Malawi

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

Country Context

The Republic of Malawi has a population of nearly 16 million people living in an area of 118,484 square kilometers (approximately the size of Ohio). As one of the poorest countries in the world, currently ranked 171 out of 187 on the Human Development Index, Malawi has faced an uphill battle to achieve improvements in key health indicators. Malawi is faced with double-digit HIV prevalence, one of the highest malaria prevalence rates in the world, and a population that is expected to double by 2030. These challenges are putting increasing pressure on land, natural resources and social services.

Malawi is well known in the region for its innovations in public health programming, and maintains a well-coordinated health donor environment, under the leadership of the Sector Wide Approach (SWAp) Secretariat in the Ministry of Health (MoH). The strong national commitment and leadership to improved health outcomes, with support from development partners, has significant achievements to show for it: •Malawi is on track to meet MDG 4, reducing child mortality by two-thirds by 2015 •HIV prevalence amongst 15-49 year olds has declined from 11.8 % in 2004 to 10.6% in 2010 per the Malawian Demographic and Health Survey (MDHS)•Maternal mortality has decreased from 1,120 per 100,000 live births in 2000 to 675 in 2010•Fertility has declined from 6.3 births in 2000 to 5.7 births per woman in 2010 •Modern contraceptive use has increased from 26% in 2000 to 42% in 2010

Modeling of 2010 ANC data and the 2010 MDHS data shows just under one million Malawians living with HIV, 19% of whom are children under 15, and 47% of whom are adult women. AIDS is the leading cause of death, with an estimated 44,000 deaths in 2011, and is a major contributing factor to Malawi's low life expectancy of 54 years. TB continues to be a challenge and co-morbidity with HIV is common. The WHO estimated 29,000 new cases of all forms of TB in 2011, with approximately 62% in PLHIV. While there has been a significant increase in TB treatment success rate of 87% (up from 67% in 2001), the overall case detection rate remains about 66%.

Status of the National Response

The national HIV response is managed by the National AIDS Commission (NAC), which falls under the Office of the President and Cabinet (OPC), Department of Nutrition, HIV and AIDS. NAC is the Principal Recipient (PR) for Global Fund HIV grants, and the MoH is the primary Sub-recipient (SR).

Malawi has a streamlined public health approach to service delivery and has had remarkable success in scaling-up ART nationally. In 2011, Malawi's national HIV response transitioned to an integrated model, incorporating HIV treatment, PMTCT and primary care in a unified service delivery approach. Option B+ has provided a platform to aggressively scale-up ART access under a programmatically-sustainable approach. ART has been integrated into all ANC clinics, doubling the number of ART sites to over 641. The new integrated approach, comprised of the family-care program model, includes implementation of a

new pre-ART program for those not yet eligible for ART, routine offering of voluntary family planning (FP) to pre-ART and ART patients, integrated mother-infant pair follow-up, and primary-care elements including screening and management of STIs and TB. ART eligibility has been revised to include all persons with CD4 <350 cells/mm3 for those (adults and children >5 years) who otherwise don't qualify based on pregnancy or other factors. A WHO recommended ART regimen (TDF/3TC/EFV in a once-daily FDC) is now being phased in as the standard first line regimen for all adult patients.

By the end 2012, MoH's HIV treatment program had 391,338 patients alive and on ART, which is an increase of 32% from 2011. Coverage is at 59% of the estimated population in need. There are now 34,515 children on ART representing 9% of patients on treatment and a pediatric ART coverage of about 20%. MoH's cohort survival analysis shows the following 12-month retention rates in ART: 83% for adults and 84% for children. Forty-seven percent of ART patients take Cotrimoxazole Preventive Therapy.

Despite having a severe health worker shortage and a very resource limited environment, Malawi has been able to maintain leadership in sub-Saharan Africa in making gains in fighting the HIV epidemic. Three examples are: A 2012 CHAI analysis showed that Malawi has an extremely efficient and inexpensive HIV treatment program; Malawi has shown the greatest reduction in HIV incidence (73% per the 2012 UNAIDS report); and Malawi ranks among the highest in surpassing the 'programmatic tipping point', with a ratio of 0.3 new infections compared to new ART initiations.

The Global Fund (GF) HIV grant to Malawi funds the main components of the national HIV response. In July 2012, the GoM signed an HIV Single Stream Funding (SSF) Grant for a total budget of US $208 million, combining a Round 1 RCC Phase II grant with a Round 7 grant. The Malawi ARV program, including test kits and condoms, is sustained by the SSF grant. The SSF grant is also funding a phased transition from stavudine-based regimens (D4T) to Tenofovir-based regimens (TDF). (To support an early full transition to TDF in 2013, OGAC approved the purchase of up to $7.5 million worth of TDF.) The GF currently contributes 25% of public health sector financing and fully funds drugs needed for both HIV and TB treatment while contributing a significant share for malaria – none of these programs is likely to survive a loss of GF funding. With the ending of the SSF grant in mid-2014, selection of Malawi as a one of the initial recipients in the new GF funding cycle in 2013 is critical to the country and the PEPFAR HIV program.

Malawi has made tremendous progress in expanding both the scale and quality of its national response to HIV/AIDS. However, over 90% of the national HIV response is funded by donors. Increasing the financial ownership of the GoM to reduce Malawi's donor dependence in the health sector is an issue of growing importance. The recent political transition in Malawi has brought renewed optimism among its citizens and the Banda Administration has moved decisively to restore confidence among donors. A new Joint Financing Agreement for health and agreement with the GoM on auditing and financial oversight requirements will pave the way for renewed budget support from European donors. The development of a National Health Financing Strategy by the MoH, with USG support, is an opportunity to chart a new course for the country.

All donors, including the USG, coordinate closely through national TWGs, which are convened by the GoM, and the HIV/AIDS Donor Group (HADG) and the Health Donor Group (HDG). These two donor groups are active, effective fora to coordinate donor inputs, ensure awareness of critical political developments, and address pressing issues. The USG interagency team holds leadership positions as the chairs of both donor groups starting in 2013. USG staff represent the bilateral development partners on the GF Country Coordinating Mechanism (CCM).

