst/logistician and a Malawian Capacity Building Technical Assistant (who will sit in the Ministry of Local Government, program area OPSS) as part of a new sustainability plan.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15435

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15435	15435.08	Peace Corps	US Peace Corps	7140	3896.08	Peace Corps GHAI	$133,328

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3886.09

Mechanism: CDC Base/Gap

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 Budget Code: 19

Activity ID: 10738.21376.09 **Planned Funds:** $1,410,178

Activity System ID: 21376

Activity Narrative: UPDATED FOR FY09 - All pre-Compact Management and Staffing Narratives have been updated for FY09

This activity is split funded with activity #22265

This narrative describes the CDC Malawi M&S needs for both GHAI and the Global AIDS Program (GAP) funds. The CDC Malawi M&S budget, including GHAI and GAP funding, has been vetted through the interagency decision making process and agreed to as presented in the FY09 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&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&S plan for the HHS/CDC office in Malawi is designed to have sufficient staff during the FY09 period and beyond, to provide appropriate technical and programmatic oversight and assistance to all implementing partners in Malawi. The CDC M&S budget in FY09 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 currently has nine 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 2009.

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 18 positions in FY09. This is an increase of one previously approved technical position (Laboratory Advisor), and 3 new LES administrative positions (Program Management Assistant, Cooperative Agreements Manager and Data Manager) over the previous year. If funding is available, we plan to be able to fill these positions in FY09.

The FY09 COP, HHS/CDC staffing plan includes 5 USDH that are comprised of the Chief of Party, Deputy Director, Medical Officer, and Epidemiologist. The Laboratory Advisor was planned for in FY 2007. However limits in our budget did not permit the addition of this staff member. This position is currently being recruited for with approved funding made available from reprogramming FY08 Compact resources. The current HHS/CDC staffing plan also includes two PSC positions; a Monitoring and Evaluation Officer and a Counseling and Testing Advisor (both are PS contracts through CDC). Additionally we have eight FSNs which include a Program Management Officer, an Administrative Officer, 2 IT support staff, 3 drivers and 1 custodian.

M&S costs are inclusive of rent for offices, utilities, office operational costs, M&S specific equipment, travel for M&S staff, training for M&S staff, residential leases and post allowance for the 5 USDH and 2 PSC M&S positions, and increased communications costs related to enhancement of office communications and connectivity. This FY09 COP submission does not include HQ TA support in keeping with FY09 COP guidance that this will be funded through the Headquarters Operational Plan process.

ICASS charges of $400,000 and CSCS charges $200,000 are budgeted separately in their own activities with the prime partner listed as State as required by FY09 COP guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14361

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14361	10738.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6797	3886.08	CDC Base	$987,739
10738	10738.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5365	3886.07	CDC Base	$35,699

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 6789.09 **Mechanism:** HHS/CDC ICASS

Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Budget Code:** 19

Activity ID: 14349.21377.09 **Planned Funds:** $400,000

Activity System ID: 21377

Activity Narrative: UPDATED FOR FY09 - All pre-Compact Management and Staffing Narratives have been updated for FY09

ICASS costs for FY09 are estimated at $400,000 and include services for our 5 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14349

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14349	14349.08	HHS/Centers for Disease Control & Prevention	US Department of State	6789	6789.08	HHS/CDC ICASS	$366,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 6790.09 **Mechanism:** HHS/CDC CSCS

Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Budget Code:** 19

Activity ID: 14350.21378.09 **Planned Funds:** $200,000

Activity System ID: 21378

Activity Narrative: UPDATED FOR FY09 - All pre-Compact Management and Staffing Narratives have been updated for FY09

ICASS costs for FY09 are estimated at $200,000. This is based on desk space for 13 persons in Lilongwe and is in concurrence with the State Post Personnel System.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14350

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14350	14350.08	HHS/Centers for Disease Control & Prevention	US Department of State	6790	6790.08	HHS/CDC CSCS	$178,525

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7871.09 **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 Budget Code: 19

Activity ID: 17783.21379.09

Planned Funds: $101,575

Activity System ID: 21379

Activity Narrative: UPDATED FOR FY09 - All pre-Compact Management and Staffing Narratives have been updated for FY09

ICASS costs for FY09 are estimated at $101,575. USAID subscribes to the following ICASS services; Basic Package, Health Services, Security Services, Community Liaison Office, Information Management (.3 modification) and Locally Employed Staff Personnel (.3 modification). Motor pool services are provided through an ICASS Alternate Service Provider, (USAID), and PEPFAR funds a portion of the Program ASP invoice captured under Management and Staffing costs. USAID continues to work closely with CDC/HHS and State to combine services to improve efficiencies and lower the overall costs to our agency and the Mission at large.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17783

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17783	17783.08	U.S. Agency for International Development	US Department of State	7871	7871.08	USAID ICASS	$103,227

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5674.09

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 Budget Code: 19

Activity ID: 6021.21361.09

Planned Funds: $1,279,387

Activity System ID: 21361

Activity Narrative: UPDATED FOR FY09 - All pre-Compact Management and Staffing Narratives have been updated for FY09

This narrative describes USAID's M&S request for FY09. The USAID Malawi M&S budget has been vetted through the interagency decision making process and agreed to as presented in the 2009 COP submission.

The USAID HIV/AIDS team brings broad skills in HIV/AIDS programming to the USG Malawi program. The USAID team has expertise over technical areas of 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 team has put in place an excellent staffing pattern that allows us to engage at most technical and programmatic levels. The staffing pattern is almost at capacity for the 25 million dollar level; currently, USAID is proposing the addition of an Acquisition and Assistance Specialist to assist the team as acquisition and assistance responsibilities are growing. This position is currently requested to be funded with Compact resources.

