



**COMMUNITY REACH HIV AND AIDS
RAPID RESPONSE MECHANISM
MALAWI ASSOCIATE AWARD #690-A-07-00004-00**

**ANNUAL REPORT
1ST OCTOBER 2008 TO 30TH SEPTEMBER 2009**



*Elderly volunteers are honored at a presentation by Ekwendeni Hospital, Showcasing “gogo initiative”
(grandparent initiative) on PMTCT
(Photo by Abra Pollock)*



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Abbreviations and Acronyms

APCA	African Palliative Care Association
APS	Annual program statement
ART	Antiretroviral therapy
CABUNGO	Capacity Building NGO
CBDA	Community Based Distribution Agents
CBO	Community based organization
CCC	Christian Community Church
COP	Country operational plan
CoP	Chief of party
COPRED	Community Partnership for Relief and Development
COVISODE	Common Vision for Social Development
DBS	Dry Blood Spot
DHO	District Health Office
DQA	Data quality assessment
FBO	Faith based organization
HBC	Home-based care
HRM	Human Resource and Management
HTC	HIV testing and counseling
INGO	International non-governmental organization
ISP	Institutional strengthening plan
ISPE	In-School Peer Educators
MACRO	Malawi AIDS Counseling and Resource Organization
MAICC	Mponela AIDS Information Counseling Center
MBCA	Malawi Business Coalition against HIV and AIDS
MCH	Maternal and child health
MER	Monitoring, evaluation, and reporting
MIAA	Malawi Interfaith AIDS Association
MOH	Ministry of Health
MPCBE	Multi-partner capacity building event
NACC	Namwera AIDS Coordinating Committee
NASO	Nkhotakota AIDS Support Organization
NGO	Non-governmental organization
NMCM	Nurses and Midwives Council of Malawi
OCA	Organizational capacity assessment
OSPE	Out-of-school Peer Educators
OVC	Orphans and vulnerable children
PACAM	Palliative Care Association of Malawi
PEPFAR	President's Emergency Plan for AIDS Relief
PIH	Partners in Hope
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission of HIV
REACH	Rapid and Effective Action Combating HIV/AIDS
RRM	Rapid response mechanism
SWAM	Society of Women and AIDS in Malawi
SAT	Southern African AIDS Trust
TWG	Technical working group
USAID	United States Agency for International Development
USG	United States Government

1. BACKGROUND OF ORGANIZATION AND PROGRAM

Since 2007, Pact Malawi, has been implementing a rapid response mechanism for HIV and AIDS in Malawi, which is supported by the US President's Emergency Plan through USAID/Malawi. The program is part of Pact's global Community REACH Leader with Association Award, with the goal of empowering local organizations in order to attain sustainable development. This is achieved by offering competitive grant awards and comprehensive technical and organizational capacity building assistance to Malawian NGOs, CBOs, and FBOs to support best practices and innovative approaches to community-based HIV and AIDS prevention, care, and support activities. This complements Government of Malawi and US Government efforts in responding to the following seven priority areas as stipulated in National Action Framework:

- Prevention and Behavior Change
- Treatment, Care and Support
- Impact Mitigation
- Mainstreaming and Decentralization
- Research, Monitoring and Evaluation
- Resource Mobilization and Utilization
- Policy and Partnerships

Pact Malawi's program objectives under the Community REACH program are:

1. To implement an effective and transparent grant award and administration system to support responsive, fast-track assistance to organizations responding to the HIV and AIDS pandemic in Malawi.
2. To provide implementers with access to the financial resources and high-quality technical expertise they need to deliver effective programming and report results.
3. To expand and strengthen the Malawian civil society response to HIV and AIDS by providing capacity building to local, regional, national, and international organizations to increase their capacity to provide and sustain HIV and AIDS and related health services.

During this reporting period (1st October 2008 to 30th September 2009) Pact Malawi worked with its 26 sub-grantees: Adventist Health Services (AHS), Christian Community Church (CCC), Community Partnership for Relief and Development (COPRED), Common Vision for Social Development (COVISODE), Ekwendeni Mission Hospital, Foundation for Community Support services (FOCUS), Lighthouse, Lusubilo, Malawi AIDS Counseling Resource Organization (MACRO), Mponela AIDS Information and counseling centre (MAICC), Malamulo, Matunkha, Malawi Business Coalition Against HIV/AIDS (MBCA), Malawi Interfaith AIDS Association (MIAA), Namwera AIDS Coordination Committee (NACC), National Association of People Living with HIV/AIDS in Malawi (NAPHAM), Nkhotakota AIDS Support Organization (NASO), Nurses and midwives council of Malawi (NMCM), Nkhoma Mission Hospital, Palliative Care Association of Malawi (PACAM), Partners in Hope (PIH), Southern African AIDS Trust (SAT), Society for women Against HIV/AIDS in Malawi (SWAM), Tovwirane, and Zomba Catholic Health Commission. The sub-agreement with Tutulane in Chitipa District was terminated during the course of the year, as a result of misuse of funds and a lack of responsiveness on the part of the organization or its board to address the issue.

Major achievements during this annual period include: conducted 44 on-site mentoring financial review sites for all sub-grantees; signed sub-agreements with 14 partners and provided advances to all sub-grantees; engaged all sub-grantees to conduct a financial and operational risk self-assessment of their programs; managed an internal compliance

review exercise conducted by Pact headquarters; conducted a financial management and systems training and continued guidance on administrative close-out requirements to partners; conducted post-award visits; released an Annual Program Statement to call for applications from current Pact partners, reviewed partners' program statements; developed data collection tools for use by partners and customized their tools; conducted in-depth basic MER training for new sub-grantees and training on PEPFAR new generation indicators for all 25 sub-grantees; provided demand-driven MER training in data collection systems; conducted data quality assessments and mentorship on performance monitoring plans for 25 sub-grantees; continued with organizational capacity assessments for 14 partners; supported 26 partners to develop institutional strengthening plans (ISPs); conducted technical trainings for program coordinators and officers in HIV prevention, HBC/PC, OVC, HTC; coordinated PMTCT training for AHS and Malamulo service providers; developed draft OVC, HBC, and HIV prevention minimum program packages, to be used by partners as reference guides; participated in national technical working groups for PMTCT, HTC, OVC, youth, HIV prevention, and M&E; and provided support visits to all sub-grantees for organizational and technical assistance. Pact Malawi also contributed to and had its own capacity strengthened through Pact global forums on HIV/AIDS and organizational development, the Pact Africa regional meeting, and M&E training in evaluation and sampling for programmatic research. Finally, Pact coordinated interviews for the post of executive secretary for the Global Fund CCM secretariat, and the position was re-classified as a manager after negotiations fell through with the initial candidates, and the new position was advertised nationally.

2. TECHNICAL PROGRAM ACTIVITIES

During the annual implementation, Pact Malawi supported 26 sub-grantees to implement HIV and AIDS services, focusing on prevention of mother to child transmission of HIV (PMTCT); HIV prevention through abstinence, being faithful, and other prevention activities, including condom use; post-exposure prophylaxis management and medical injection safety; palliative care/home based care; care for orphans and vulnerable children (OVC); and HIV testing and counseling. Sub-grantee partners were supported through trainings in various technical areas, such as HIV prevention and monitoring and evaluation. In addition, Pact Malawi provided site visits and mentorship to sub-grantees to monitor programmatic and financial performance. Pact Malawi contributed to systems strengthening through its work with the Government of Malawi to create an independent secretariat for the Malawi Global Fund Coordinating Committee, providing technical assistance to and participating in Government of Malawi HIV and AIDS technical working groups at the national level; and contributing to government efforts in supporting national events such as the National HIV Counseling and Testing week campaign. This support and assistance by Pact Malawi contributed to an enhanced national response to HIV and AIDS by the Government of Malawi, with financial assistance from the United States Government, and to improved quality of services among partners.

During the reporting period, 1st October 2008 to 30th September 2009, Pact's partners made significant achievements toward our annual PEPFAR targets; of particular note was the HTC target, which, despite being under-achieved as of March 2009, was exceeded by 13%. This is mostly due to scaling up of implementation by MACRO, with technical support from Pact. Almost all annual targets were reached or exceeded, except the number of health workers newly trained in the provision of PMTCT services (95% of

target), individuals trained in stigma and discrimination (80% of target). Pact will organize a formal training in the coming year. Pact's OVC and HBC minimum packages have been shared with partners and in TWGs. A draft HIV prevention minimum package has been developed. Alongside these minimum packages, Pact Malawi developed checklists to help operationalize the packages. Compliance by partners in implementing these packages will be verified during partner supportive visits by completing a checklist for each package and the findings with recommendations will be incorporated into site visit reports. Follow up on such recommendations will be monitored through a Pact-developed follow-up template, which will be completed and updated on quarterly basis.

Prevention of Mother to Child Transmission of HIV (PMTCT)

i. Prevention of Mother to Child Transmission of HIV

Pact Malawi supports four faith based organizations to contribute towards national PMTCT scale up that will help to reduce pediatric HIV infection and improve the quality of life among parents living with HIV. These are Malamulo SDA Hospital in Thyolo District, Nkhoma Hospital in Lilongwe District, Ekwendeni Hospital in Mzimba District, and Adventist Health Services working in six districts; Blantyre, Mulanje, Ntcheu, Neno, Mzimba, and Nkhata-Bay. These partners are providing PMTCT services in 20 health facilities; Ekwendeni Hospital has two clinics, Nkhoma hospital has eight clinics, Malamulo Hospital has two clinics and Adventist Health services has eight clinics. All these are contributing to the scale-up of quality and comprehensive PMTCT services in rural areas across Malawi. In addition to these four implementing partners, other Pact partners contribute indirectly to the scale up of PMTCT through community awareness and referral of HIV-positive pregnant mothers for further management at health facilities. These partners include Mponela AIDS Information and Counselling Centre (MAICC) in Dowa, Namwera AIDS Coordinating Committee (NACC) in Mangochi, Liwaladzi HIV/AIDS Support Organization (LIHASO) in Nkhotakota, and Tovwirane in Mzimba.

Of the four FBOs providing direct PMTCT services, Ekwendeni and Nkhoma started providing the more efficacious combined regimen for PMTCT during this reporting period; Malamulo started with this regimen in 2008. The combined regimen is provided at the hospitals only; the health centers under these hospitals and all health centers under AHS are still providing single dose Nevirapine. Pact Malawi will continue to work with the partners and the Malawi government to roll out the combined regimen to the other health facilities being supported by Pact.

Ekwendeni and Nkhoma hospital continues to provide early infant diagnosis services for HIV exposed infants through PCR testing at six weeks through collaboration with Baylor Institute. With the national scale up plans on early infant diagnosis, most of partners will be able to provide this service in the coming year. Pact Malawi will continue to work with the PMTCT section at HIV Unit in the Ministry of Health on promoting access to pediatric HIV care. In addition, partners will be encouraged to collaborate with DHOs so that they are linked up to the district dry blood spot (DBS) transportation system (for testing of blood samples).

At national level, Pact participated in the PMTCT and HIV pediatric care sub group meeting, where updates on PMTCT and HIV pediatric policies and guidelines were discussed. This was an opportunity for Pact Malawi to advocate for the improved

availability of Nevirapine. During these meetings Pact Malawi staff were updated on new PMTCT developments, which were passed on to its partners through regular mentorship and monitoring visits. All partners implementing PMTCT interventions were exposed to and understood PMTCT guidelines and new developments. This was done through support visits and a five-day orientation course for staff conducted by Pact Malawi using the national training manual for PMTCT and other PMTCT resource materials. Twenty-four participants from all the partners implementing or supporting PMTCT activities attended the training. The training also provided an opportunity for partners to share and learn from each other on how best to provide PMTCT services.

Networking and collaboration

Pact partners are encouraged to collaborate and link with other organizations and stakeholders in order to provide comprehensive PMTCT services. All the partners have strengthened their linkages with the government at the district level through Ministry of Health. This has resulted in improved technical support in the form of staff trainings, supportive supervision, and provision of test kits, ART drugs, cotrimoxazole prophylaxis and other consumables for their PMTCT services. Malamulo also collaborates with MSF, AmeriCares, WFP, and UNICEF. Through this collaboration there has been continued supply of nutrition supplements like Likuni Phala and Plumpy Nut. Nkhoma also collaborates with Canzibe and Feed the Children for nutritional support to PMTCT mothers and their infants. All our partners are in the process of linking with Feed the Children for nutritional support.

Community mobilization

Pact Malawi's partners conducted community mobilization to create more demand for PMTCT services. This was done through motivational talks and provision of PMTCT information to intended beneficiaries, and promotion of community PMTCT and breastfeeding support groups. The PMTCT groups have been instrumental in strengthening psychosocial support among mothers accessing PMTCT services. At the same time the support groups encourage women to adhere to PMTCT protocols and provide nutrition support to PMTCT clients. In order to promote male involvement, Nkhoma has a PMTCT support group for couples while Ekwendeni has male motivators and 'agogo' (grandparents) initiative to promote community support and male involvement in PMTCT. PMTCT male involvement is also promoted through couple counseling, which facilitates support and care for each other among couples when one or both of them test HIV-positive.

Ekwendeni, Malamulo and Nkhoma have developed tracking systems for women who default on PMTCT services. Ekwendeni utilizes members of the support groups, *agogo* and male motivators to trace women who default their follow up visit. Malamulo utilize other structures in the community, like health surveillance assistants and Community Based Distribution Agents (CBDAs), to trace women who default. Nkhoma provides transport reimbursement to defaulters if there is proof that a lack of money for transport to services is the cause for defaulting. Pact Malawi will work with its partners and find additional efficient and cost effective ways to support adherence to PMTCT services.

From October 2008 to September 2009, twenty PMTCT outlets were established out of a target of seventeen, and 14,680 women received counseling and testing (target of 14,060). 932 HIV-infected pregnant women (target of 660) received antiretroviral prophylaxis for PMTCT.