USG Support to the National Response

USG is committed to advancing the PEPFAR Blueprint for Creating an Aids- Free Generation in Malawi. We promote the principles of shared responsibility at all levels of intervention and coordination. Country ownership and the Paris Principles of aid effectiveness were major tenets of our whole of government approach. USG assistance has played an increasingly major role in Malawi's progress in health over the past decade. Including PEPFAR funding, USG provided $130 million in health assistance to Malawi in 2012.

USG health assistance has been a clear diplomatic, development and humanitarian success, and is recognized as such by host government partners. The USG health portfolio is aligned with Malawi's Health Sector Strategic Plan (HSSP), through its programs in HIV/AIDS, TB, MCH, reproductive health, nutrition, malaria, and HSS. The PEPFAR team actively engages in the biannual review of the HIV national response coordinated by NAC, as well as the biannual Health Sector Review led by the MoH. PEPFAR and other USG investments are reported and analyzed as part of the government-led national planning cycle. USG staff also participates in the HIV Department's national quarterly supervision visits at the district level.

USAID, CDC, Peace Corps, and DoD have developed strong collaborative relationships between and within sectors, through TWGs and outside, resulting in improved programming integration. Examples of such integration includes collaboration between the MCH-HIV programming, FP- HIV programming and increased integration with the Education sector. During the past year, PEPFAR Malawi has been conducting detailed mapping at the facility level to ensure that there is no duplication in PEPFAR service delivery between the agencies; to identify areas for increased collaboration, highlighting each agency's comparative advantage; and to develop action steps to proactively resolve any areas of potential duplication. Examples include: linking of Peace Corps Response volunteers to USAID in their mapping of services and community based organizations; and CDC and USAID working with MoH TWGs to develop standard packages of HIV services to be implemented by PEPFAR partners at community and facility levels.

USG and the GF are the two major HIV donors and are intricately linked with the MOH's HIV programs. The GF funds the national program and procures HIV commodities. USG support ensures that the entire HIV system is functional through the remaining inputs into service delivery, such as improved program management and performance, prevention of new infections through comprehensive prevention programming, and critical health systems strengthening. PEPFAR programs couldn't exist without the

ARVs supplied by the GF and the GF's investment in Malawi wouldn't be effective without the fundamental support provided by PEPFAR. USG provides crucial financial and technical support to the MoH's HIV Department, the main SR under the SSF grant and implementer of the national HIV response. PEPFAR is the only major donor supporting the scale up of VMMC services, and is the primary funder of other critical prevention and care services including community support and follow up services, the creation of peer counseling and support groups and mobilization for home based care. Key systems strengthening inputs are: supporting health worker training and training institution capacity; developing an efficient electronic medical record system; improving lab capacity; playing a leadership role in strengthening the supply-chain management system for HIV commodities; and working with the GoM to strengthen the Central Medical Stores (CMS).

PEPFAR Malawi Focus

USG Malawi has four major areas of focus in COP 13: The Global Fund, Option B+, VMMC and HSS

•The first USG Malawi priority is to increase GF focus and functionality in Malawi. USG will advocate with the GF for Malawi's selection as a priority funding country this year; will continue to strengthen the central supply chain system; will assist Malawi in complying with the conditions precedent; and will continue organizational and leadership strengthening of the PR and SRs.•USG is focused on supporting the successful implementation of Option B+ along with integration of services as part of a standard comprehensive package. This support includes providing technical assistance to the MoH to ensure that transition to Tenofovir-based regimens is in accordance with the final recommendations of the Malawi ART/PMTCT TWG, and continuing aggressive support to the GoM with the goal of eliminating MTCT.•USG has also prioritized male circumcision. COP12 was the first year of solid implementation of VMMC in Malawi, and USG plans to build off the momentum and lessons from COP12 to accelerate implementation in COP13.•Under Health Systems Strengthening, the USG has two priorities. The first is to address the health worker shortage; the second, to strengthen the commodities supply chain. USG currently supports training of various cadres of health workers; USG will increase its support to pre-service training and continue to work through national donor coordination structures in order to advocate for increased national support to both increasing the numbers of health workers trained and building the capacity of the training institutions. Additionally, while the USG is focusing on strengthening the overall supply chain, we will also prioritize the management of HIV test kit supplies and condoms in country.

Program Review for PEPFAR Malawi

Treatment and Care

USG has a broad based care and treatment program that supports all levels of the health system. At facility level, USG has played a fundamental role in the implementation of Malawi's 2011 integrated HIV clinical guidelines for adults and children, including Option B+ and TB-HIV. In COP12, USG implementing partners (IPs) directly supported the initiation of 44,000 patients on ART and 119,000 patients alive and on treatment. As the integrated Treatment/PMTCT program has expanded to 641 and 573 sites nationally

since 2011, representing almost all health facilities in the country, the specific inputs needed to support decentralized service delivery for a growing number of chronic care patients has also grown and become more defined. USG direct support is expected to increase significantly to more health facilities.
Treatment priorities include the scale up of a high quality comprehensive HIV service delivery package for adults and children using a family centered approach for pre-ART and ART. As the national treatment program continues to expand, USG will continue to focus on ensuring high quality service delivery by addressing each of the individual clinical or social interventions of the comprehensive package, as well as the different systems elements with a focus on human resources, commodity security, information systems, laboratory and infrastructure and patient flow. The HIV/AIDS clinical care program will optimize the identification of HIV infected children, enrollment in care and timely initiation on ART and scaling up youth-friendly services for adolescents. USG programs will support the provision of ART and CPT, treatment for opportunistic infections, access to family planning services, and viral load and CD4 monitoring. Technical assistance will be provided to district health management teams and zonal health support offices to strengthen HIV service delivery, program management and quality improvement approaches at site level. USG will support the revision of the ART- PMTCT guidelines and refresher trainings for ART and PMTCT service providers to enable a full transition to a Tenofovir based regimen. There will be ongoing support to the national clinical mentoring program. TB-HIV interventions will be expanded to include intensified case finding, Isoniazid preventive therapy and infection control. USG will continue to strengthen the policies around service provision of palliative care in Malawi.
At community level, USG partners will work with MoH and community volunteers to establish and support community sputum collection points as a way of increasing access to TB-HIV services. USG partners will support community mobilization for early TB case detection and tracking of patients who fail to follow-up.
In COP 13, USG will continue to support demand creation, adherence counseling, improving retention in care, referral systems, patient tracking and follow-up of Mother Infant Pairs (MIPs) at facility and community levels. Partners will collaborate with National networks for PLHIV to increase PLHIV support groups' efficacy. Placement of expert patients from these support groups in health facilities will be crucial to increase access to treatment and care for PLHIV, support patient tracking and defaulter tracing. USG will also strengthen district capacity to advocate for resources and coordinate responses to PLHIV. CBO's technical capacities to plan, coordinate and deliver care and PLHIV support services will be also be strengthened. A key program shift will be implementing a concerted approach in addressing the needs of adolescent PLHIV to support progress towards an HIV-Free Generation, including prevention, HTC, care and treatment and adherence retention.
USG will implement targeted HTC and strengthen linkages to treatment and care services for key populations such as CSW, MSM, fishermen, traders, truck drivers, estate workers, mine workers and prisoners. Gender disparities in the epidemic are evident. In Malawi, a larger proportion of men initiate ART with advanced HIV and there is a low uptake of couples testing. Increasing male involvement and couples testing will be a focus for COP13. USG will support training, mentoring and supervision of health