The HIV/AIDS Team within the USAID/Malawi Health Office will have 12 members and the Team Leader position in FY09. In addition, PEPFAR will fund a financial management position share 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 support PEPFAR such as the Health Team Leader, Mission Controller, Executive Officer, Contracting Officer and Mission Director, and a share of the OE-funded staff from these offices.

The USAID core HIV Team currently consists of a USDH Health Team Leader, a Senior HIV Advisor and Program Manager (Global Health Fellows), a USPSC Strategic Information Advisor, a TCNPSC Community Care Advisor, an FSN Nutrition Advisor, two FSN HIV/AIDS Specialists, and two support staff. Under recruitment is a PSC Senior Prevention Advisor. The PEPFAR Coordinator is hired under USAID but per the global MOU, is seconded back to the State Department. The Team Leader spends 60% of her time providing support to PEPFAR, as well as oversight of all other Health programs including donor relations such as the Global Fund, the Millennium Challenge Account, and participating in donor coordination groups. All members work under the authority 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. No assumptions for large scale country budget growth have been made in the current M&S plan. Should additional funding be made available, the USG team will consider its staffing patterns anew. USAID does not foresee a complimentary need for whole sale staffing increase. The Team is right sized and has a good absorptive capacity to successfully mange any potential new resources.

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, with the exception of OE costs. Costs captured here are salary and benefits for non program specific staff, local costs (housing, residence utilities, maintenance and guard services, education allowances and travel and entitlement transportation) for the PSCs and Fellows, office supplies, rent and utilities, warehouse rent and utilities, Mission cross cutting support staff, motor pool, 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 for ICASS as required by the FY09 COP 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17779

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17779	6021.08	U.S. Agency for International Development	US Agency for International Development	7868	5674.08	USAID CSH	$1,493,057
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 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5674.09
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 Budget Code: 19
Activity ID: 17780.21362.09
Planned Funds: $76,791
Activity System ID: 21362
Activity Narrative: UPDATED FOR FY09 - All pre-Compact Management and Staffing Narratives have been updated for FY09

IRM tax for USAID is calculated at $76,791 USD for the HIV/AIDS Team in FY09.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17780

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17780	17780.08	U.S. Agency for International Development	US Agency for International Development	7868	5674.08	USAID CSH	$41,405

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?				
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	**X**	**Yes**		**No**
If yes, Will HIV testing be included?	X	Yes		No
When will preliminary data be available?			2/26/2010	
Is a Health Facility Survey planned for fiscal year 2009?		**Yes**	**X**	**No**
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2009?	**X**	**Yes**		**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			2/26/2010	
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 2009?		**Yes**	**X**	**No**

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
8. Malawi FY09 Staffing Analysis.doc	application/msword	11/13/2008	Management Charts - PEPFAR and all Agencies	Staffing Analysis	MYilla
2. Malawi FY09 - Budgetary Requirements Worksheet (updated for VCT policy change).xls	application/vnd.ms-excel	11/13/2008	Budget Requirement Worksheet	Budgetary Requirements Worksheet*	MYilla
9a. Malawi FY09 Public Private Partnerships Table.xls	application/vnd.ms-excel	11/13/2008	PPP Supplement	PPP Supplement	MYilla
4. Malawi FY09 Health Care Worker Salary Support Report.xls	application/vnd.ms-excel	11/13/2008	HCD table	Health Care Worker Salary Report	MYilla
3. Malawi FY09 FY09 HCD Program Area Narrative.doc	application/msword	11/13/2008	Human Resources for Health Narrative	HRH Program Area Narrative*	MYilla
9. Malawi FY09 PPP Program Area Narrative.doc	application/msword	11/13/2008	PPP Narrative	PPP Supplement	MYilla
8b. Staffing Analysis Malawi FY09 USG Partner Management.xls	application/vnd.ms-excel	11/13/2008	Malawi Point of Contact list	Staffing Analysis	MYilla
7. Malawi FY09 Management and Staffing Budget Table.xls	application/vnd.ms-excel	11/13/2008	M&S for USAID, HHS/CDC, Peace Corps and Dept. of State	Management and Staffing Budget Table	MYilla
6. Malawi FY09 Global Fund Supplemental.doc	application/msword	11/13/2008	Global Fund Summary	Global Fund Supplemental	MYilla
10. Malawi FY09 Single Partner Funding Justification.doc	application/msword	11/13/2008	Pact justification	Single Partner Funding	MYilla
5. Malawi FY09 Gender Program Area Narrative.doc	application/msword	11/13/2008	Gender narrative	Gender Program Area Narrative*	MYilla
1. Malawi FY09 Congressional Notification.doc	application/msword	11/13/2008	Congressional Notification for Malawi	Executive Summary	MYilla
Malawi Compact Concept Note Review Summary.doc	application/msword	11/14/2008	Review of Malawi FY08 Compact Concept Note	Other	MYilla
Malawi FY09 COP Ambassador Letter.pdf	application/pdf	11/14/2008	Ambassador Bodde letter to Ambassador Dybul	Ambassador Letter	MYilla
09-15-2008 FY2008 Malawi Compact Concept Note.doc	application/msword	11/14/2008	Malawi FY08 Compact Concept Note	Other	MYilla
Malawi Summary Targets and Explanations Table - 11-20-2008.xls	application/vnd.ms-excel	11/20/2008	Target FY 2009 and FY 2010 non-focus country spreadsheet. COP Cleaned	Summary Targets and Explanation of Target Calculations	MYilla