Successes

- Ekwendeni and Nkhoma hospitals have started providing combined regimen for PMTCT within this reporting period. The combined regimen is more effective in reducing mother-to-child transmission and reduces resistance for both mother and child when initiated on ART.
- All the health facilities have signed a service agreement with their respective DHOs to provide ANC services free of charge. With this all the health facilities have recorded an increased number of women accessing the services at the facilities. The facilities have managed to conduct HIV tests for 14,680 women attending antenatal care, compared to 1,691 for FY08. This arrangement plus intensified community mobilization efforts have contributed toward improved health-seeking behaviors among pregnant women in the catchment areas, which in turn has contributed toward overachievement in overall Pact targets, as can be noted in the indicator tracking table below. In addition, intensified monitoring, mentoring, and coaching by Pact Malawi staff contributed to improved program delivery and thus surpassing targets.
- Malamulo and AHS have reported some improvements in male involvement as they noted a number of husbands escorting their wives to the hospital. Malamulo recorded that eight percent of the women coming to the hospital were escorted by their husbands; AHS for the first time registered one percent. This is an improvement, especially for AHS, which has recorded male involvement for the first time.
- Ekwendeni continues to have success with the male motivators who encourage other males to escort their wives to ANC and in this way more couples are tested.
- All 20 health facilities provide cotrimoxazole prophylaxis to the infants from six weeks.
- Partners have developed various approaches for improving follow up of clients: Malamulo developed a system of tracing the women who do not show up for the follow-up visits. Ekwendeni also traces the women through support groups, *agogo*, and male motivators. Nkhoma has started tracing women in their homes through HSAs, if they do not report for their follow up visit.
- Two PMTCT providers from AHS that were supposed to be trained using Pact funds accessed PMTCT training using government resources. The two providers are still providing PMTCT services in Pact-funded sites. Thus, while Pact underachieved on its PMTCT training target, this initiative was a good leveraging of resources that will be encouraged among Pact partners.

Challenges

- Periodic stock out of HIV test kits and drugs like Nevirapine and cotrimoxazole continue to hinder effective provision of services.
- Inadequate personnel in some health facilities to provide comprehensive services to the increasing number of people coming for ANC services. This has been a challenge as a result of the service agreement; most CHAM facilities have recorded an increase in number of clients coming for MCH services. This challenge was reported by AHS.

- Stigma and discrimination are still high in some areas and pose a barrier for women to access PMTCT services, as indicated by LIHASO. After conducting sensitizations and providing transport money for women to access PMTCT services, some still do not go to the facilities.

Way Forward

- Pact Malawi in liaison with the Ministry of Health HIV Unit will conduct training on the use of the national registers to track PMTCT mothers and enhance follow up.
- Pact Malawi will continue encouraging its partners to strengthen the links with their respective DHO.
- Partners who are not providing combined regimen but have the capacity to do so will be encouraged to link with the DHO so that they also start providing the combined regimen. At the same time all the partners will be encouraged to link up with the DBS transportation system for the district.
- Work with our partners to link up with Feed the Children for nutritional support to PMTCT mothers and their infants. Ekwendeni and AHS have already started the process.

Table 1. PMTCT Achievement by Sub-grantee 1 October 2008 to 30th September 2009

Performance Indicator	Malamulo	Ekweneni	Nkhoma	AHS	Total achieved by 30th September, 2009	FY 2009 COP Target by 30th September 2009
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards.	2	2	8	8	20	17
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,891	3,271	6,818	2,700	14,680	14,060
1.3 Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	275	160	289	208	932	660
1.4 Number of health workers newly trained in the provision of PMTCT services according to national and international standards.	1	10	11	17	39	41
Male	0	0	2	4	6	
Female	1	10	9	13	33	
1.5 Number of HIV-positive pregnant or lactating women receiving food and nutritional supplementation in a PMTCT setting.	410	288	0	0	698	Target not set

Prevention – Abstinence and Being Faithful

Seventeen of Pact's 25 partners implemented prevention (abstinence or being faithful) activities. With Pact emphasizing that 'prevention is better than cure', the other remaining nine partners have been incorporating prevention messages during implementation of their activities such as community meetings and home visits for home based care.

Pact Malawi partners conducting prevention activities include Adventist Health Services (AHS), Christian Community Church (CCC), COPRED, Common Vision for Social Development (COVISODE), Ekwendeni Mission Hospital, FOCUS, Lusubilo, Mponela AIDS Information and Counseling Centre (MAICC), Malamulo Adventist Hospital, Matunkha Future Vision Mission, Malawi Interfaith AIDS Association (MIAA), National Association of People living with AIDS in Malawi (NAPHAM), Nkhotakota AIDS Support Organisation (NASO), Nkhoma CCAP Mission Hospital, Partners in Hope (PIH), Society for Women and AIDS in Malawi (SWAM), and Tovwirane. These partners reached 568,413 individuals (358,413 males and 310,312 females) with AB messages, against the annual target of 335,900, representing 169 percent achievement. A total of 322,727 individuals (150,365 males and 172,362 females) were reached with abstinence-only messages, against an annual target of 182,800, representing 176 percent achievement. One thousand individuals (599 males and 401 females) were trained to promote HIV/AIDS prevention through abstinence and/or being faithful, against an annual target of 770.

During the reporting period these partners received one-on-one support in the form of mentoring, coaching and referrals during support visits and meetings. The mentoring and coaching provided by Pact Malawi was guided by the national prevention strategy, national action framework (NAF), and the PEPFAR prevention guidelines. These have improved quality and coverage of service provided. Pact Malawi encouraged all its partners and their affiliates to introduce activities that nurture confidence and self-efficacy and foster decision making skills among youth, as well as life skills among general population that enhance fidelity and self control. The issue of ability to respond appropriately to stigma and discrimination was a cross-cutting intervention.

The Hope tool kit and Africa Transformation package developed by BRIDGE with support from USAID was introduced to all partners during the October 2008 partners review meeting as a way of sharing key resources developed by other HIV/AIDS implementing partners. These are HIV/AIDS prevention participatory tools that trigger the mind to search for root causes of the problem(s) and test the mind to look for appropriate solutions through small group discussions. The tools have proven effective as evidenced by partners such as Malamulo, Ekwendeni, NASO, MAICC, Nkhoma; they have consistently used the tools, which have contributed towards their annual achievements. BRIDGE expressed a willingness to further orient Pact Malawi's new partners in these participatory BCI tools. It is planned that in the coming first quarter of FY10 some senior Pact Malawi staff members will undergo Training for Trainers (TOT) in this participatory tool (Hope Kit) and the tool will be further cascaded to all partners implementing prevention activities. In- and out-of-school youth have been the major target for AB interventions and have been reached using community mobilization approaches, such as peer education meetings, traditional dances and

songs, indoor and outdoor games, interactive drama, testimonies and jingles that carry prevention messages centered on abstinence, delayed sexual debut, the importance of HIV testing and counseling, and mutual faithfulness.

PIH, CCC, Matunkha, FOCUS and Ekwendeni used sporting activities to reach youth with HIV prevention messages. Sporting activities incorporated behavior change messages that are recommended for use by the National AIDS Commission (BCI Section). Recognizing that preventing new infections—especially among the youth—is a key to the future of Malawi, PIH, through the Action for Behavior Change (ABC) project, is reaching out to learners in 40 primary and secondary schools and youth that are out of school. PIH/ABC continued to mentor and train in school peer educators (ISPE) to complement the work of out-of-school peer educators (OSPE). CCC under their prevention flagship project Action for Behavior Transformation (ABET) have used sports campaign dubbed ‘*ndipewe Edzi*’ (Let me avoid AIDS) to reach out to the youths in their catchment area.

Pact Malawi supported its partners in adaptation of life skills manual and ensures improved communication among parents and their children on issues regarding sex and sexuality, with special emphasis on HIV/AIDS. Matunkha and Christian Community Church (CCC) have adapted the life skills manual approved by the government to reflect faith-based messages on AB prevention with support from Pact Malawi.

Trainings and orientation meetings in prevention have been conducted by partners such as CCC, SWAM, and MIAA to equip youth and parents with knowledge and skills to provide quality services. As a result of these trainings, traditional leaders and parents are more involved in mobilizing youth participation and able to communicate with children regarding issues of sexuality, sex, and HIV/AIDS.

MIAA trained 170 women faith leaders in HIV and AIDS prevention to help in reducing women’s and girls’ vulnerability to HIV infection. In the trainings, participants discussed and noted that women in Malawi have limited control over their reproductive health rights; women do not have negotiation power over their sex life due to the way some religious leaders interpret scripture and culture; there is poor communication on sexual matters within the family; women are not economically empowered, and there is a high level of illiteracy among women. There were many suggestions about ways of addressing these issues. One of the suggestions brought forward by the participants was that external agents should include interventions that aim to empower women with their rights as well as become economically independent. MIAA indicated that they will look at the possibilities of linking these women to financial lending institutions such as FINCA. The other action point was to engage male faith leaders to play an advocacy role with fellow men on mutual faithfulness and trust. It is expected that this training will motivate participants to create space for discussing HIV/AIDS issues in their respective communities.

Pact Malawi conducted demand-driven prevention training targeting 40 staff (26 males, 14 females) from partner organizations to improve HIV prevention programming in September 2009. Topics covered during the training included assertiveness; condom programming; drug, alcohol, and other mind-altering substances; goal setting; the HIV situation in Malawi; and an introduction to other prevention approaches. The national HIV prevention strategy was also shared to the partners. The training enabled partners to better understand specific

core interventions that are carried out in prevention AB and other prevention. The need for sharing prevention materials or tools that are nationally or internationally recommended and approved was identified. This will help partners to keep updated with the new trends.

Pact is a subpartner on the USAID/PEPFAR funded BRIDGE II project, led by John's Hopkins University Center for Communication Programs and begun in 2009. This project has the objective of reducing HIV transmission among the general population. Some of Pact's Community REACH partners will contribute to reaching this new prevention project's objectives; results will be reported in BRIDGE II reports.

Successes

- Significant increase in number of men accessing HIV/AIDS prevention messages through abstinence and/or being faithful messages, from 149,798 registered in FY 2008 to 258,101 in FY 2009.
- The target for number of individuals trained to promote HIV and AIDS prevention through abstinence and/or being faithful was surpassed by nearly 30%. These trainings were demand driven by communities, and partners' training budgets could accommodate the increase in number of participants trained. In addition, partners also sought to offset loss or burn out of volunteers by training more individuals.

Challenge

- Unavailability of a prevention minimum package to guide partners in implementation of the activities.

Way forward

- Pact Malawi is in the process of consolidating a minimum package, which is consistent with the national prevention strategy and PEPFAR ABC guidelines.

Table 2: Prevention -Abstinence and Being faithful Achievement by Sub-grantee, 1 October 2008 to 30th September 2009

Performance Indicator	AHS	CCC	COP RED	COVIS ODE	EKW	FOCUS	LUSU	MAIC C	MALA	FVM-MATU NKHA	MIA A	NAPHA M	NASO	NKHO MA	PIH	SWAM	TOVW	Actual	FY 09 COP Target
2.1 Number of individuals reached through community outreach that promotes HIV and AIDS prevention through abstinence and/or being faithful	29,398	6,915	6,031	590	13,571	12,476	12,134	20,649	284,687	1,396		95,231	65,220	0	11,636	3,369	5,110	568,413	335,900
MALE	12,797	3,958	3,001	294	6,725	6,489	5,709	11,355	125,864	656		38,356	32,961	0	6,314	1,589	2,033	258,101	
FEMALE	16,601	2,957	3,030	296	6,846	5,987	6,425	9,294	158,823	740		56,875	32,259	0	5,322	1,780	3,077	310,312	
2.1 A Number of individuals reached through community outreach that promotes HIV and AIDS prevention through abstinence (a subset of the total reached with AB)	0	7,126	4,152	0	14,855	0	6,676	7,368	164,942	0		24,165	53,323	17,592	15,376	4,232	2,920	322,727	182,800
MALE	0	3,798	2,202	0	7,452	0	3,330	4,287	74,358	0		9,750	26,381	8,320	6,994	2,137	1,356	150,365	
FEMALE	0	3,328	1,950	0	7,403	0	3,346	3,081	90,584	0		14,415	26,942	9,272	8,382	2,095	1,564	172,362	
2.2 Number of individuals trained to promote HIV and AIDS prevention through abstinence and/or being faithful	21	120	0	9	167	34	50	0	50	0	166	0	57	2	276	0	48	1,000	770
MALE	16	90	0	4	87	22	29	0	34	0	128	0	36	1	134	0	18	599	
FEMALE	5	30	0	5	80	12	21	0	16	0	38	0	21	1	142	0	30	401	

Prevention/Other

MACRO, NAPHAM, Malamulo, COPRED, Ekwendeni, Tovwirane, SWAM, FOCUS, MBCA, MAICC, Malamulo, Matunkha, NASO, PIH, and SAT provided other HIV prevention services, including condom distribution and sensitization on condom use and proper condom disposal. Key interventions by Pact partners included open day meetings that promoted safer sex practices by adopting consistent condom use via drama, songs, and dances; and stigma and discrimination reduction activities through involvement of people living with HIV (PLHIV).

A total of 861 condom service outlets, against an annual target of 597, were used to distribute free condoms and disseminate messages during the reporting period. MACRO remains the major partner contributing to this indicator, with 569 service outlets. The outlets consists of HTC sites, youth resource centers, community based centers, and clinics.

There has been also a growing demand for female condoms, which shows that now women are taking an active role in promoting safe sex behaviors; for example SWAM in FY 09 distributed a total of 2,297 female condoms as compared to 1862 female condoms in FY 08.

During this reporting period Pact Malawi procured 1,350 condom dispensers, through General Traders and Farm inputs, which are going to be installed in 17 districts – Rumphi, Mzimba, Chitipa, Ntchisi, Dowa, Dedza, Nkhotakota, Kasungu, Ntcheu, Balaka, Phalombe, Mulanje, Thyolo, Chikwawa, Chiradzulu and Neno, Machinga. This intervention is being implementing in collaboration with the Reproductive Health Unit of the Ministry of Health. Central Medical Stores will have responsibility of delivering the dispensers to the regional medical stores and the districts will get the dispensers from the regional medical stores.

Counselors, peer educators, youth, and program staff played a key role in reaching out to the targeted groups with prevention/other messages. A total of 408,396 individuals (189,931 males and 218,465 females) were reached through these other prevention activities, against an annual target of 321,800, representing 126% achievement. In addition, Pact Malawi partners trained 903 (415 males and 488 female) peer educators against a target of 833, in correct and consistent condom use, including promotion of female condoms. The key prevention messages delivered focused on the importance of reducing multiple concurrent sexual partners and correct and consistent use of condoms targeting the general population plus groups with high-risk behaviors such as truck drivers (FOCUS), fishermen (NASO and SWAM), and vendors and plantation workers (MBCA).