providers to ensure that the national treatment guideline is applied and PLHIV receive an appropriate package of services. Pre-service curricula for front-line health worker cadres will be updated to ensure incorporation of new HIV clinical guidelines. Task shifting activities such as expert patients will be scaled up. Funding will continue for key activities such as quarterly supervision, monitoring and on the job training for frontline workers in all ART sites. USG will continue to fund TAs and fellows seconded to MoH to provide programmatic and technical assistance including forecasting and quantification of commodities.

HIV Prevention

The USG team continues its multi-faceted approach to reducing new infections in Malawi by focusing on improving the quality of all HTC services, strengthening the Option B+ program, scaling up VMMC, targeting high risk and vulnerable groups through community interventions, increasing condom access and utilization, and linking HIV-infected individuals to facility-based services.

Scaling up VMMC is a USG priority. Malawi has overcome several political hurdles surrounding this intervention, and the GoM, religious leaders and civil society have all officially endorsed VMMC for HIV prevention. USG regularly brings together all VMMC providers in country for national coordination meetings to share lessons learned and challenges faced, and both CDC and USAID have hired biomedical prevention advisors this year to provide even stronger support for national VMMC activities. DOD will be scaling up its work with Malawi Defense Force to provide VMMC services to the military and communities surrounding the barracks. The World Bank is now providing over $15 million for VMMC scale-up over five years, and MSF is expanding coverage of services in additional districts. USG will support a safety and acceptability study for the PrePex device, using a combination of PEPFAR and MSF funds. Results are expected by the first quarter of 2014, and future scale-up plans will be informed based on the outcome of the PrePex study.

The Malawi HTC program is a critical component of the national HIV response with an estimated 1,000 sites across the country and approximately 1.7 million tests reported annually. This has been achieved through VCT clinics, provider-initiated testing and counseling (PITC) and innovative community approaches (door to door, mobile and moonlight HTC). USG will support MoH in scaling up PITC to all health facilities, and in focusing community-based HTC on high-risk groups. USG will expand entry points for testing children, including exposed infant follow-up, inpatient (TB, nutrition and general pediatric wards) settings, and follow-up of family members of adults in HIV care or treatment. The PLHIV positive prevention toolkit will include modules on EID and pediatric HIV to support case finding and referral.

National rollout of Option B+ has achieved impressive results, with 87% of known HIV infected pregnant women initiating lifelong ART and the likelihood of substantially decreasing MTCT and maternal deaths. With emphasis on task-shifting to non-physician care providers, USG Malawi has provided financial and technical support for rapid scale up of Option B+. However, significant challenges remain including facility-level HIV test kit stock outs, limited patient education, low couples testing at ANC, slow scale up of early infant diagnosis and infant ART initiation and unknown long-term adherence and retention in care of healthy pregnant women. As a result, in COP13, USG will continue to support facility and

community-based activities to increase ART uptake in pregnant HIV+ women as these are key to achieving sustained results. A new PMTCT Option B+ communications strategy has been developed and implementation has begun. Traditional local structures and CBOs are being bolstered to establish linkages and referrals, track mother-infant pairs and provide adherence support.

Comprehensive combination prevention services for key populations, especially MSM and CSW, will continued to be strengthened in COP13. Key populations are reached through peer education and targeted outreach communication, and provided condoms and lubricant, community based HTC and referrals. MSM and CSW must have access to safe HIV care and treatment services. USG will strengthen the capacity of Center for the Empowerment of the People (CEDEP), a trusted Malawian organization, for continued national level advocacy and provision of services for MARPs. Furthermore, additional trusted health care providers will be identified and trained to provide MSM responsive health care. Peace Corps has initiated an activity within the Malawian prison system utilizing the EngenderHealth's Men as Partners curriculum to work with male prisoners to prepare them for their reintegration into society and back into their families. Peace Corps also collaborated with the German organization, Action for Natural Medicine (ANAMED), to train prisoners in the production and use of local plants and herbs as natural medicines.

USG Partners will work to address damaging cultural norms that underpin girls and women's vulnerability to infection and act as a disincentive for HIV positive women to accept lifelong treatment. USG will renew emphasis on reaching adolescent girls with comprehensive prevention interventions that will seek to delay early marriage, reduce unwanted pregnancies, and reduce risk of HIV acquisition. Peace Corps volunteers will continue to focus on key ABC prevention efforts through the use of HOPE Kits, Go Girls!, and Grassroots Soccer methodologies aimed at adolescents, particularly girls.

Access to, and erratic supply of male and female condoms remains a critical issue partly due to lack of committed national coordination. In COP13, USG will focus its support on three levels: 1) Strengthen national and district level leadership for effective condom programming and reporting; 2) Work with District Health Management Teams to identify condom focal persons for supply chain management; and 3) Facilitate community based distribution of condoms in high demand districts in Southern Malawi. USG will procure condoms for dedicated community based distribution and for VMMC services through PEPFAR WCF. USG will carry on the social marketing of condoms, both improving the product and increasing the number of outlets.

Orphans and Vulnerable Children

Malawi has a significant youth population bulge with 53.1 percent of its citizens under 20. According to the 2010 DHS, 5.2% of women and 1.9% of men, aged 15-24, are HIV positive, and one in every four girls, age 15 -19, has begun childbearing. According to the 2004 National Survey of Adolescents, 13% of girls cite pregnancy as the primary reason for dropping out of school. This survey also reports that adolescents know the implications of unprotected sex but few use protection, leaving them exposed to STIs, HIV/AIDS and teenage pregnancy. In COP13, through three separate components, the USG prevention and OVC portfolios will shift to focus more strategically on adolescents. USG, in partnership with the USAID

Education team, will address the societal and communal barriers that hinder pre-adolescent and adolescent girls from accessing education. This activity will focus on provision of life skills education to adolescent girls and boys in primary and secondary schools, and work with communities to ensure that girls are kept in school. USG will also integrate FP/HIV programming to increase education and access to youth friendly health services in a pilot program. In the third component, the multi-sectoral needs of adolescents will be addressed at the community level. This will include a wide range of HIV prevention services and approaches, HTC, referrals for care and treatment, disclosure support, Positive Health Dignity and Prevention, life skills education, and sexual and reproductive health services. Overall, the prevention partners will increase focus on youth, including increasing the use of condoms among youth, and roll out of national level media campaigns to share HIV prevention, treatment and family planning messages.

The USG OVC portfolio also works at both the national level to strengthen systems, and at the community level to support families and provide services to vulnerable populations. USG has supported the Ministry of Gender, Children and Social Welfare (MoGCSW) to plan and conduct the Violence Against Children and Young Women (VAC) survey, an impact evaluation of the National Plan of Action for OVC, developed and piloted OVC service standards, piloted case management and is also working to improve the national OVC information systems.

USG will collaborate with UNICEF to support the MoGCSW to: 1) strengthen and operationalize the child protection system in order to prevent, detect and respond to violence against children and young women; 2) support the MoGCSW to develop a new 5 year Plan of Action for children; and 3) build the capacity of the government to scale up the national Social Protection Cash Transfer program. USG will also provide technical support to MoGCSW in planning and managing its Social Welfare Workforce (SWWF) including operationalization of its Human Resource Information System. USG will provide on-going support to Magomero College for the social work degree program and institutionalize OVC service standards while providing TA to community partners to build on the standards at their points of service delivery.

USG partners, with support from Peace Corps volunteers, will continue to equip families, care-givers and communities with the requisite knowledge and skills to better understand HIV vulnerability as it relates to children. USG will continue to maintain our focus on strengthening families as primary caregivers of children while also training community care givers in detection, reporting and management of abuse cases.

Strategic Information

USG provides extensive support to the GoM and partners in implementing Strategic Information (SI) activities. USG is committed to a unified reporting system to monitor and evaluate success in implementing the national response and measuring PEPFAR's contribution. USG supports strengthening the Health Management Information Systems (HMIS), vital registration system, surveys, surveillance, and M&E activities at the national and district levels.

USG strengthens the national HMIS including support for the development of the National Health Data

Repository, which will capture demographic data and other unique identifiers for tracking individual patients. The MoH has taken full ownership of this system.

USG is actively supporting numerous HIV surveillance activities, including Incidence Surveillance, Behavioral Surveillance Survey, national PMTCT impact evaluation, and pediatric drug resistance monitoring. USG provides financial and technical assistance with the aim of ensuring quality surveillance activities while also building long term capacity within the MoH and National Statistics Office. Because of Malawi's Option B+ program, USG is currently exploring the possibility of conducting birth defects surveillance in order to monitor the relationship between early exposure to Efavirenz during pregnancy and neural tube defects in children.

USG's support to the national M&E system at the district and zonal levels will continue with the aim of ensuring consistent and accurate clinical and commodity information data collection and reporting as well as site level mentoring and quality improvement. Development of an interagency Data Quality Assessment (DQA) strategy is still underway, which will focus on verifying the quality of reported data, and assessing the underlying data management and reporting systems for standard program-level output indicators.

USG will continue to support the MoH's rollout of the national Electronic Medical Record System (EMRS) that supports clinical PMTCT patient management and program monitoring. The EMRS will be deployed in 26 additional health facilities, and its current scope will be expanded to include antenatal, maternity and under-five health service areas.

Health Systems Strengthening

The USG Malawi HSS portfolio balances support for health service delivery with implementation of crosscutting approaches in order to improve Malawi's health system. This includes strengthening supply chain for health commodities, health financing, leadership and governance activities, support for HRH development, laboratory services and strategic information.

USG will improve and strengthen national level supervision and clinical mentoring systems, monitor national policies that affect HIV/AIDS programs, revise and develop key national level strategies and guidelines to implement HTC, Option B+, VMMC, HIV/TB, community care and HIV prevention programs. USG will scale up pilot initiatives on referral and patient tracking systems, specimen transportation systems and Performance Based Financing through existing partners. USG will support construction and renovations at high volume sites in selected districts.

USG will continue to provide leadership and governance support to MoH leadership at national, zonal and district levels. Considering the critical shortages of HCWs in the health system, USG will continue to support faculty development at College of Medicine, Kamuzu College of Nursing and CHAM training colleges, including support of post-graduate nursing and medical training programs to address key clinical gaps related to the HIV epidemic – pathology, family medicine and obstetrics. This includes existing HRH support through MEPI and NEPI. Bursary support will be provided to 200 new Nurse Midwife Technicians who will be enrolled at CHAM training colleges. CHAM training colleges are expected to graduate 421