Working with peer educators is an effective way of reaching out to the target audience, as peers often feel more at ease to discuss many interconnected issues of their lives rather than just focusing on one topic. For example HIV transmission has many underlying factors connected to peoples' behaviors and life style. Peer educators provide a supportive environment that enhances dialogue on HIV prevention. The challenge is how to keep the peer educators who are volunteers motivated in their work. Through partner review meetings, Lighthouse has shared its strategy on how it retains and motivates its volunteers and other partners have emulated this. Lighthouse's strategy for volunteer management involves volunteer recognition and provision of incentives such as an annual volunteer

retreat, at which outstanding volunteers are recognized with certificates, and all volunteers have time to share their experiences in addition to meals.

SWAM conducted dialogue sessions with local leaders to strengthen their capacity to support their communities in avoiding risky behaviors. As a result of these dialogue sessions, community leaders at Ndomo fishing point took advantage of meetings that they hold periodically with people in their community to sensitize them on the dangers of engaging in risky behaviors such as alcohol and drug abuse and multiple sexual partnerships. At the NAC Research Dissemination Conference and at the parliamentary women caucus, SWAM reported positive changes in the target community, such as avoidance of evening community dances, which has helped to reduce risky behaviors that could lead to HIV infection.

Pact Malawi supported MACRO in ABC message development and referred staff to the Health Education Unit, the BRIDGE project, and NAC for further guidance. Messages have been printed on stickers, leaflets, and posters, which are being distributed to individuals visiting all MACRO service sites and posted in various public spaces.

Sharing live testimonies by people living positively was advocated as one way for message dissemination. SWAM and NAPHAM have been using this approach during open-day events and meetings. Harmful cultural practices that predispose communities to HIV and AIDS were highlighted and discouraged among community members. IEC materials on mutual faithfulness were also distributed. NASO uses role models who talk about their lifestyles. The following is an example of a scenario used by NASO during community talk shows: A role model on the negative side – a young lady did not manage to continue with her education because her father did not accept her pregnancy. The uncle who was paying school fees for her died. This led her to get work in a bottle store, where she was led into prostitution. A role model on the positive side – a woman is a model despite facing some problems such as the death of her father whilst she was very young, property grabbing by her father's relatives, lack of enough support to pay school fees, yet she managed to obtain tertiary education and is now employed. Following the presentation of the scenarios, the community observers analyze two cases and come up with possible solutions. Through the scenarios, youth have an opportunity to choose who they could emulate as their role model.

Pact is a subpartner on the USAID/PEPFAR funded Evidence Based, Targeted Prevention (EBT-Prev) project, led by Population Services International/Malawi and begun in 2009. This project has the objective of reducing HIV transmission among the populations with high-risk behaviors. Two of Pact's Community REACH partners, NASO and SWAM, are contributing to reaching this new prevention project's objectives in the pilot site of Dwangwa, and additional partners are likely to be involved as the project scales up. Results will be reported in EBT-Prev reports.

Successes

- Lighthouse taking lead in volunteer management, which other partners have emulated.
- Improvements in message development on prevention – more messages are being designed in such a way that apart from bringing awareness and knowledge, they also motivate individuals to start taking doable actions.

Challenges

- Lack of information about the national prevention strategy. Most partners did not know of the national prevention strategy until September during Pact's prevention training.
- Stock out of free condoms as reported by Malamulo.

Way forward

- Pact Malawi to advocate and disseminate the national HIV prevention strategy to its partners.
- Pact will consult with NAC on the challenges regarding distribution of policies or other materials to very local organizations, specifically the need for materials to be translated into the vernacular.
- Pact continues monitoring and advocating for availability of free condoms. Pact Malawi expects that the condom dispensers that it recently procured will help to alleviate the situation.

Table 3: Other Prevention Achievement by Sub-grantee, 1 October 2008 to 30th September 2009

	Performance Indicator	CCC	COP	COV	EKW	FOCUS	MACR	MAICC	MAL	MATU	MBCA	NAPHAM	NASO	PIH	SAT	SWAM	TUT	Achieved	FY 09 COP Target
5.1	Number of targeted condom service outlets	0	5	1	8	10	569	30	9	1	9	177	30	1	1	6	4	861	597
5.2	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	8,175	1,195	9,843	25,024	37,482	38,891	67,527	2,677	24,279	66,411	64,837	5,057	24,663	29,287	3,048	408,396	321,800
	Male	0	4,093	630	4,929	13,471	19,818	18,918	30,813	983	11,588	28,126	32,781	2,889	3,787	15,692	1,413	189,931	
	Female	0	4,082	565	4,914	11,553	17,664	19,973	36,714	1,694	12,691	38,285	32,056	2,168	20,876	13,595	1,635	218,465	
5.3	Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	0	16	71	40	0	0	45	198	195	0	0	282	0	56	0	903	833
	Male	0	0	10	37	26	0	0	23	74	133	0	0	156	0	29	0	488	
	Female	0	0	6	34	14	0	0	22	124	62	0	0	126	0	27	0	415	

Medical Injection Safety

Pact Malawi has been working in partnership with the Nurses and Midwives Council of Malawi to strengthen post-exposure prophylaxis (PEP) for prevention of HIV transmission via occupational or other exposures, such as rape. The project targets all professional health workers and non-professional workers who would be exposed to HIV infection in all health facilities and training institutions in Malawi. The project activities have been integrated in the Nurses and Midwives Council of Malawi (NMCM) core business.

Training materials and guidelines

Training materials and guidelines were developed, endorsed, and approved by the Ministry of Health. A total of 1,024 copies of PEP training materials and 894 copies of PEP guidelines were printed and distributed for use in health facilities and training institutions such as colleges. These will contribute to workers' awareness of ways to prevent risk of HIV exposure in the work place and management in case of possible exposure to HIV infection. Such awareness will result in increased demand for effective PEP program and justification of the need for availability of adequate essential materials and supplies, hence contributing to a reduction in HIV prevalence.

Training of PEP service providers

The project trained 20 national trainers who trained 100 trainers of trainers at the district level (20 tutors and 80 service providers). A total of 6,684 health workers and members of the public have since been trained on PEP services. Ministry of Health and NMCM provide supervision on the utilization of these trainings on regular basis.

Challenges

- Not all health personnel have been oriented due to limited funding despite districts conducting trainings using DHO funding. The PEP training has covered only 5% of the health personnel (nurses, medical doctors, clinical officers, medical assistants, health surveillance assistants, dentists, laboratory technicians, and pharmacists).
- Some exposed clients report after 72 hours and thus cannot benefit from PEP services.
- Lack of follow up visits of exposed clients.

Way forward

Pact Malawi will work with NMCM to develop a new program description for a new contractual agreement to address some of the challenges, such as intensifying sensitization talks to the public on the availability of PEP services in the districts, as well as distribution of guidelines in all the districts.

Table 4: Medical Transmission/Injection Safety achievement by Sub-grantee, 1st October 2008 to 30th September 2009

	Performance Indicator	Nurses and Midwives Council of Malawi (NMCM)	Achieved	FY 09 COP Target
4.1	Number of individuals trained in injection safety	6,684	6,684	5,000
	Male	2,213	2,213	
	Female	4,471	4,471	

Palliative Care/Home Based Care (PC/HBC)

The key objectives for Pact Malawi under palliative care are to promote improved understanding of, and technical expertise in, palliative care. Pact also continued promoting collaborative approaches to scaling-up services through 15 partners, namely PACAM COPRED, Ekwendeni, Lighthouse, Lusubilo, MACRO, MAICC, Malamulo, Matunkha, NAPHAM, NASO, Nkhoma, Tovwirane, Tutulane, and Zomba Catholic Health Commission. Pact Malawi's partner, PACAM, has been collaborating with the Ministry of Health to better define palliative care services in Malawi. PACAM became an independent body from APCA in March 2009, to take the lead in moving the palliative care agenda nationwide in collaboration with the Ministry of health. The association still collaborates with APCA for technical assistance. During the reporting period, Pact Malawi continued providing palliative care support and technical mentorship to partners. Pact Malawi attended meetings such as the national technical working group, where issues affecting palliative care at the national level were discussed; updates were forwarded on to partners. The meetings also provide a forum for Pact Malawi to contribute to improvement of palliative care for Malawi. Partners implementing palliative care were oriented to the PC/HBC minimum package developed by Pact Malawi. The package was developed using the Malawi national HBC guidelines and the PEPFAR palliative care guidelines. The minimum package guides partners in provision of palliative care and addresses the gaps in the home-based care guidelines. Pact conducted training on palliative care for partners, which led to a marked 118% increase in the number of clients served (from 11,617 served in FY 2008 to 25,325 in FY 2009). Pact Malawi technical staff intensified supportive visits to partners on a quarterly basis, with need-based follow-up using a checklist developed by Pact.

Partners provided clients with a range of services such as clinical, nutritional, psychosocial, and referral services. Lighthouse, Matunkha, Nkhoma, NASO, ZCHC and Ekwendeni utilize nurses and/or clinicians to compliment volunteer work in provision of clinical care, thus managing more complex issues in the communities. Pact partners encouraged beneficiaries to establish nutrition gardens and provided them with information on various nutrition issues including food storage, food preparation and handling and six groups of food among others. Lighthouse, Malamulo and NAPHAM provided nutritional supplements sourced from other organization. Matunkha, COPRED, Lusubilo and MAICC have linked their

clients to food security programs within their organizations. Clients were encouraged to engage in income generating activities for economic and nutrition empowerment by most of the partners. Some examples of the interventions are:

- Matunkha provided PLHIV with donkeys to transport their commodities and also hire out to other community members. Lighthouse empowered their PLHIV to produce items to sell for extra income.
- COPRED provided livestock to groups of PLHIV, who then shared the offspring amongst the group, as well as established cooking clubs.
- Support groups provide psychosocial support through positive living and group therapies.
- Infection prevention remained crucial in all the activities by the care providers to prevent infecting themselves, clients and other community members.

Through its partners, Pact Malawi managed 162 palliative service outlets, against an annual target of 92 with NAPHAM contributing 80 sites. They trained 1,034 providers (304 males and 730 females) against a target of 894 by recognized government trainers using the national manuals. These service providers in turn contributed towards the reaching of 25,325 (10,638 males and 14,687 females) palliative care clients against a target of 14,065 representing 180% achievement. The targets have been surpassed because Matunkha planned to open one site but managed to open 15 and NAPHAM opened 80 sites instead of planned 25. NAPHAM was the highest contributor to the achievements. Pact Malawi assisted NAPHAM to improve its palliative care services considering their mandate and their potential. Gender mainstreaming was achieved in palliative care services by partners. As stipulated in the results, there are more female caregivers compared to men since men are usually busy as bread winners. More female clients were served compared to males. However having 304 male caregivers against 730 female caregivers is an improvement in the male involvement. The male care providers have assisted in recruiting male patients into care.

Successes

- Increased accessibility to palliative care services due to a change from fee-based to free services in CHAM hospitals Malamulo, Nkhoma, and Ekwendeni.
- Improved access to HBC kits through good collaboration and increased links among Pact partners with District Health Officers (DHO). This has enabled increased access to palliative care services, from 11,617 clients served in FY 2008 to 25,325 clients served in FY 2009.
- Development of a palliative care training manual for volunteers by PACAM which will be finalized in FY10.
- PACAM facilitated the incorporation of palliative care in pre-service curriculum for health workers in the College of Medicine while other colleges are still working on this.
 - Ministry of Health is in the process of buying liquid morphine for palliative care in Malawi following a successful advocacy campaign by PACAM
 - The development of national palliative care guidelines by PACAM is underway.

Challenges

- Health facilities do not provide feedback to organizations after treating their referred clients despite having forms due to a lack of a back-referral system.
- Inadequate food supply among households of people living with HIV/AIDS.
- Inadequate knowledge of palliative care concepts among home-based-care volunteers.
- Inadequate follow-up mechanism of newly diagnosed HIV-positive clients from HTC services; clients are given information on care services but there is often no deliberate effort to track these down and link them to care services.

Way forward

- Pact Malawi to support palliative care partners in development and strengthening back-referral systems. Lessons will be learnt from NASO's approach and feedback from health workers will be collected.
- Facilitate linkage of Pact Malawi's partners with government institutions and other organizations who work on nutrition support and food security to improve this aspect of the palliative care program.
- Promote the use of the new palliative care minimum package to guide volunteers to better understand and apply concepts of palliative care in their services.
- In FY 2010, Pact Malawi will promote pre-ART programming among its partners to effectively support those clients that are diagnosed HIV-positive to slow their progress to AIDS by intensifying the following:
 - Provision of cotrimoxazole prophylaxis
 - CD4 count screening or referral for those that do not have the screening machine
 - Counseling services to cover aspects of ART adherence
 - Opportunistic infection treatment for those with clinic facilities, referrals for others
 - Promotion of nutrition supplements and nutritional information, such as on home gardening, to ensure high-quality nutrition uptake for those who are HIV-positive
 - Support partners to devise mechanisms for following up HIV-positive clients who have not yet started ART to help them access suitable services before their conditions deteriorate; partners will be encouraged to strengthen links between HTC services and support service structures, such as post-test clubs, for easy follow up.