new health workers in 2013 that will be deployed throughout Malawi. USG will also continue to support in-service training, recruitment of health workers and implementation of an Integrated Human Resources Information Systems to support the scale up of prevention, care and treatment services in Malawi.
The Global Fund Round 5 HSS grant, which ended in June 2012, had provided pre-service training bursaries to professional cadres and salary top-ups to 11 cadres of health workers. The USG was not approached to contribute to the top-ups of the salaries for these health workers, nor was it in the USG Malawi strategic plan. These top-ups have been picked up by the GoM though how the GoM has managed to fund the salary top ups is a topic of much discussion. There seems to be anecdotal evidence that GoM is diverting funds from other line items in the health budget. USG HRH TWG will monitor this situation closely. The TWG will also work closely with the national HRH TWG to leverage resources to holistically address HRH issues of training, retention, regulations and research.
USG will continue to provide resources to improve efficiency and effectiveness of logistics and supply chain systems at national level to ensure timely availability of key HIV commodities. USG provides substantive technical assistance and participates in national policy discussions on supply chain reforms which include integration of parallel systems into the GoM owned supply chain system.
Health Financing has become an increasingly important discussion in Malawi due to reduced donor inflows and global economic challenges. In COP13, USG will facilitate the MoH to identify and resolve funding flow bottlenecks in the health system. USG will participate in MoH-led resource tracking processes and continue to participate in national level dialogue that promotes quality fiscal management and utilization of costing analysis to support decision making.
The following laboratory areas will remain USG priorities: 1) Pre-service training for laboratory technicians; 2) Strengthening the National Reference Laboratory; 3) Scale up CD4 capabilities, Viral Load and Early Infant Diagnostic (EID) PCR, TB LED microscopy, GeneXpert and basic hematology and chemistries; 5) Increasing access to lab services at point-of-care settings; 6) Supporting lab supply chain management systems; 7) Strengthening the Laboratory Management Information System (LMIS); and 8) Strengthening Laboratory Management Towards Accreditation (SLMTA) program to prepare laboratories for WHO AFRO accreditation. As resources allow, USG will support the scale up of the sample transportation system that was piloted in COP 12.
USG will use its existing community based platforms to address male norms and behaviors, increase gender equity in HIV/AIDS, increase women's access to income and support programming for adolescents, especially girls. Integration of nutrition programming in the OVC and care portfolio will address needs of vulnerable women and children and explore opportunities for wrap around opportunities with the USAID Sustainable Economic Growth sector to strengthen programming for females of all ages.
Progress and Future
Support to GHI Strategy and Principles
The USG commitment to supporting Malawi in their progression towards obtaining an AIDS – free generation involves implementing the principles of the GHI Strategy. Malawi, as a GHI+ country and the

first to sign a Partnership Framework (PF), is a leader in innovation because of careful implementation of new strategic directions in USG global health. Both the GHI strategy and the PF prioritize joint GoM-USG planning, GoM-led decision making, and alignment with the sustainability of GoM health delivery systems. By carefully considering the total USG assets in health, the USG Malawi team focuses on integration of HIV and non-HIV services to reduce new HIV infections as well as reducing maternal and child morbidity and mortality, with funding sources supporting a reduction in unwanted pregnancies. These achievements correspond directly with three major goals of the Malawi GHI strategy. Since each of these goals share many common commodity and non-commodity inputs, the USG Malawi GHI strategy revolves around an HSS approach with the integration of services for maximum health impact. Implementation of PEFPAR in Malawi specifically targets key policy, operational and service delivery functions at each level of the health system. This enables a strong response to the epidemic while also addressing other and future healthcare priorities.

The USG is building the sustainability and resiliency of Malawi's health systems by combining local institutional capacity building with health sector workers' knowledge management. The USG Malawi program plays a key role in the USG strategy for Malawi, which prioritizes investments in three HSS priority areas: Human Resources for Health (HRH); health systems governance; and infrastructure. While these are the three HSS priority areas in the GHI strategy, USG Malawi also remains extremely innovative in strengthening supply chain management systems, health information and surveillance systems, innovative financing schemes and laboratory systems. HRH training and supervision is a critical priority due to the lack of health care workers. As infrastructure development can be expensive, PEPFAR will seek to leverage multiple USG funding streams, as well as non-traditional or private health partners, to focus on sustainable improvements such as provision of electricity and water.

Partnership Framework

Malawi was the first of all PEPFAR countries to sign a Partnership Framework (PF) in May of 2009, followed by the development of the Partnership Framework Implementation Plan (PFIP). The Malawi PFIP has been a useful guide and reference for the PEPFAR Malawi team. In January 2012, the USG, the MoH, NAC and other key government ministries conducted an in-depth review of the PFIP in order to assess the progress in meeting the goals set out in the PFIP, and to reflect on the changes in the national HIV response to improve our future joint programming. The goals of the PFIP were assessed against the HIV/AIDS National Strategic Plan (NSP). A series of recommendations arose but due to the extraordinary political and ministerial changes that took place in 2012, beginning in April with the death of President Mutharika, there were delays in implementing the recommendations that came out of the PFIP review.

A critical finding of the review was the need to both revitalize and streamline the GoM and USG governance structure monitoring the PFIP. A follow-on review by USG and MoH staff in August 2012 found that 27 of the 35 "policies" identified in the PF were completed or on-track. In December 2012, USG and MoH officials decided that for the PFIP's final year, a PF Review and Development Task force would

be set up to determine the way forward. The Task Force is scheduled to develop a work plan that will be implemented in the second half of FY 13. USG will hold its final PFIP review meeting in November, when the APR is finalized and after the national Health Sector Joint Annual Review.

Country Ownership

Malawi has made tremendous progress in expanding both the scale and quality of its national response to HIV/AIDS, leveraging Global Fund, PEPFAR, and other donor investments to bolster the health system in the near-term while making long-term systems strengthening investments. These successes are due to a high level of country ownership, a coordinated health sector through the MoH, a well-managed HIV response through the NAC, and a willingness to use scientific evidence to boldly introduce and evaluate innovative new policies and service delivery programs.

USG has a very strong relationship and trusted partnership with the GoM, and remains committed to helping the GoM continue its remarkable progress in achieving an AIDS-free generation. USG engages with the MoH by aligning its programming with GoM priorities, and by advocating directly with the Minister of Health for stronger leadership in priority areas, such as supply chain management and the GF processes. The USG strategically aligned its planning to address Malawi's health and development goals in an integrated manner through participation in the design of the 2011-2016 Health Sector Strategic Plan (HSSP). Malawi has a closely coordinated health donor environment, led by the SWAp Secretariat. Through the SWAp, the HSSP is prepared and agreed to by all donors, who are expected to contribute to this plan. The National HIV Strategic Plan is aligned with and fits within the HSSP.

Malawi's national HIV response is a country owned response. While it is primarily donor funded, 60% of all health and HIV/AIDS services are delivered through the public health infrastructure by government employees, and the other 40% are delivered through the Christian Health Association of Malawi (CHAM), a faith-based organization. Malawi does not have large standalone NGO HIV clinical sites. The GoM has funded service agreements with many CHAM member sites to provide services in hard to reach rural areas and in order to support equal access to a basic public health system for all Malawians. The HIV response and the broader health sector represents a complete public health approach, and has all the necessary systems and infrastructure elements for long term sustainability.

The HIV Department in the MoH implements the clinical components of the HIV response. The HIV Department has core capacity to manage the components of the HIV response, but there are still shortages of trained staff to adequately manage the national program at all levels. As a result, USG continues to support the HIV Department, including the secondment of technical staff to support the roll out of comprehensive and effective combination prevention strategy and Option B+ while building capacity for a stronger HIV Department over the long term.

Challenges for the PEPFAR Malawi Country Program

The PEPFAR Malawi team works closely with national stakeholders and through the HADG to identify, discuss and address the many challenges to the national HIV program. PEPFAR Malawi also discusses these challenges in the context of larger USG foreign assistance in monthly meetings with the US

Ambassador. The challenges below are still in a state of flux and the USG Malawi team will need to hold further discussions with OGAC as more details become known.

Three chronic categories of challenges are commodity security, health worker shortages and supporting core inputs to ensure quality service delivery in an expanding program.

The current GF SSF grant ensures critical HIV commodity availability; however this funding source will conclude in mid-2014. The national HIV program is absolutely dependent upon the symbiotic relationship between the GF and PEPFAR. GF and PEPFAR programs could not exist without each other in the current scheme. Continuation of the GF program is therefore crucial to the GoM program. USG and donor support to the GoM in proposal preparation, and achieving success so that the continued scale-up of ARVs continues, will be a major challenge this year.

Improving the access and quality of HTC in Malawi hinges on improving the consistent availability of test kits at facilities and ensuring all quality assurance protocols are followed. In 2012, USG participated in a high-level taskforce assigned to investigate a widespread stockout of test kits which had occurred in early 2012 despite a massive distribution of commodities. The report highlighted “pilferage” as a primary cause. The MoH has now classified the test kits as a controlled commodity with strict penalties for non-compliance. There is currently a lack of adequate enforcement of the new policy, but the new Minister of Health has declared that stopping the leakage of commodities is a priority. USG is monitoring progress closely and USG partners are working to improve HIV commodity supply chain management and governance at the district and facility levels. USG is also working with MoH to procure and establish a buffer stock of HTC kits to ensure sufficient quantities for 2013.

Malawi continues to experience a critical shortage of health care workers. In addition to the chronic HRH shortages, there are recent reports of the two large medical training institutions being adversely impacted by recent GoM budget reductions. The prevailing economic downturn in Malawi is also likely to result in higher drop-out rates of self-sponsored students. The combined effect may result in a significant reduction in the number of graduates in a country facing chronic shortages of health workers and has the potential of reversing the gains of PEPFAR investments to improve the quantity and quality of critical cadres of health workers. USG will closely monitor this situation and is committed to exploring possible solutions in the national HRH TWG and donor groups. Maintaining the supply of skilled health workers is critical to the overall HIV program.

Lastly, the Malawi HIV program is growing exponentially. The number of new patients on ARVs is straining the health systems and this scale-up trajectory creates challenges for all implementing partners. The ability of Malawi to ensure the quality of HIV services is at risk due to this strain on the system and also due to the worsening economic situation. Despite the very recent announcement of a presidential directive that the budget for health will be augmented, there are increasing needs as the program grows at the decentralized level. These needs have to be met in order to maintain the standards established in the MoH strategic plans. USG support to the MoH to sustain consistent quality has impacted USG ability to scale-up service provision and programming as recommended by the various TDYs which have visited

Malawi this year including pediatric treatment, PMTCT, HTC, Lab and BD Surveillance.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	740,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	10	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	170,000	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	44,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	31,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	46,000	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	663,000	2010	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	63,000	2011	WHO			
Number of people living with HIV/AIDS	910,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to	610,000	2011	AIDS Info,			

HIV/AIDS			UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	478,904	2011	WHO			
Women 15+ living with HIV	430,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	PREVENTION - To reduce new HIV infections in Malawi- partner with the GOM to support nationwide implementation of evidence-based and comprehensive interventions for adults in keeping with Malawi's new 5-year prevention strategy. To reduce the number of new adult and infant HIV infections from 90,000 per year in 2009 to 45,000 per year by 2013, preventing an estimated total of 150,000 infections over five years (MC, PMTCT, blood safety, HTC, SBCC, ART).		
1.1	Behavior Change Communication to Reduce Multiple Partners	P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required
		P8.2.D	P8.2.D Number of the targeted population reached with

			individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required
		P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required
1.2	Condom social marketing and other prevention for populations and settings high-risk behavior	P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required
		P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required
1.3	Increase Access to Safe Medical Male circumcision	P5.1.D	P5.1.D Number of males circumcised as part of the minimum package of MC for HIV prevention services
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the

			reporting period
1.4	HIV Testing and Counseling	P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
1.5	Reduce transmission among discordant couples: Timely ART, Condoms, Prevention with Positives	P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
		P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required
		P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required
		T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART
		T1.2.D	T1.2.D Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]
1.6	Build capacity of indigenous partners to	H2.2.D	H2.2.D Number of community

	implement appropriately targeted prevention programs		health and para-social workers who successfully completed a pre-service training program
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
1.7	Improve Quality and Impact of PMTCT	P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
		H2.1.D	H2.1.D Number of new health care workers who graduated from a pre-service training institution within the reporting period
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
		H2.1.N	H2.1.N Number of new health care workers who graduated from a pre-service training institution within the reporting period
2	To improve the quality of treatment and care for Malawians impacted by HIV		

	meet national goal of having 334,000 people alive and on ART by 2013 effective pre-ART program has decreased the proportion of people starting ART at a late stage as a result of a Stage IV condition from 11percent to 5percent. case detection rate for TB has increased from the current national estimate of less than 50percent to the WHO target of 70percent by the end of the Framework,		
2.1	Increase use and Quality of pre-ART management for People living with HIV	C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting
		C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment
		H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
		H2.1.N	H2.1.N Number of new health care workers who graduated from a pre-service training institution within the reporting period
		C1.1.D	C1.1.D Number of eligible adults and children provided

			with a minimum of one care service
		C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
		C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis
		C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food
2.2	Strengthen Lab Support Services for HIV Diagnosis and management	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
		H1.2.D	H1.2.D Number of testing facilities (laboratories) that are accredited according to national or international standards
		H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
		H2.1.N	H2.1.N Number of new health care workers who graduated from a pre-service training

			institution within the reporting period
2.3	Strengthen referrals and continuum of care for PLHIV	H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
2.4	Improve the Capacity of the Health Care System to Manage HIV and Related Diseases	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
		H1.2.D	H1.2.D Number of testing facilities (laboratories) that are accredited according to national or international standards
		H2.1.D	H2.1.D Number of new health care workers who graduated from a pre-service training institution within the reporting period
		H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service

			training program within the reporting period
3	Impact Mitigation – “To mitigate the economic and psychosocial effects of HIV and AIDS and improve the quality of life for PLHIV, OVC and other affected individuals and households.		
3.1	Increase OVC access to essential care, support and protection services	C5.1.D	C5.1.D Number of eligible clients who received food and/or other nutrition services
		H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
3.2	Strengthen capacity of local institutions to provide OVC and PLHIV services	H2.1.D	H2.1.D Number of new health care workers who graduated from a pre-service training institution within the reporting period
		H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
3.3	Strengthen evidence-based planning for OVC and improve quality of services	H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program