Table 5: Palliative Care Achievement by Sub-grantee 1 October 2008 to 30th September 2009

	Performance Indicator	COPRED	Ekwen deni	L/Hou se	Lusubi lo	MACR O	MAICC	Malamu lo	FVM-Matunk ha	NAPHA M	NASO	Nkho ma	APC A/PA CAM	Tovwira ne	Tutula ne	ZACHC	Achieve d	FY 09 COP Target
6.1	Number of service outlets providing HIV-related palliative care	4	1	2	5	3	22	2	15	80	6	1	0	9	6	6	162	92
6.2	Number of individuals provided with HIV-related palliative care	418	440	1,755	1,505	9,125	1,104	1,004	74	8,253	519	397		345	14	372	25,325	14,065
	Male	153	191	539	485	4,431	508	394	27	3,265	198	179	0	100	5	163	10,638	
	Female	265	249	1,216	1,020	4,694	596	610	47	4,988	321	218	0	245	9	209	14,687	
6.3	Number of individuals trained to provide HIV palliative care	0	10	486	28	2	25	81	52	0	115	67	100	38	0	30	1,034	894
	Male	0	1	34	17	1	10	39	18	0	67	36	46	19	0	16	304	
	Female	0	9	452	11	1	15	42	34	0	48	31	54	19	0	14	730	

Orphans and Vulnerable Children (OVC) Care and Support

Pact Malawi's partners implementing care and support program for OVC are COPRED in Blantyre District, Lusubilo in Karonga, Mponela AIDS Information and Counseling Centre (MAICC) in Dowa, Namwera AIDS Coordinating Committee (NACC) in Mangochi, NAPHAM in Machinga, Rumphu, and Nsanje districts, Tovwirane in Mzimba, Zomba Catholic Health Commission (ZCHC) in Zomba district, FVM-Matunkha in Rumphu district and Nkhotakota AIDS Support Organization (NASO) in Nkhotakota. These partners implement OVC 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 responses for the survival, growth, protection and development of orphans and other vulnerable children by the end of 2009."

These partners implement services in reference to the national guidelines on OVC care and support, but also base their service provision on six-plus-one core service areas as stipulated by PEPFAR. As reflected by the results, all partners provide a combination of at least two services (supplemental direct support [SDS]) while Lusubilo, NACC, Matunkha, COPRED, MAICC and Tovwirane provide a combination of more than two services (primary direct support [PDS]). Pact Malawi has developed a minimum package for OVC service delivery to provide guidance to the partners on what services can be provided under each core service and the expected outcome if the services are properly provided. Pact also organized training for its partners based on the national ECD and OVC training manuals and the PEPFAR guidance on OVC to strengthen their knowledge and improve skills in OVC programming.

Partners are encouraged to provide age-specific services. Younger children, including OVC, attend the Community Based Child Care Centers (CBCCs). Services provided in these centers differ from partner to partner, but in most centers children develop motor and psychosocial skills through interaction with others. They are also weighed, provided with meals and de-wormed through collaboration with health surveillance assistants. Older OVC attend children's corner where psychosocial support is provided. They also have health education sessions on HIV prevention and are encouraged to go for HTC. Educational support was also provided to 3,248 OVCs in form of school fees and scholastic materials. In addition, some partners like COPRED, NACC, and Lusubilo provided vocational training skills to 279 older OVCs.

Partners conduct community mobilization activities to increase awareness on OVC issues and child's rights. As a result of this, partners have noted an increase in community involvement in care and support for OVCs. All partners reported that their communities contribute food (maize, rice, soya beans, ground nuts, potatoes, fruit) to be used at the CBCCs. COPRED, ZCHC and MAICC also reported that some communities took a leading role in construction of the CBCCs. ZCHC has trained traditional leaders supporting CBCC activities to the extent that some are now providing incentives for teachers in the form of cultivating land. Such interventions, if managed well, support program sustainability. Tovwirane has trained youth in children's rights and Matunkha established orphan-to-orphan support units, which meet regularly to discuss issues affecting them. The OVCs also debated the bill that was passed by Parliament on the legal marriage age for girls.

Partners have reported that the educational support provided to OVCs has really improved the number of OVCs attending school. For example, NACC conducted back-to-school

campaigns and reintegration of school drop outs into formal education. This, coupled with financial support for schooling, has led to more OVCs accessing education.

Pact Malawi encourages its partners to leverage resources for other important services that are not supported by Pact grants, such as nutritional support. Partners have been linked with other organizations to provide additional services not covered by PEPFAR funding, such as food and nutrition, and income generating activities. MAICC has been linked to Land O' Lakes where the milk bulking groups donate an average of 10 liters of milk production per CBCC per week. This is helping the nutrition uptake of the 242 children attending four CBCC and has increased the enrollment of children at CBCCs by 69% thus from 252 children to 361. Several meetings were held between Pact Malawi and Feed the Children organization on a partnership to provide Vita Meal to children living with HIV. If this materializes then it will be a great achievement to Pact in terms of provision of nutrition support to OVC. Pact Malawi acknowledges the wrap-around initiative by partners and reports on these in its tracking of the types of support provided.

At the national level, Pact Malawi a member of the OVC Technical Working Group (TWG) and has contributed to discussions on OVC policy issues. The TWG comprises program personnel from government ministries, UN agencies, donors, and civil society. Pact has effectively contributed to the development of the national quality standards for OVC in Malawi.

Overall from October 2008 to September 2009, Pact partners reached 58,167 OVC, against the target of 39,020 indicating 149% achievement. Out of 58,167 OVCs served, 17,516 were reached with primary direct support while 40,651 were reached with supplemental direct support. This is a result of 88% (425) overachievement in training of caregivers against a target of 225.

Successes

- Pact partners have experienced increased community participation in OVC care. This has been demonstrated through the food stuff contributions to the CBCC.
- More OVC reached with primary direct support than in previous year due to more emphasis by Pact technical staff on the need for partners to provide OVCs a comprehensive care package as outlined in PEPFAR guidelines and the minimum standards. This emphasis was made during trainings and on-site supportive visits.

Challenges

- Some partners have reported increased numbers of volunteer drop outs, due to lack of motivation or transition to paying jobs. Partners have been encouraged to include volunteer motivation packages in their programs.

Way Forward

- Lusubilo will be trained in the use of the Child Status Index Tool (CSI). This tool assesses the needs of the child and evaluates whether the services provided meet these needs. Lusubilo will be a pilot center and the lessons learnt will help Pact Malawi to scale up to other partners in the following year.
- Provide technical support to NACC and Lusubilo as they pilot the national OVC standards.

Table 6: Orphans and Vulnerable Children achievement by Sub-grantee 1st October 2008 to 30th September 2009

Code	Performance Indicator	COP	LUS	MAICC	MATU	NACC	NAPHAM	NASO	TOVW	TUTU	ZCHBC	Achieved	FY 09 COP Target
8.1	Number of OVC served by OVC programs	1,282	13,113	15,413	1,805	4,739	17,626	1,347	2,057	105	680	58,167	39,020
	Male	643	6,157	7,943	892	2,541	7,083	738	1,057	60	302	27,416	
	Female	639	6,956	7,470	913	2,198	10,543	609	1,000	45	378	30,751	
8.1.A	Primary Direct Support	390	8,912	3,598	312	2,160	1,771	10	259	104	0	17,516	9,020
	Male	198	4,083	1,653	153	1,173	523	10	131	59	0	7,983	
	Female	192	4,829	1,945	159	987	1,248	0	128	45	0	9,533	
8.1.B	Supplemental Direct Support	892	4201	11,815	1,493	2,579	15,855	1,337	1,798	1	680	40,651	30,000
	Male	445	2,074	6,290	739	1,368	6,560	728	926	1	302	19,433	
	Female	447	2,127	5,525	754	1,211	9,295	609	872	0	378	21,218	
8.2	Number of providers/caretakers trained in caring for OVC	20	101	23	161	30	0	18	48	0	24	425	225
	Male	1	40	10	46	4	0	7	17	0	9	134	
	Female	19	61	13	115	26	0	11	31	0	15	291	

HIV Testing and Counseling (HTC)

Promotion of HTC as an entry point for HIV/AIDS prevention, care, treatment, and support services remains Pact Malawi's primary objective under HIV counseling and testing. Pact Malawi supported 13 partners to strengthen their capacity in managing HTC processes namely AHS, COVISODE, MBCA, PIH, MACRO, Nkhoma, Malamulo, SAT, NAPHAM, NACC, Ekwendeni, Tutulane, and MAICC. All Pact partners implementing HTC programming were encouraged to support the national HTC week initiative. The HTC services were provided through 703 service delivery outlets, against an annual target of 446 with 86.6% achieved through MACRO. These HTC service outlets included static, mobile, and outreach sites. Through these service delivery outlets, 207,052 individuals (110,540 males and 96,512 females), were counseled, tested, and provided test results against an annual target of 182,010. The results indicate more men accessing HTC services as compared to women because Pact Malawi's partners offer stand alone services or outreach services which attract more men than hospital-based centers. Generally men prefer stand alone sites because the services extend to weekends and take less time to get the service. In addition women are tested more at hospital based HTC because they usually attend hospital services with children, for family planning, and when caring for sick people in the wards. The targets of service outlets and individuals tested were overachieved after MACRO's three-month funding freeze was lifted. Pact Malawi supported MACRO management in the process of strengthening their internal control systems and procedures as well as technical HTC implementation.

At the national level, Pact Malawi participated in the HTC Technical Working Group and national meetings. The forums were important as they provided Pact Malawi opportunities to share skills and knowledge with other stakeholders and to contribute technical expertise to issues of national interest. Pact Malawi contributed to the National HIV testing week exercise by funding supplies for quality control testing in all districts. As a quality assurance measure for the event, Pact Malawi conducted on-spot visits at six sites within Lilongwe (Lighthouse, Martin Preuss Centre, UNC STI department, and Assemblies of God), one in Dowa (Mponela AIDS and Counseling Centre), and another in Mzimba (Tovwirane).

Pact Malawi's partners conducted a number of activities during the year to improve and support HTC services. Activities included training 66 counselors (both lay counselors and health workers), against an annual target of 44, resulting to improved human resources meeting community demand. Community awareness campaigns were an integral component of HTC by all partners leading to a large contribution by MACRO, MBCA and SWAAM. This activity aims at enlightening the communities on the importance of HIV testing, helping them realize the impact of HIV and reducing the stigma and discrimination which prevents some from testing. Most of the partners have incorporated these messages in their routine community activities. Some conducted open days, debates, competitions for the youth and community discussions. MACRO publicized the services through electronic media like Zodiak Broadcasting Station and state managed Malawi Broadcasting Corporation (MBC) Radio Stations 1 and 2.

Great emphasis was made to encourage partners to link with HIV care partners in catchment communities to mobilize resources, share technical knowledge and skills, and promote referrals for various services in the communities, including support groups health facilities and religious groups.

Partners, Malamulo, Nkhoma, PIH, Ekwendeni and AHS provide integrated services whereby HIV-positive clients are referred within the organization for care services comprising of ART, STI management, family planning, PMTCT and opportunistic infection treatment, among other services. This reduces the distance travelled to other health facilities and makes tracking easy. HIV-positive people have been linked to community support groups providing them a chance to participate. HIV-negative individuals are linked to post-test clubs although patronage is usually low because many clients do not understand the need for participating in these clubs, and some partners do not have post-test clubs. Pact Malawi will support partners to emulate the approach by Tovwirane, which has involved local leaders and assists the clubs to conduct attractive activities that help portray the importance of these activities. Couple counseling in HTC has been encouraged and MAICC, Malamulo, MACRO and Nkhoma have counseled and tested more couples. Pact Malawi will continue to support other partners to improve in couple counseling. Couple counseling promotes support and adherence in care services as compared to when people are tested individually.

Quality control was observed by all partners. Partners conduct weekly quality control checks by testing HIV-positive and negative samples. Most partners also received quality control checks by their respective DHOs. Random samples were taken and sent to the central reference laboratory at the Community Health Sciences Unit (CHSU) for external quality control. Some partners, Ekwendeni, MACRO, Nkhoma and Malamulo send samples to CHSU directly for external quality control. In the whole year there was no report of error samples for all the partners. MACRO conducted client exit interviews periodically to check client satisfaction. The findings are that satisfaction is above 75% for the branches. However, MACRO has not yet done a collective analysis for all the branches and they are planning to do that. The results are analyzed by individual branches.

Infection prevention remained an integral part of HTC services for all the partners. Pact Malawi's partners followed the national guidelines in infection prevention and HTC. They procured all supplies needed for provider's protection, safe disposal of sharps, and other contaminated waste. Partners utilize incinerators to dispose of hazardous wastes. Some partners contain all the waste accumulated from outreach and mobile services in appropriate containers and dispose of them at their main centers to avoid leaving contaminated waste in the communities. Pact Malawi has intensified waste disposal quality assurance checks for HTC services following the environmental training conducted by USAID. The HTC checklist developed by Pact Malawi has an environmental component added with guidance from CHSU.

Successes

- Coverage of 703 service delivery sites by Pact Malawi partners, with over 85% being mobile and outreach sites, which contribute to bringing HTC services closer to the people.
- Utilization of Malamulo as a model quality assurance centre, which other organizations have visited to learn.

Challenges

- Inadequate follow-up and linking of HIV-positive clients to care services (pre-ART care).

- Low turnout among children aged 2 years to 15 years.
- Periodic shortages of test kits experienced by Ekwendeni, COVISODE, MAICC, and Nkhoma.

Way Forward

- Pact Malawi will assist partners to devise mechanisms of following-up HIV-positive clients who have not yet started ART to help them access suitable services before their conditions deteriorate.
- Pact Malawi will support partners to develop new strategies to move HTC services to communities and households to increase testing among couples and children.

Table 7: HIV Counseling and Testing achievement by Sub-grantee 1st October 2008 to 30th September, 2009

	Performance Indicator	AHS	COV	EKWE	MAICC	MACRO	MAL	MATU	MBCA	NACC	NAPHAM	NKH	PIH	SAT	SWAM	TOVW	TUTU	Achieved	FY 09 COP Target
9.1	Number of service outlets providing counseling and testing according to national and international standards	14	1	8	23	603	9	1	9	6	3	11	1	1	5	3	5	703	446
9.2	Number of individuals who received counseling and testing for HIV and received their test results	9,977	1,235	13,011	7,383	127,561	12,820	330	3,355	1,631	2,983	13,977	554	1,379	2,936	6,257	1,663	207,052	182,010
	Male	4,115	639	5,812	3,864	75,848	4,526	144	1,708	304	1,636	5772	317	817	1401	2800	837	110,540	
	Female	5862	596	7,199	3,519	51,713	8294	186	1647	1327	1347	8205	237	562	1,535	3,457	826	96,512	
9.3	Number of individuals trained in counseling and testing according to national and international standards	0	10	20	0	0	13		0	0	0	13	0	0	0	10	0	66	44
	Male	0	7	7	0	0	7		0	0	0	6	0	0	0	6	0	33	
	Female	0	3	13	0	0	6		0	0	0	7	0	0	0	4	0	33	

3. STRATEGIC INFORMATION

Strategic information management is a critical component of Pact Malawi's programming. Pact has provided technical assistance at the national and local levels and linkages have been strengthened with most key stakeholders at all levels such as National AIDS Commission, Ministry of Health, Ministry of Women and Child Development, and other USG-funded programs. Through the National M&E Technical Working Group, coordinated by National AIDS Commission, Pact Malawi has contributed to policy and technical discussions and advancements. During the annual implementation, Pact supported all its partners through MER trainings, data quality assessments, and focused on demand driven MER technical assistance to partners via regular monitoring/supervision visits. Pact Malawi invited the National AIDS Commission (NAC) to co-facilitate module one of the M&E training to Pact Malawi partners, and NAC subsequently requested the use of Pact's module during their trainings. Pact Malawi shared the data quality assessment (DQA) reports with Pact Namibia and regional offices for Africa and Asia to promote learning and sharing of knowledge. The Pact MERL advisor for Asia utilized these reports to roll out and improve DQA in her region.