		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
3.4	Increase quality and access for PLHIV and affected households to income generating and food and nutrition security programs	H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
4	Support goals 1,2 and 3 of PFIP by providing discrete SYSTEMS STRENGTHENING support in five key areas: information systems, HR, procurement and supply chain management and health finance. Key activities include: support implementation of HRIS, enhancing capacity and improved performance of the supply chain and pharmaceutical management at all levels, implement PBI, improve financial management system (district level and among local NGOs), national health and social welfare expenditure tracking.		
4.1	Expand electronic data systems to all high volume and selected rural ART sites	T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART

		T1.2.D	T1.2.D Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]
		T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
		C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
		C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis
4.2	Strengthen lab services for HIV and TB diagnosis and management	C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting
		C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment
		H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
		H1.2.D	H1.2.D Number of testing facilities (laboratories) that are accredited according to

			national or international standards
		H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
4.3	Pre service training for health care and Social workers	H2.1.D	H2.1.D Number of new health care workers who graduated from a pre-service training institution within the reporting period
		H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
4.4	In service training for health and social workers	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
4.5	Improve Retention and Performance of Health care and Social Workers	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

How is the USG providing support for Global Fund grant proposal development?

The USG Malawi team has previously provided technical support to the GF grant proposal development through direct participation in writing groups for all three diseases. As members of the CCM Executive Committee, the USG Malawi is in a unique position to influence and support the grant proposal preparation process. At present USG is advocating for Government of Malawi (GOM) to proactively engage with GF on the next submission, as current funding for the HIV grant expires mid-2014.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?
Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).
The GF HIV grants in Malawi have been reprogrammed into a Single Stream of Funding (SSF) grant (Round 7 with Phase II of round I RCC), which will conclude in June 2014. This end date falls during the COP13 implementation period. GF and PEPFAR activities in Malawi are highly dependent upon each other. The GF funds are used to procure the vast majority of HIV commodities and pharmaceuticals and MOH's Department of HIV/AIDS, as a prime SR, implements the program through the public health system. PEPFAR funds wrap around the GF and MOH program and support improvements in the quality of service delivery, monitoring and evaluation activities, VMMC and other prevention programming, OVC programming and systems strengthening. USG looks forward to supporting Malawi with an application to continue this SSF grant in the 2013 calendar year in order to sustain the national HIV care and treatment program.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?
Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?
Redacted

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
	Building the nursing workforce and nurse training capacity in Malawi	12119:Building the Nursing Workforce and Nursing Training Capacity in Malawi	Global AIDS Interfaith Alliance			PEPFAR Malawi is in a process of developing a PPP agreement with the Global faith Interfaith Alliance (GAIA), an NGO providing scholarships for nurses to go through Kamuzu College of Nursing, a constituent college of the University of Malawi for a four year nursing degree program. Each funded scholar agrees to a four year bonding contract to work with the Ministry of Health in Malawi. GAIA will support 40 students over a period of 5

						years. This activity will contribute significantly to the numbers of nurses that Malawi will produce and retain by the end of the five year Partnership Framework. The program will also support 4 Masters students in nursing and these will contribute to improving the faculty of the nursing college.
2012 COP	Capacity support for Early Childhood Development & Psychosocial Support (C-SEP)	12120:C-SEP				C-SEP is a three year co-ag implemented by Save the Children. Its goal is to help OVC realize their full potential by strengthening participation in quality early childhood development (ECD) and psychosocial

						support (PSS). C-SEP will accomplish this goal by increasing access to and quality of ECD and PSS programs; improving household and community capacity to promote ECD and PSS; and strengthening policies and capacities in ECD and PSS. These activities support the “Impact Mitigation” goal of the Malawi Partnership Framework. C-SEP is being implemented in 3 districts (Blantyre, Chiradzulu and Zomba), and works with the Ministries of Gender, Children and Community

						Development (MoGCCD), Health, and Education at the district level. In addition to the ministries, C-SEP works with the ECD network and community structures to ensure government-led collaboration and networking to identify opportunities for leveraging community resources to support the delivery of ECD and PSS.
	Extending quality improvement for HIV/AIDS in Malawi	12107:EQUIP	Partners in Hope			The Project capitalizes on existing networks, infrastructure and acquired expertise and skills of partners and will achieve the goal through three complementary objectives:

						Strengthening the continuum of care between different health services and between facilities and communities. Working with CHAM and government clinics, the project will develop a model for care that involves integration of services within the same clinic or strong linkages among different clinics when integration is not possible; Developing Zonal mentoring teams- Individuals in CHAM hospitals will be trained in clinical and program management to ultimately serve as mentors at other sites in their regions;

						Creating a consortium of sites for operational research to inform the other 2 objectives and improve the quality of HIV care and training - This will involve operational research to address critical questions of priority to inform the national ART program.
2012 COP	Integrated (HIV Effect) Mitigation and Positive Action for Community Transformation (IMPACT)	14249:Integrated (HIV effect) Mitigation and Positive Action for Community Transformation (IMPACT)	Clinton Health Access Initiative			The Integrated HIV Effect Mitigation and Positive Action for Community Transformation (IMPACT) project is expected to improve the wellbeing of 58,017 OVC and 41,505 people living with HIV (PLHIV) in nine districts in central and southern Malawi. Catholic Relief