Participation in M&E Technical Working Group

As previously reported, Pact Malawi participated in M&E Technical Working Group meetings organized by the National AIDS Commission. The meetings assisted Pact Malawi and its partners to incorporate national M&E issues as they review, develop and implement their PMPs. Since February 2009, Pact Malawi has been submitting its data on a quarterly basis to NAC for inclusion in NAC's quarterly report. Also at the local level, Pact partners have been sharing their reports and data with respective local assemblies.

Monitoring, Evaluation, and Reporting (MER) Training

In total Pact Malawi conducted four MER group trainings and four demand-driven trainings for individual partners this year, reaching 130 individuals (75 males and 55 females). Two staff each from 2007 and 2008 sub grantees/partners were trained in data quality management and the new generation of indicators; 2008 partners were trained in basic MER. The next generation of indicators training was organized by Pact Malawi for all the 25 partners, for better understanding of the new indicator changes and adaptation of tracking and reporting on actual indicators. Data collection tools for care and prevention were reviewed and aligned towards the new indicators. Overall, partners expressed their satisfaction with how the new indicators will be tracked.

Participants reported a need for more one-to-one support in data management of the new indicators. Pact Malawi will intensify its support through mentorship visits and demand driven trainings. All partners were asked to review their PMPs to incorporate the new indicators and re-submit to Pact Malawi.

Data Quality Assessments

Pact Malawi, with guidance from the USG Strategic Information Advisor, conducted data quality assessments for 25 partners during the annual period. The objective was to assess data strengths and growth areas and the extent to which data can be relied upon when making management decisions and reporting. The process involved sampling key indicators, reviewing data collection instruments, maintenance, data processing procedures, and security. The process also reviewed data flow from the community to the NGO facility. The assessment revealed that sub-grantees are implementing valid activities with their PEPFAR/USAID grants. However, the verification process found that some data on file was not consistent with what had been reported to Pact Malawi due to lack of accuracy, missing data, and, in some cases, over reporting. This was immediately rectified and

quarterly reports were revised and re-submitted to Pact Malawi. Some data quality concerns included lack of support documentation for the data in hard copies, gaps in the data flow process, e.g., some levels did not have clear data collection tools and schedule for reporting the data. Most of these issues were evident at Lusubilo, NASO, COPRED, and PIH.

As a response, Pact Malawi conducted a demand and need based training to, Lusubilo, COPRED, NASO, and PIH reaching 33 participants (18 males and 15 females). This has improved data quality as evidenced by minimal/non-significant errors during the last six months of implementation. Partners were encouraged to form data quality teams as a way of ensuring quality at the partner level. Following this development, there has been a notable improvement in data quality issues such as underreporting for these partners as evidenced by over achievements of target in most indicators. Fourteen data quality assessments reports were submitted with the semi-annual report, hence 11 compiled DQA reports will be submitted to USAID this period.

Training in Sampling Fundamentals

Two Pact Malawi monitoring, evaluation, reporting, and learning (MERL) staff members attended training in Fundamentals of Sampling organized by the Pact Regional Office. Participants for the training were drawn from all Africa, Pact supported countries. The overall objective was to equip Pact MERL practitioners in Africa with sampling techniques to adequately support programs conducting studies or evaluation in their home countries. The training was timely as some of Pact Malawi's partners, such as MACRO, are nearing the end of their contractual agreements and will soon be evaluated. The training was useful and addressed key needs in sampling for the participants. Areas covered included: fundamental aspects in sampling in study designs such as end of project evaluations, baseline studies, specific research studies and other ad hoc studies; sampling terminology and techniques, types of sampling, which, when, and how to apply. These included the Lot Quality Assurance sampling, probability proportional to size, and respondent-driven sampling. Respondent-driven sampling mostly targets hidden populations. These are segments of the populations that are not easily visible, in some cases are mobile, but can be traced through strategized techniques. These are mostly the most-at-risk populations (MARPS) like men having sex with men, commercial sex workers, and IDUs. This technique is very applicable to Pact Malawi especially on REACH and EBT-Prev projects which targets these hidden populations. The knowledge and techniques acquired will be applied in future research studies and evaluations for this project.

Successes

- Capacity building in the next generation of PEPFAR indicators promoted greater understanding of the new trend for programming and monitoring.

Challenge

- Partners continue to require capacity building in MER.

Way Forward

- Pact Malawi to revise its PMP and MER system to accommodate the new indicators. Indicator reference sheets will also be reviewed.

Table 8: Strategic Information (Surveillance, Health Management Information System, Monitoring and Evaluation) achievement by Sub-grantee 1st October 2008 to 30th September 2009

Code	Performance Indicator	COP	LUS	NASO	PIH	Pact MW	Achieved	FY 09 COP Target
13.1	Number of local organizations provided with technical assistance for strategic information activities					26	26	26
13.2	Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	15	4	9	97	130	74
	Male	4	9	2	3	57	75	
	Female	1	6	2	6	40	55	

4. POLICY AND SYSTEMS STRENGTHENING

MGFCC Support

In 2007 the Government of Malawi, the Malawi Global Fund Coordinating Committee (MGFCC), and international development partners agreed to establish a secretariat for the MGFCC that is independent of any actual or potential Principal Recipient of the Global Fund to Fight Aids, Tuberculosis and Malaria grants in Malawi. The US Government provided funding through Pact Malawi to establish an independent secretariat. Pact Malawi has supported the secretariat Task Force to develop terms of reference for the secretariat and the executive secretary, called for applications for the executive secretary, and coordinated the Secretariat Task Force interviews of short-listed candidates. A suitable candidate for the position was not identified and the position was re-advertised in March 2009. A second round of interviews for the position was held early in the third quarter and, unfortunately, none of the candidates offered the post accepted. This resulted in the position description revised to an upper management position, rather than the previous director-level one. The position was re-advertised in the last quarter of the year and interviews are scheduled in early first quarter of FY 10.

Partner technical support

Technical assistance for HIV-related policy development was provided to 72 partners against a target of 25 by Pact and its partners. Pact Malawi and its partners also worked with 124 Malawian organizations, against the target of 107, to provide technical assistance in HIV-related institutional capacity building. MIAA and PACAM trained 145 individuals in HIV policy development. The training in HIV-related policy development among others constituted women rights on their reproductive health. A total of 453 against a target of 141 individuals were trained in institutional capacity building such as financial management, networking trainings by Pact Malawi, MIAA, PACAM and COVISODE. In the last six months of implementation, Pact Malawi and its partners significantly scaled up trainings in Stigma discrimination and community mobilization as evidenced by the following annual achievement: 193 individuals (147 males and 46 Females) trained in stigma discrimination; 518 (238 males and 280 females) individuals trained in HIV related community mobilization, against annual targets of 240 and 547 respectively.

Table 9: Other Policy /Systems Strengthening (Policy, Institutional Capacity Building, Stigma and Discrimination, Reduction, and Community Mobilization for HIV prevention, Care and Treatment) by Subgrantee 1st October 2008 – 30th September, 2009

Code	Performance Indicator	CAB	COV	MATU	MIAA	NASO	PACA	PIH	SAT	TUTU	ZA	Pact	Achieved	FY 09 COP Target
14.1	Number of local organizations provided with technical assistance for HIV-related policy development.			14	27		31						72	25
14.2	Number of local organization provided with technical assistance for HIV institutional capacity building.	0		14	20		32					58	124	107
14.3	Number of individuals trained in HIV policy development.	0	0	0	119	0	26	0	0	0	0	0	145	135
	Male				71		17						88	
	Female				48		9						57	
14.4	Number of individuals trained in HIV-related institutional capacity building.	0	13		36		363					41	453	141
	Male		10		19		204					31	264	
	Female		3		17		159					10	189	
14.5	Number of individuals trained in HIV-related stigma and discrimination reduction.	0	0	0	145	48	0	0	0	0	0	0	193	240
	Male				99	48					0		147	
	Female				46	0					0		46	
14.6	Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	13	0	186	0	0	192	0	0	0	127	518	547
	Male		10		16	0		141	0	0		71	238	
	Female		3		170	0		51	0	0		56	280	

5. CAPACITY BUILDING FOR SUB-GRANTEES

Post-award Site Visits

Pact Malawi worked with 26 partners to help promote timely, effective execution of tasks agreed upon. This has been achieved through quarterly support visits, and began with pre-award on-site visits for new partners. During the visits, Pact Malawi staff and its partners reviewed program descriptions. The visits were helpful in broadening knowledge of the program throughout the organization's staff, clarifying roles and responsibilities, and improving understanding of the practicalities of implementing what was proposed on paper. These visits produced the following results:

- Program descriptions and budgets modified as necessary.
- Better understanding of project activities and how to implement them.
- Realization of the need to contact certain district stakeholders – for trainings, resources, information/lesson sharing, and partnering.
- Assistance in conducting interviews for prospective staff to work on the project.
- Understanding the reporting requirements.

Technical Capacity

During the reporting period Pact Malawi, with support of other partners, conducted five technical trainings for its partners in relation to areas of implementation. The following trainings were conducted: community home based care (CHBC) and palliative care (PC), HIV testing and counseling, orphans and vulnerable children, and HIV prevention training.

In total 127 program staff from respective organizations was trained segregated by sex and type of training. Twenty three (12 males and 11 females) were trained in CHBC/ palliative care; 23 (14 males and 9 females) trained in HTC; 17(12 males and 5 females) in OVC; 40 (26 males and 14 females) in prevention and 24 (7 males and 17 females) in PMTCT. Technical issues were discussed and shared in relation to training objectives and needs based on national or international guidelines and manuals.

Community Home Based Care (CHBC) and Palliative Care (PC) Training

Pact Malawi, with support from PACAM and Lighthouse, conducted a five-day training for 14 sub-grantees that are implementing HBC/palliative care services. The training covered the following topics: community home-based care (CHBC) and palliative care concepts and overview; CHBC policy and guidelines; holistic approach to palliative care and CHBC, and PEPFAR guidance on palliative care, including indicators.

Prior to the training, most participants associated palliative care with end-of-life care only, and most were not able to link concepts of home based care to palliative care. The training also helped participants understand the importance of properly managing their programs, e.g., developing supervision checklists and monthly/quarterly plans.

HIV Testing and Counseling Training

Pact Malawi organized HTC training for 13 partners implementing HIV testing and counseling (HTC) programs. This was aimed at deepening partners' understanding of HTC national issues and PEPFAR guidelines. Topics covered during the training included basic facts and information on HIV and AIDS, human rights, HTC national policy and guidelines, and PEPFAR guidance on counselling and testing.

At the end of the two-day training, participants expressed appreciation of the knowledge and discussions on the national and internationally recognized guidelines. Feedback from participants on the most useful points they intend to apply to their respective organizations and communities included importance of proper HTC site management, PEPFAR indicators requirements and reporting, improving service quality, and strengthening networking and referrals.

Orphan and Vulnerable Children Training

OVC training was held from 20th-25th April 2009 for nine subgrantees targeting program officers and coordinators. The training was facilitated by certified trainers from Ministry of Women and Child Development (MoWCD). The course was aimed at strengthening the capacity of staff with knowledge, skills, and the right motivation for providing care and support to OVC. The major outcome of the training was development of organizational-specific plans of action for facilitating OVC care and support.

HIV Prevention training

During the HIV prevention training the following topics were discussed: HIV situation in Malawi; introduction to other prevention approaches; an overview of the national HIV prevention strategy (2009-13); HIV risk factors; effective communication; decision making; gender, sex and sexuality; interpersonal relationships; leadership skills; negotiation skills; self esteem and self awareness, assertiveness; condom programming; drug, alcohol, and other mind-altering substances; goal setting; and next generation PEPFAR indicators. Partners were informed of the new national HIV prevention strategy and each participant was given a copy. A more in-depth training on prevention and other indicators was offered separately.

At the end of the training participants, reported better understanding of prevention AB and other specific interventions. This training has led to Pact Malawi's initiative to develop a draft prevention standard minimum package.

Prevention of Mother to Child Transmission of HIV (PMTCT)

Twenty-four participants from four subgrantees implementing PMTCT were oriented in PMTCT. This was a five-day orientation training facilitated by Ministry of Health trainers. The objective of the course was to build the capacity of Pact Malawi partners to better support and advocate for PMTCT services. This orientation training was based on the Malawi national PMTCT training manual, also other sources were used to develop the training content.

The training provided an opportunity for the partners to interact and share ideas on how to improve provision of services. Participants who did not have the PMTCT guidelines, HIV policy, or pediatric guidelines were encouraged to liaise with their respective DHO so that they have these documents at their site. Coordination of services is important; participants were encouraged to send reports to the DHO as well as to Pact Malawi.

Organizational Development Process

In fiscal year 2009, Pact Malawi and its capacity building partner CABUNGO continued to provide in-depth capacity building assistance to its partners. The major capacity building activities implemented during the reporting period include:

- Finalizing organizational capacity assessments (OCAs), feedback, and action planning with all partner organizations.
- Developing and sharing ISPs with all partners.

- Conducting two multi-partner capacity building events (MPCBE), one in human resources management and one in strategic planning.

These activities represent the culmination the first two phases and beginning of the third phase of Pact Malawi's capacity building process. In addition to capacity building activities for partners, Pact Malawi staff also participated in the global organizational development (OD) community of practice meeting hosted by Pact in South Africa and assisted in implementing a strategic planning training in South Africa, which was later replicated in Malawi.

Organizational Capacity Assessments (OCA)

The OCA is a key component of Pact Malawi's capacity building (CB) process as it constitutes the assessment tool used to enable partners to analyze strengths and weaknesses in various organizational areas. Pact's OCA tool is adapted for each country in which it is implemented to ensure appropriateness to the local context. During this reporting period Pact Malawi adapted the OCA tool for Malawi. In addition, Pact Malawi trained its capacity building partner CABUNGO on how to use the tool and conduct the OCA process.

In collaboration with CABUNGO, Pact Malawi completed organizational capacity assessments (OCAs) with 26 partners: Adventist Health Services, Christian Community Church, COVISODE, Ekwendeni, FOCUS, Lighthouse, Lusubilo, MACRO, MAICC, Malamulo, Matunkha, MBCA, MIAA, NACC, NAPHAM, NASO, Nkhoma Hospital, NMCM, PACAM, PIH, SAT, SWAM, Tovwirane, Tutulane, and Zomba Catholic Health Commission. The OCA was implemented at each organization's office for a period of three days.

Developing and sharing ISPs with all Partners

During the reporting period, Pact Malawi also initiated the second phase of the organizational development process with partners. After the OCAs, tailored institutional strengthening plans (ISP) for partners were developed based on OCA findings. The ISPs are to be implemented over a period of two years and a re-assessment and re-planning will follow. The ISPs contain three primary components to address priority areas:

- *Multi-partner capacity building events (MPCBE)*: These are group trainings offered to various partners based on shared organizational strengthening needs. Partners are asked to participate in at least two out of three of the trainings offered during the year. Partners chose the following three priority areas: human resources management, strategic planning, and advocacy.
- *Targeted interventions (TIs)*: These are tailored activities based on priority areas. Pact Malawi, in collaboration with CABUNGO, provides a multi-day onsite capacity building activity directly addressing a priority area identified by the partner. At the end of the event a plan is developed so that the partner can follow up on enacting and implementing appropriate changes based on what was learned through the targeted intervention. Key areas to be addressed with targeted interventions include: program and service delivery, organizational culture, development of external partnerships, board development, resource mobilization, and developing or updating strategic plans.
- *Mentoring visits*: Pact Malawi capacity building staff conducts quarterly mentoring visits to follow up on organizational development activities that were developed through the targeted interventions. Key areas in which partners have requested mentoring included: developing a fundraising strategy, developing a strategic plan, improving the staff appraisal process, developing job descriptions for staff, strengthening internal communications, improving staff morale, and improving documentation.

During the reporting period Pact Malawi offered MPCBEs in human resource management (HRM) and strategic planning (SP). It has not yet offered targeted CB interventions or mentoring visits. These are planned for the upcoming reporting period.

Two MPCBEs - Human Resources Management and Strategic Planning

Partners were asked to choose two (out of seven) areas in which they would like to receive a multi-partner training. The seven areas were extracted from looking at common capacity priority areas across partners as revealed by the OCA reports from each partner. Partners chose the following three priority areas: human resources management (HRM), strategic planning, and advocacy. Partners were then asked to choose two out of three MPCBEs in which they would like to participate. Twenty-three partners chose to attend the human resources management (HRM) training, 18 partners chose the strategic planning training, and 7 partners chose the advocacy training.

Pact Malawi, in collaboration with its partner CABUNGO, offered two HRM training sessions. The first HRM session took place in Mangochi on 5-7 May 2009; there were 21 participants (17 males, and 4 females) coming from 11 partner organizations: Malamulo, CCC, NAPHAM, COPRED, ZCHC, MBCA, MAICC, AHS, COVISODE, MACRO, and SWAM. The second session took place in Salima on 3-5 June 2009. The Salima session had 18 participants (8 males, 10 females) coming from 10 organizations: Lighthouse, MIAA, NASO, Nkhoma, SAT, NMCM, PIH, FOCUS, Ekwendeni, and Lusubilo.

The three-day multi-partner capacity building event on human resources management was designed to equip directors, senior managers, and human resources management practitioners with basic knowledge and skills to improve human resources systems in their organizations. The following topics were discussed: recruitment, human resource development, supervision and retention, staff appraisal, staff motivation, and volunteer management. Facilitators emphasized the important role human resources play in accomplishing organizational objectives.

Recruitment and volunteer management were subjects discussed extensively at the trainings. The two topics drew more interest as most partners organizations began as small voluntary organizations with a pool of volunteers and moved on to having paid staff without following proper recruitment procedures. Given some of the legal and administrative implications that this may have on organizations, the participating organizations indicated that they would work on establishing recruitment systems. NACC, CCC, FOCUS, and COVISODE, for example, are setting up recruitment systems as well as appraisal systems. NACC, COPRED, ZCHC, PIH, and Matunkha planned to utilize the volunteer management learned at the HRM training in their programming.

With support from Pact and using Pact's global strategic planning module, CABUNGO facilitated a three-day training on strategic planning. The strategic planning training was guided by the following objectives:

- To increase participants' understanding of the importance of strategic planning and its potential impact on service delivery.
- To equip participants with basic skills in facilitating successful strategic planning processes.
- To share with participants basic tools and principles in strategic planning processes.

By the end of the three days participants expressed satisfaction with the event and suggested that the three days be extended to five days in the future in order to have more time for discussion. Out of the 15 organizations attending the event, six organizations came up with action plans on how they

will develop and review their current strategic plans. These action plans are reflected in their Institutional Strengthening Plans, which the partner and Pact monitors through the life of the agreement; Pact encourages partners to continue implementing ISP recommendations even beyond the life of the agreement, as they are designed to benefit the organization overall, not just the project. Pact Malawi will provide an update on progress in the next report.

Partner Review Meetings

Pact Malawi convened three partner review meetings this reporting year. We held these meetings to improve learning and sharing amongst partners, jointly review progress of partners' projects, conduct group capacity building, and provide an opportunity for feedback on Pact Malawi's performance.

The first meeting was held in October, 2008, followed by another in January, 2009 and June, 2009. In total, 29 participants from 14 partners attended the first meeting. The second and third meetings were a combination of all 25 partners funded in the 2007 and 2008 APS's. Two participants from each organization attended the meetings.

The meetings provided a platform for sharing knowledge and experience in order to maximize resource utilization, avoid effort duplication, and enhanced quality of service delivery. They also provided an opportunity for Pact Malawi partners to be oriented to new initiatives such as such Hope Kit. We used a combination of participatory and non-participatory methods to facilitate sharing of information and active participation of all participants. External presenters and partners covered topics such as multiple concurrent partnership, circumcision, stigma and discrimination, as well as GIPA. Discussions after presentations gave Pact Malawi an idea of the level of understanding that partners had. Pact Malawi will provide a follow up training on GIPA and stigma and discrimination after realizing that there was a gap in understanding among partners regarding these topics. The Pact regional communications officer from Nairobi presented a session on how to write success stories.

During the meetings, each partner presented plans and achievements to date, including challenges and successes. The presentations have been helpful as partners were able to learn and re-learn implementation strategies in order to achieve results. As an example, Lighthouse's presentation on volunteer motivation and retention effort was helpful to numerous partners.

At the end of each meeting, we asked participants to evaluate the event. Results showed an average rating by participants of 4.6, out of a scale of 1 (poor) to 5 (excellent). Participants cited as some of the most important things they learned resource mobilization, BCC, best practice documentation, networking, multiple concurrent partnerships (MCP), OCA, success stories, and post-exposure prophylaxis.

Updates from Pact

During the June meeting held in Nkhata Bay, partners were informed on issues that are happening at Pact global, especially on the transitioning of the new President and CEO, Mark Viso, who has already demonstrated his focus on information technology and infrastructure, as well as on strengthening internal systems such as human resources and setting a list of 100-day deliverables for rapid implementation of key productivity initiatives. Partners were informed about the two new HIV prevention projects: the Evidence-Based Targeted (EBT) Prevention project, led by PSI/Malawi, and the BRIDGE II project, led by Johns Hopkins University's Bloomberg School of Public Health Center for Communication Programs. Current Pact partners will be eligible to participate in these projects depending on their geographical location and whether they are working on prevention

activities.

A presentation on management of finances was also made by Pact country representative Matthew Tiedemann. He pointed out certain types of financial practices that are risky, such as cash transactions and bulk withdrawals, which are difficult to track. Benefits of using checks, such as leaving a paper trail behind, were highlighted. Ultimately, financial accountability is the responsibility of the executive director of the organization – not only the finance manager – and so the director must carefully oversee the finance manager’s actions. On this point, the CR quoted former U.S. president Ronald Reagan, who said, “Trust, but verify.”

Partner presentations

Each partner delivered presentations on their work since the previous meeting. Afterward Pact presented awards for best branding, most impressive presentation, innovation, most improved, best lessons learned, best new evidence, best problem solving, best initiative and best host. These are meant to motivate the partners and facilitate learning from each other. In addition to the partner presentations about their organizations, NAPHAM presented and facilitated a discussion on stigma and discrimination, in which one member of the NAPHAM support group in Nkhata Bay presented her story on how she coped with stigma and how she is now living positively with HIV. NASO presented their peer role model approach that they use to inspire youths to make good choices. Tovwirane presented on post-test clubs and how these are used to tackle cultural issues that fuel HIV transmission in the area. Bert Nanninga from Matunkha also made a presentation on human sexuality. He noted that it is important to understand and be comfortable discussing human sexuality, both within the partner organizations and in their work, so as to speak from an educated position and dispel myths.

Learning field visit

On day three of the January meeting, participants traveled to one of the partners, Ekwendeni Mission Hospital, to learn about some of the hospital’s innovative programs. Participants learned about Ekwendeni’s prevention program and their Gogo Initiative. They also meet with HBC volunteers and PMTCT male motivators. Participants were generally impressed with the community’s activeness and their participation in all the programs. On areas of improvement, Ekwendeni was encouraged to train the volunteers to be able to keep the data and strengthen the data flow from the community to the hospital. In addition, they were also encouraged to include the important component of care of the carers in their HBC program.

Organizational Network Analysis

Pact Malawi continues to encourage its partners to actively network for sharing of lessons learned and good practices, resources, and mutual support. In one of the review meetings, using the Pact global organizational network analysis (ONA) tool, Pact Malawi presented baseline and midterm results from the 2007 partners. The results showed increase in the network “density,” or total possible network connections, from 19% at baseline to 44% after one year in the Pact Malawi network. The ONA results show how and to what extent network nodes are interacting, and facilitate analysis about how the network is functioning. Geography, common interest, and need to network were some of the reasons identified as hindering or improving networking. Partners have now realized the value of networking, as evidenced by PACAM, which had conducted training in networking, and partners accessing other resources outside PEPFAR funding. Pact partners continue to seek linkages for nutrition support, and technical and other resources.

HIV/AIDS and Organizational Development (OD) Communities of Practice Meetings

Every other year Pact organizes communities of practice for all its organizational development (OD) and HIV/AIDS practitioners. These meetings offer an opportunity to learn about recent developments in the field and share lessons learned. Five Pact Malawi staff attended Pact annual global HIV/AIDS and organizational development communities of practice meetings held in Pretoria from March 22 until March 29 2009 which drew participants from all 26 Pact field offices worldwide. Participants broke into two groups to attend training in Pact's new modules on strategic planning and governance.

Quality programming and approaches required for quality within country programs were highlighted at the HIV/AIDS meeting. Participants also reviewed the draft HIV prevention and OVC toolkits that had been developed as a result of the previous year's meeting.

This meeting provided the Pact Malawi team an opportunity to share their experience and to make a presentation about Pact Malawi's OD approach through a market place exhibition. The conference also helped participants build confidence, knowledge and skills in OD and to network with Pact colleagues from other countries.

Along with Pact South Africa, and with assistance from the Pact headquarters and regional office, Pact Malawi staff co-facilitating a session on strategic planning processes. Pact South Africa organized a training for its partners on how to conduct an effective strategic planning process. Most Pact South Africa partners acknowledged having Strategic Plans (SP) that were mostly developed by consultants but the organization's constituency did not participate fully in the consultation process. This was a challenge in the sense that such SP were not customized to the real thinking and visioning of the organization. The training therefore benefited the partner organizations in that they anticipate to fully get engaged in their next SPP review to the extent that even if consultants were hired, the organizations would be able to guide and work with the external consultants to develop the strategic plans.

Pact Malawi staff co-facilitated this workshop. The workshop provided them with an opportunity to build skills in facilitating similar process in Malawi. The skills gained will be transferred to partners through mentoring and coaching. Pact Malawi staff were trained in using the ONA software by HQ staff. This will enable them to analyze the next questionnaires conducted with partners for the end-of-project survey, the results of which will be incorporated in the end of program report.

Financial Management Training

In March, 2008, Pact Malawi conducted a financial management training workshop for 2007 and 2008 solicited grantees. A total of 41 participants attended the training. Twenty-nine participants from the 2008 APS attended the first three days. In addition, 12 of the 2007 APS partners joined with the 2008 grantees for the final two days of the training.

The training covered applicable PEPFAR and USAID rules and regulations as contained in Office of Management and Budget (OMB) circulars, Code of Federal Regulations (CFR), as well as USAID Automated Directives System (ADS), and other relevant reference materials. Issues of ethics, governance, and auditing were also covered during the last two days of the training attended by all partners. The training reviewed all key deliverables, such as financial reports that meet PEPFAR funding standards, financial reports that do not contain unallowable items of expenditure, and all financial documentation.

The training has proved effective as evidenced by improvements in partner's financial management systems and quality financial reports with proper documentation.

Financial Operations Risk Assessment

The objective of this exercise was for grantees to do a self-assessment of what they perceive to be their organization's rating as regards the status of their internal control framework. Self-assessment questionnaires were administered for partners to reflect insights of their respective organizations. The internal control framework on risk self-assessments included topical issues regarding each organization's:

- Control environment
- Organizational risk cycle
- Inventory cycle
- Human resources cycle
- Purchasing/accounts payable cycle
- Cash receipts cycle
- Budget Reporting Cycle
- Financial reporting cycle
- Capital assets cycle
- Computer security cycle

Participants were guided through the objectives of each assessment cycle and its corresponding risks. They then provided responses and comments to a set of questions on elements of each cycle. Partner's responses varied, and out of 25 partners that completed the self-assessment, 96% mentioned that it was the first time to be subjected to such a financial and operational exercise and that the results will assist them to improve on areas reflected in the tool. Equally important was that the assessment made the grantees get well prepared for the Pact Malawi grantee audit, which started in September 2009 and is currently underway. Pact Malawi uses the results for its ongoing tailor-made capacity building efforts to help partners develop more effective internal control systems.

Audit

Pact Malawi in collaboration with USAID has initiated sub grantee audits for all grantees. Graham Carr has been engaged in the audit and is expected to finish in October 2009.

Financial reviews

Financial reviews were conducted since October 2008. These were both desk reviews as well as onsite reviews which included mentoring and coaching. Pact Malawi discovered that the finance and administration managers at one sub grantee -- the Tutulane AIDS organization based in Chitipa -- had misappropriated funds amounting to \$11,428.00. Pact's contract with this organization has since been terminated and the matter is in court. When signing contracts with grantees, Pact had forewarned organizations that any financial mismanagement would be taken very seriously, and that anyone found engaging in fraud would be prosecuted. Pact is now following through on that promise.

6. PACT MALAWI MANAGEMENT

Annual Program Statement (APS) 2009

In consultation with USAID/Malawi, Pact Malawi developed its third annual program statement, a mechanism through which sub-grantees are selected. The APS called for programming to fill current gaps and that are in keeping with new approaches to addressing HIV and AIDS. In recognition of the fact that developing organizational capacity is a long-term process, and the Community REACH project is scheduled to end in 2011, the APS was limited to current Pact Malawi partners. This approach will enable partners selected for continued funding to consolidate services offered, deepen the quality of their services, expand coverage, and continue implementing the objectives laid out in their institutional strengthening plans. The APS was released in April 2009. Out of 25 Pact grantees 23 submitted the applications. A review panel consisting of USAID, NAC, MoWCD, Ministry of Agriculture, NASFAM, and Pact staff selected 17 proposals for funding, scheduled to begin October 2009.

Staffing

In order to meet an increased work load, Pact Malawi recruited four new staff positions: an expatriate capacity building and knowledge management manager 50% LOE on Community REACH); a program officer (as one program officer has transitioned nearly full time to the two new HIV prevention projects), an assistant program officer, and a grants assistant. These recruitments have increased effective mentoring and quality for Pact Malawi's 25 partners, and enabled Pact Malawi to meet staffing needs for the new projects.

OVERALL CHALLENGES

The major challenge faced this year stemmed from identifying fraud in the financial reports of one of our partners. Pact Malawi and headquarters staff conducted an investigation and substantiated that fraud was committed. Pact's sub-award to the NGO was suspended and, when the organization did not respond to the issues, the award was terminated. A legal case is in progress at Mzuzu courts. Managing this case of fraud has consumed time and energy on the part of Pact Malawi and HQ staff and Pact's board of directors, has resulted in more rigorous and frequent review of all partners' financial and programmatic reporting, and has prompted Pact to contract an external firm to audit all partners. Since this incident, Pact Malawi staff have emphasized even more forcefully and frequently to all partners the adverse impact that misuse of funds has on the intended beneficiaries of the programs, the reputation of the organization involved, all partners' work, Pact's work, and, potentially, on international donor assistance in general. Pact staff have reiterated Pact's and the US Government's zero tolerance policy for any misuse of funds.

7. FINANCIAL DATA

As of	09/30/08	03/31/09	09/30/09
Obligations:	\$5,935,000	\$ 10,354,750	\$10,454,750
Avg. Monthly Exp:	\$401,006.20	\$410,199.35	\$491,024.09
Accrued Expend:	\$481,603.21	\$790,336.01	\$313,250.50
Pipeline:	\$1,681,702.79	\$2,882,898.49	\$ 1,403,251
Pipeline months:	4.19	7.03	2.85

8. ACTIVITIES FOR THE NEXT REPORTING PERIOD (6 MONTHS)

Key activities planned for the next reporting period include:

- Closeout preparations for nine grantees whose awards will end.
- Conduct refresher financial training for 25 grantees.
- Orient 25 grantees on new financial reporting format.
- Tailor-made capacity interventions for subgrantees based on the results of self-risk assessments.
- Conduct trainings in data quality management and technical training in HIV prevention.
- Conduct data quality assessments and MER mentorship visits.
- Participate in Pact's global MER, OD, and HIV community of practice meetings.
- Coordinate recruitment and hiring of MGFCM secretariat manager.
- Provide technical and financial support for the establishment of MGCCM secretariat.
- Update ISPs for all partners.
- Conduct two multi-partner trainings and 24 targeted OD interventions.
- Link interested partners to organizations that support long-term volunteer placements.
- Conduct OVC targeted refresher training for staff.
- Provide technical assistance in piloting national OVC standards for NACC and Lusubilo.
- Finalize minimum standards for HIV prevention programming.
- Provide mentorship and monitor progress to adhere to quality assurance issues and minimum package developed by Pact Malawi for OVC, HBC, and HIV prevention.
- Coordinate PMTCT training on use of national registers for AHS, Ekwendeni, Malamulo, and Nkhoma.
- Conduct supportive visits to all sub-grantees and monitor implementation of activities.
- Support World AIDS Day events, and One Love Campaign, National HTC Week (if GoM organizes in 2010).
- Review and provide feedback on partner quarterly reports.
- Conduct program review meetings with USAID.
- Conduct one partner review meeting.

9. Success Story – 1

Traditional Healers Confront a Modern-Day Epidemic in HIV/AIDS

Patuma Ali, 50, has been working as a traditional healer in southern Malawi's Mangochi District for the past 18 years. She runs her own traditional medicine clinic called the Matukuta Center, where she treats up to 20 patients per day. With the spread of HIV and AIDS in Mangochi District, where over 15 percent of the population is HIV-positive, Ali grew concerned in recent years that some of her patients were not improving – and it seemed as though nothing that she did could help them.

In the rural area where Matukuta is located, known as Namwera, a shortage of health workers at local clinics means that many people consult traditional healers like Ali. Staff members of the Namwera AIDS Coordinating Committee (NACC) noticed that some of these healers' practices – such as using razor blades to create small incisions where the medicine is administered – have serious implications for the spread of HIV. Yet no one in the community was addressing this issue in a constructive way, according to Saeed Wame, NACC's Executive Director. "There was a lot of blaming and claiming," he said. "The workers were blaming the herbalists [traditional healers], accusing them of fueling the transmission of HIV through their practices. The herbalists in turn were claiming that they could cure AIDS, and people believed them."

In March 2008, NACC gathered the local chiefs, traditional healers, and health workers for a stakeholder discussion, during which NACC discovered the need for a broader awareness on HIV and AIDS issues among chiefs and herbalists. Through a series of orientation meetings, NACC presented basic facts on HIV and AIDS to the chiefs and herbalists, some of whom acknowledged that they may have contributed to the transmission of HIV through their practices. Patuma Ali, along with 37 other herbalists, attended one such meeting hosted by the Group Village Headwoman Mkata. At that meeting, NACC invited the herbalists to partner with nearby health facilities and with NACC in order to take a more proactive role in stemming the spread of HIV. "Personally, I accepted the offer," Ali recalled, "and I asked, 'Where were you earlier with this idea?'"

Based on the high level of interest that was demonstrated, NACC launched a partnership program with 31 herbalists shortly after the orientation meetings. Since the majority of these healers work on a client-by-client basis, instead of through a clinic like the Matukuta Center, NACC has designed a referral system whereby healers provide their patients with referral forms so they can visit



Left to right: Patuma Ali, her daughter, and her assistant, Indi Yusufu. Ali is holding a client register book given to her by the Malawi Government Ministry of Health.

NACC for HIV testing and counseling (HTC). HTC counselors from NACC also visit the Matukuta Center on a weekly basis to provide testing and counseling services. According to Ali, the Friday HTC sessions at Matukuta usually draw between 13 and 20 people – some of whom are not her patients, but some who have traveled from neighboring villages. Oftentimes, up to half of those people who are tested are found to be HIV-positive, she says.

Pact Malawi began partnering with NACC in October 2007, through a capacity building and grants management program funded by the United States President’s Emergency Plan for AIDS Relief (PEPFAR), through the U.S. Agency for International Development. With Pact’s support, NACC now runs six outreach sites to conduct HIV testing and counseling services with the local population. The Matukuta Center is one such site. According to Wame, 50 to 60 people are tested each month at the Matukuta Center. Those who test HIV-positive are referred to nearby health facilities such as the Mangochi District Hospital or Jalasi Health Center for further examinations, and to receive anti-retroviral (ARV) drugs when necessary.



James Ajida discusses his story with Ali and her daughter at the Matukuta Center. In the background is the ward where Ajida stayed for three months.

James Ajida, 37, came to the Matukuta Center from Maindi Village when he was seriously ill. While Ali was treating him, she told Ajida about the HTC services that NACC provides, and suggested that he might benefit from being tested. After much encouragement, Ajida finally agreed – and was found to be HIV-positive. “If I hadn’t come to the Matukuta Center, I wouldn’t have gone for an HIV test. I wouldn’t have known what HIV is,” Ajida said. “Even when I came here, it wasn’t easy. It is because of Mama Ali that I got the information. This is how I accepted being tested.” After Ajida discovered his HIV status, he went to the hospital to obtain ARV drugs. He then stayed at the Matukuta Center for three months to regain his strength while Ali monitored him to make sure he was taking his ARVs, which she does for all her patients who are HIV-positive.

Ali is proud of the changes that her practice and her clients have undergone as a result of the NACC collaboration with herbalists. “Through this partnership, my clients now have HTC services. Previously, this was not possible,” she said. “And I have learned to use razor blades properly. Herbalists should be helping to prevent the spread of HIV – not contributing to it.”

10. Success Story - 2

Advocating for Dignity: PACAM's Campaign for Liquid Morphine in Malawi

For many people in rural Malawi who suffer from AIDS, cancer, or other progressive diseases, palliative care is often the best option for improving their quality of life, according to the Palliative Care Association of Malawi (PACAM). PACAM recommends morphine as the best treatment for managing the chronic pain that these patients experience. Yet until May 2009, morphine – a controlled substance in Malawi, with distribution restrictions – was only available in tablet form at private hospitals, or at Malawi's two largest hospitals in urban areas, not at the community level, where many patients receive home based care.

PACAM's mission is to support, develop, and promote affordable and culturally appropriate palliative care in Malawi. Pact Malawi began partnering with PACAM in December 2007, through a provide capacity building and grants management program supported by the United States (U.S.) President's Emergency Plan for AIDS Relief (PEPFAR), through the U.S. Agency for International Development. As part of its 2007 – 2009 partnership with Pact, PACAM launched a national advocacy campaign in January 2008 with the aim of procuring liquid oral morphine for palliative care patients in Malawi. Liquid morphine is preferable to tablet morphine for these patients, PACAM says, because it is less expensive and more effective in rapid pain control. Through its strategic advocacy campaign, PACAM forged relationships with key actors and government officials, drawing them in as allies in an effort to influence policy and provide palliative care patients with a drug that can ease their suffering and restore their dignity.



Lameck Thambo, PACAM National Coordinator, poses in front of the offices of the Pharmacy, Medicines, and Poisons Board (PMPB), a key ally in the campaign for liquid morphine.

Traveling to Uganda on a study tour in June 2006, Lameck Thambo learned firsthand from the country's palliative care system that liquid morphine can be effectively distributed as a treatment at the community level. Then acting as PACAM board chair – and now its National Coordinator – Thambo and his fellow study tour participants realized that the barriers to implementing such a program in Malawi were many. A range of stakeholders, such as the Central Medical Stores, the private sector, and the Pharmacy, Medicines, and Poisons Board, were not collaborating on the drug's procurement, supply, and monitoring. Malawi had lagged in previous years in reporting its statistics on national morphine use to the International Narcotics Control Board in Vienna, Austria,

resulting in the Board lowering Malawi's annual morphine import quota. And Malawian law did not allow the distribution of the drug to all levels, such as community health centers. Thambo knew that launching a program in Malawi similar to that of Uganda's would require the buy-in and coordination of important decision makers who could confront these barriers.

Fortunately, PACAM already had an ally in the form of Francis Chafulumira, Chief Pharmacist in the Malawi Ministry of Health, who had traveled with Thambo on the Uganda study tour. In February 2008, PACAM and the Ministry of Health co-hosted a workshop in Lilongwe on "Opioid Analgesics Availability" to raise awareness among key stakeholders and involve them in the campaign. Deputy Registrar for the Pharmacy, Medicines, and Poisons Board Aaron Sosola was invited to give a presentation on drug import licensing. Ivy Zingano, Director of Malawi's Central Medical Stores, spoke about the drug procurement cycle. These individuals would later prove to be essential in helping PACAM's advocacy campaign to succeed. Outcomes from the conference included a recommendation that Zingano's office order the morphine powder, reconstitute it, and distribute it to the districts. It was also suggested that the Pharmacy, Medicines, and Poisons Board review the national requirements for opiates such as morphine.

Even with these recommendations in place, PACAM and its allies continued to face resistance. Some government officials were hesitant to import the morphine powder necessary to create liquid oral morphine, balking at the logistics of storing large quantities of the controlled liquid. Later on that year, in December 2008, PACAM recruited a new set of allies: participants at an advocacy training it held in Lilongwe on "Strategies to Improve Palliative Care Services in Malawi." This time, the attendees included members of the media, the private sector, the government, and Kamuzu College of Nursing. One participant present was George Ntonya, then a journalist for *The Nation*, one of Malawi's most widely read newspapers. Two months after attending the training, Ntonya met a woman suffering from cancer who lacked access to morphine. Ntonya wrote an article about her that appeared in *The Nation* in February 2009. Reflecting on his work, Ntonya said, "Our role as journalists was to let the world know that there are drugs available, and that people simply do not have access to them."

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Sharing the burden

By George Ntonya, a correspondent



Ilona Mkupe from Mangochi has been sick for 200 and is usually severe pain. She can hardly walk. She does not enjoy life because of the pain. Consequently, she has lost weight. Two-and-a-half years of falling sick, when some of her now is a job of the once strong and plump sister from Nkhosha.

"I have been to the hospital several times. My condition remains to deteriorate," said the woman who is believed to be about 65 years old. "They told me that I am cancer of the breast. I have a lot of blood in my chest," she stated in a low tone, looking away from the camera.

The results showed I was not HIV positive," she said, looking at family members. Mkupe looks up to the-based care givers for assistance. Sometimes the care is for her soap and to find relief. "They also provide her things to ease the pain. They have given me things to help her pain, but they are limited," she stated, adding that in instances she goes out without a proper bed, even when she has aspirin.

Heinz Mchombi is in-charge of Chikwanda Home-Based Care Group and said there were chemicals in his group is big.

Most of our clients HIV positive and a lot of them are feeling or because they have had the HIV test. They are not taking their medication.

mobile technology project with the view to help home-based care groups and health workers improve the quality of service they provide to patients, particularly those infected with HIV.

The mobile technology project was piloted in Mangochi district with financial support from The British UK, a Christian organization which is supporting different organisations involved in initiatives such as food security, water and sanitation as well as HIV and Aids.

According to EAM head of programmes Steve Mbonika, the project's main objectives are to improve the quality of care provided by the HBC volunteers, to help the volunteers generate income from the phones for their sustainability and to offer a technology solution that effectively supports information and communication technology related to health services.

The association distributed free mobile phones to different community-based organisations whose volunteers provide home-based care to the chronically sick people in Nkhosha and Malindi areas in Mangochi district.

The association also trained the home-based care givers how they can effectively use the phones to help the sick access medical assistance in good times.

They were also trained in new methods of community home-based care to enable them to improve on the quality of care services they provide to the chronically ill.

The association also trained them how to use the phones to generate income to support their activities. Probably, patients such as Helena Mkupe would receive quality palliative care if more community-based care is available.

They said patients in severe pain require strong pain control medicines such as morphine but most of them do not access drugs because of medicine cost and regulations that aim at preventing abuse. He said the association is carrying out advocacy programmes to convince people on the importance of providing quality care to patients in severe pain.

Africa Palliative Care Association (APCA) is working in collaboration with the Ministry of Health to provide palliative care as "active total care of patients whose disease is not responsive to curative treatment."

He said nearly 10 million people die annually in the world and almost 65 percent of them have prolonged illness which is characterised by severe pain.

This justifies the need to advocate for palliative care.

According to Thambo, Palliative Care Association of Malawi is working in collaboration with the Ministry of Health

The 65-year-old Helena Mkupe exclusively relies on Chikwanda Home-Based Care for support.—Pic: George Ntonya

After attending the PACAM advocacy training, journalist George Ntonya wrote an article about palliative care that appeared in *The Nation* in February 2009.

“Our role as journalists was to let the world know that there are drugs available, and that people simply do not have access to them.”

- George Ntonya

Another journalist helped the family members of a second woman, Emily Liwonde, to write a death notice published in *The Daily Times* in April 2009 that recounted Liwonde’s suffering as she died of cervical cancer. The notice called upon the Malawi government to take further action to procure strong painkillers for patients in palliative care. Around the same time, Chafulumira made a recommendation to the Ministry of Health to start buying morphine powder. Shortly afterwards, the call came.

In May 2009, PACAM received a call from the National Home Based Care Coordinator at the Ministry of Health, inviting Thambo to meet. In the meeting, the Coordinator announced to Thambo that the government had agreed to purchase a one-year supply of 5kg of morphine powder, and it would be submitting a request to Ivy Zingano at the Central Medical Stores to purchase the powder, which would be made available to all district hospitals throughout Malawi. Sosola would apply for the import license. All costs would be covered by the Ministry of Health. With all actors now collaborating – members of the media, the Central Medical Stores, the Pharmacy, Medicines, and Poison Board, and the Ministry of Health – PACAM’s hard-fought campaign had been won.

Many government officials and allies credit PACAM with creating the enabling environment for influencing policy change. “PACAM played a vital role in this project,” Chafulumira said. “Lameck [Thambo] sold us on the idea that Malawi needed liquid morphine. That influenced [the Ministry of Health] to take the lead on this issue.” Although certain logistical challenges remain, Sosola is convinced that the campaign’s momentum is unstoppable. “I give it another two years until everybody is aware that there is a palliative care initiative here in Malawi, and that you can go to A, B, or C hospital or clinic and get liquid morphine,” he predicts. “This has been facilitated by PACAM.”

11. Success Story – 3

Male champions close the gender gap in HIV and AIDS services

Prior to attending a community sensitization meeting with the Mponela AIDS Information and Counseling Center (MAICC) in October 2008, Group Village Headman Wiki had no idea it was possible to protect the unborn babies of HIV-positive mothers from contracting the virus. In fact, before the meeting, Group Village Headman (GVH) Wiki, 37, knew very little information on HIV and AIDS at all. But afterwards, GVH Wiki decided to go to MAICC for HIV testing and counseling – and still he wanted to do more. “I was inspired by the powerful information that MAICC shared,” he said. “I felt I should grab this opportunity to share the information with people in the community, so that they can be healthy, too.”

As his title suggests, GVH Wiki is the traditional leader of Wiki Village, located in central Malawi’s Dowa District. In rural Malawi, traditional leaders are highly influential. “People listen to what they say. Whatever they ask the community to do, they will do,” according to Zikani Banda, HIV testing and counseling (HTC) supervisor at MAICC. Wiki is precisely the type of person whom MAICC aims to target for its innovative “Male Championship” program, made possible through a partnership with Pact Malawi.



Group Village Headman Wiki was inspired by MAICC to join a Male Championship Club



Pictured are members of the Chimungu Male Championship Club. Wiki stands second from the right, while Chimungu and Mtsiliza stand third and fourth from the left.

Pact Malawi began partnering with MAICC in November 2007, through a capacity building assistance and grants management program funded by the United States President’s Emergency Plan for AIDS Relief (PEPFAR), through the U.S. Agency for International Development Mission to Malawi (USAID). MAICC, which serves a population of 75,000 people in 430 villages throughout Dowa District, set a goal at the beginning of its two-year partnership with Pact to increase the number of people accessing its HTC services to 4,000. Another MAICC objective in its Pact partnership was to strengthen its referral systems with other HIV-related services, such as prevention of mother-to-child transmission (PMTCT) care.

In early 2007, MAICC staff had noticed that the HTC clients at its 23 mobile and stationary testing sites were more often men than women. Aside from being an issue of gender balance, this disparity concerned MAICC staff because the organization strongly prefers partners to come together for HTC services – “couple counseling.” MAICC promotes couple counseling because the practice encourages mutual disclosure between partners, as well as informed decision making on how to avoid getting infected, or how to avoid infecting one another.

To better understand the gender disparity, MAICC’s HTC department met with community members and reflected on possible contributing factors. Through this process, they discovered that women were afraid to go for HIV testing because they had to get consent first from their husbands. Led by Banda, the HTC team at MAICC decided to create a program to foster male peer-to-peer outreach on the topics of couple counseling and going for prenatal care and PMTCT. In order to address the latter, MAICC teamed up with nearby Mponela Rural Hospital, where PMTCT services are available. After brainstorming, planning the program, and hosting community outreach meetings from August 2007 to December 2008, MAICC’s Male Championship Clubs were launched.

At present, MAICC now coordinates six Male Championship Clubs, each of which serves anywhere from six to 16 villages. MAICC field officers meet with the clubs once a month, such as during visits by the MAICC mobile HTC clinic. The Chimungu Male Championship club, of which Wiki is a member, takes advantage of community gatherings at the 16 villages they serve to encourage men and women to go for couple counseling and prenatal care, including PMTCT services. “We are also encouraging the youth who are planning to get married to get tested beforehand, so they will know their status before they enter the marriage,” said Mizeck Mtsiliza, 52, another one of the club’s members. GVH Chimungu, 48, chairman of the club and the traditional leader of Chimungu Village, added, “Even at funeral services, I explain to people the importance of HIV testing, as well as PMTCT.” Chimungu is one of four traditional leaders who participate in the club, using their influential positions to encourage community members to access HIV-related services.



Group Village Headman Chimungu is the chairman of Chimungu Male Championship Club, and one of the four traditional leaders among the club’s membership

The efforts of Male Championship Clubs like the Chimungu group are now contributing to impressive results. In 2007, prior to the clubs’ formation, the ratio of women to men accessing HTC services at MAICC’s mobile and static sites was one to three, according to Banda. Now the ratio is one to two at static HTC sites, and one to one for the mobile HTC sites. In addition, in fiscal year 2009 year, beginning in October 2008, the number of clients who came for HTC as couples nearly doubled between the first and second quarters. Club members have also found creative ways of

encouraging men to take their wives for prenatal and PMTCT services. In Chimungu Village, if a woman delivers at home instead of at the hospital where PMTCT services are available, her family is fined 500 Malawi kwacha (around US\$3.50), Mtsiliza explained. On the other hand, club members raise money to pay for transportation in the form of oxcarts or bicycle taxis for women to want to go to the hospital to give birth.

Not only have MAICC's Male Championship Clubs shaped the local public policy and fostered a new willingness among men to take their wives for HIV services, they have also helped GVH Wiki at a very personal level. As a result of his involvement in Chimungu Club, Wiki is now taking his pregnant wife to the hospital for prenatal services. "I have seen that this is really helping me, because we are all healthy, and my children are healthy, too" he says. "I have learned a lot through MAICC's support, and now I'm helping my peers."

12. SUMMARY OF FY 2009 SITE VISITS BY PACT MALAWI STAFF

PARTNER NAME	DATE VISITED	RESPONSIBLE OFFICERS	OUTPUT OF THE VISITS
NAPHAM	11 th November 2008	SPM and PO	Technical supportive visits
MAICC	12 th November 2008	SPM and PO	Programmatic supportive visits budget review
Lighthouse	13 th November 2008	SPM and PO	Technical supportive visits
NASO	17 th November 2008	SPM and PO	Start up support visit
Tovwirane	18 th November 2008	SPM and PO	Start up support visit
Matunkha	19 th November 2008	Kate and Wezi	Start up support visit
Christian Community Church	1 st December 2008	SPM and SGM and PO	Provided guidance to CCC on the start-up activities implementation plan and budget management Also supported CCC with recruitment process for its new staff.
Malamulo	2 nd December 2008	SGM and PO	Provided technical assistance on financial monitoring HIV/AIDS prevention programming
COVISODE (Common Vision for Social Development)	3 rd December 2008	SPM and SGM and PO	Provided technical assistance on start-up activities for prevention and HTC and financial monitoring process.
MBCA (Malawi Business Coalition Against HIV/AIDS)	4 th December 2008	SPM and SGM and PO	Technical assistance on start up activities provision
AHS (Adventist Health Services)	4 th December 2008	SPM and SGM and PO	Provided technical assistance on start up activities
CABUNGO	5 th December 2008	SPM and SGM and Grants Assistant(GA)	Contractual support
COPRED	15 th December 2008	SPM and PO and Grants Assistant(GA)	Technical assistance on key programming areas and financial management
Zomba Catholic Health Commission	16 th December 2008	SPM and PO and Grants Assistant(GA)	Supportive visits for start-up activities
NAPHAM-Machinga	16 th December 2008	SPM and PO and	Supported NAPHAM

		Grants Assistant(GA)	on management of PLWHAs and OVC
Namwera AIDS Coordinating Committee.	17 th December 2008	SPM and PO and Grants Assistant(GA)	Provided technical assistance to NACC on OVC and HTC programming
Partners in Hope	1 st April 2009	MERQM and PO	M&E mentorship and programmatic support
NAPHAM	11 th June 2009	MERQM	Mentorship on reporting
SAT(LIHASO)	16 th June 2009	MERQM PO and APO	Program supportive visits
NASO	17-18 th June 2009	MERQM PO and APO	Program supportive visits
SWAM	18 th June 2009	MERQM PO and APO	Program supportive visits
MBCA	3 rd August 2009	MERQM	Target setting for Next Generation of indicators
CCC	3 rd August 2009	MERQM	Target setting for Next Generation of indicators
AHS	3 rd August 2009	MERQM	Target setting for Next Generation of indicators
COVISODE	3 rd August 2009	SPM and GA	Supportive visits and financial reviews
COPRED	4 th August 2009	MERQM and SPM	Target setting for Next Generation of indicators
Malamulo	5 th August 2009	MERQM SPM and GA	Target setting for Next Generation of indicators and financial monitoring
Zomba Catholic Health Commission	6 th August 2009	MERQM SPM and GA	Target setting for Next Generation of indicators and financial monitoring
Namwera AIDS Coordinating Committee	6 th August 2009	MERQM SPM and GA	Target setting for Next Generation of indicators and financial monitoring
Lighthouse	10 th August 2009	MERQM SPM and PO	Target setting for Next Generation of indicators
Nkhoma	11 th August 2009	MERQM PO and APO	Target setting for Next Generation of indicators
NAPHAM	12 th August 2009	MERQM and PO	Target setting for Next

			Generation of indicators
MAICC	13 th August 2009	PO and APO	Target setting for Next Generation of indicators
NASO	14 th August 2009	PO and APO	Target setting for Next Generation of indicators
Matunkha	18 th August 2009	PO and MERQM	Target setting for Next Generation of indicators
Lusubilo	19 th August 2009	PO and MERQM	Target setting for Next Generation of indicators
Ekwendeni	20 th August 2009	PO and MERQM	Target setting for Next Generation of indicators
Zomba Catholic Health Commission	20 th August 2009	USAID HIV/AIDS Specialist and Prevention Specialist	Program supportive visit
Tovwirane	21 st August 2009	PO and MERQM	Target setting for Next Generation of indicators
SAT	3 rd September 2009	PO and MERQM	Target setting for Next Generation of indicators
SWAM	4 th September 2009	PO and MERQM	Target setting for Next Generation of indicators
FOCUS	28 th September 2009	SPM and MERQM	Program review and M&E mentorship
Lusubilo	28 th September 2009	SPM	Program supportive visits
Ekwendeni	29 th September 2009	SPM and MERQM	Program support for MICAH activities and agreed on timelines

13. Map of Pact Malawi Partners