						Services brings private sector, information technology and faith-based partners to the Title II-supported Wellness and Agriculture for Life Advancement (WALA) consortium. This alliance mobilizes expertise, cash and in-kind resources to expand access to care and treatment services OVC and PLHIV. IMPACT's implements through existing structures thus enhancing sustainability, country ownership, and active participation of beneficiaries. GOM's heavy involvement in the program at

						all levels has provided an optimal environment for implementation and coordination of services with various departments and other programs.
2012 COP	Malawi Tiwalere Orphans and Vulnerable Children (OVC) Project	12126:Feed/ OVC/GHAI				Tiwalere is a five year project that takes a comprehensive approach to food security, nutrition education, income generation, and water and sanitation improvement. Tiwalere's goal is to ensure improved well-being of OVCs in 15 districts, targeting 73,051 children and 39,261 households. This goal will be achieved through three strategic objectives which

						support the impact impact mitigation goal of the PFIP. The first objective is to improve the health and nutrition status of children aged 0-59 months. This is done through activities for children attending community-based child care centers and through nutrition education to parents and caregivers. The second objective is sustainable improvements to food security by promoting new farming methods and improved crop varieties. The third objective is to enhance the capacity of households caring for OVC.
	Male	12118:BLM	Banja La			Banja La

	Circumcison	CIRC GHAI	Mtsogolo			Mtsogolo (BLM) is a national family planning (FP) and sexual and reproductive health (SRH) organization with static clinics in 22 of 28 districts in all three regions of Malawi. Under the Partnership Framework (PF) negotiated between PEPFAR and the Government of Malawi (GOM), BLM will target uncircumcised boys and HIV negative men between the ages of 10 and 29. BLM is committed to increased access to safe, voluntary male circumcision (MC) for 52,000 people; increased engagement of men in pursuing

						sexual and reproductive health for themselves and their partners, with an emphasis on HIV prevention and integration of MC service provision into ANC, PMTCT, and neonatal care programs in collaboration with MOH. BLM will train 100 private and MOH providers to provide a minimum package of MC in BLM and MOH facilities. BLM's experience implementing MC programs for HIV prevention in Malawi, and experience gained from similar programs across the MSI Global Partnership, will allow it to feed

						into policy dialogue and support the creation of the GOM MC policy.
2011 APR	NEPI - Building the nursing workforce and nurse training capacity in Malawi		IntraHealth International , Inc, Columbia University Mailman School of Public Health, Clinton Health Access Initiative , ELMA Foundation			To support innovative strategies and promising practices that will inform curricula development, faculty preparation and strategies for faculty retention, and educational models that prepare new nurses to practice in the diversity of medical and community settings where health needs are greatest.
	PEPFAR OVC Initiative	12126:Feed/ OVC/GHAI	New Partner			67000 OVC and 33,000 PLHIV will receive support through a third application that seeks to wrap PEPFAR activities around

						Title II Food for Peace activities. Key activities will include improved infant feeding and young child feeding, integrated community management of childhood illnesses, improved child and legal protection services, education support and income generating activities including village savings and loans schemes. The application will also support the efforts of the GOM to develop and implement a national pre-ART program for PLHIV. This five year application will provide targeted supplemental

						nutrition and water purification commodities to OVC in CBCCs, as well as strengthen community and household food security through improved agricultural practices, farm inputs, and income generating activities. A total of 27644 OVC will be reached in nine districts.
	Safeguard the Household	12106:Lilongwe Medical Relief Trust Fund	Lilongwe Medical Relief Trust Fund			The “Safeguard the Household” (STH) project aims to improve the quality and impact of current PMTCT service delivery systems, increase linkages with ART and other maternal child health and family planning services, and explore new technologies and

						approaches make PMTCT services more effective and feasible. The project will target HIV-infected pregnant women, their partners, and HIV-exposed infants and children under five. In doing so, the project will safeguard the entire household.The overall goal is to empower and support the MOH in its efforts to implement a comprehensive HIV prevention, treatment and care program in Malawi in the areas identified by the Partnership Framework (of the GoM and USG) and the NAF. The STH project will be

						implemented by a partnership of 12 organizations, all with substantial experience working in Malawi, and will be led by an indigenous organization, Lilongwe Medical Relief Trust Fund (aka Lilongwe Trust) and supported by their main technical partners UNC Project, the University of North Carolina and EGPAF.
	Support for Health Systems Strengthening and HIV/AIDS service delivery in Malawi's South -East Zone	12105:Support for Health Systems Strengthening and HIV/AIDS Service Delivery in Malawi's South-East Zone	Dignitas International			The ultimate goal of the program is to achieve the highest attainable standard of health and wellbeing in Malawi. The program will build sustainable, locally owned

						capacity and increased local autonomy. In order to avoid dependency, the program is carried out with and through the South-East Zonal Health Office (ZHO) and the District Health Offices (DHOs) of the zone, and emphasizes targeted knowledge-exchange. The program comprises of three clusters of implementation activities: Management of the HIV/AIDS referral clinic at Zomba Central Hospital, which serves as a pilot site for several initiatives aimed at improving patient care and bolstering human resources for

						health; Training and mentorship of service providers (i.e., Clinical Officers, Medical Assistants, Nurses, midwives, and counselors), and health system managers and supervisors (i.e., ZHO, DHO, DHMT, EHOs, and District ART, HTC, PMTCT, and HBC Coordinators); and Design and implementation support of tools for patient management, clinic management, and health systems management.
	Tingathe program	12130:Baylor College of Medicine	Baylor University			The goal of this project is to expand the scope and reach of the Tingathe program resulting in a majority of

						mothers and infants at participating facilities receiving the full complement of PMTCT and early Infant Diagnosis (EID) services, and prompt entry of infected infants and mothers into care for optimal treatment outcomes. Despite extensive evidence on improved PMTCT regimens, post-exposure prophylaxis, and rapid clinical progression in HIV-infected infants, there has been scant progress made on how best to coordinate and ensure delivery of the multiple services that HIV-positive mothers and

						their infants require in the real-world setting. In the Lilongwe area, the BCM-CFM Tingathe outreach program has made strides in developing systems to improve the quality and utilization of PMTCT, EID, and pediatric HIV care services.
2011 APR	Together for Girls		New Partner			UNICEF Malawi with USG and CHAI will support the government of Malawi to undertake, for the first time, a nationally representative population based survey of sexual, physical and psychological violence against children and young women

						between the ages of 13 to 24, including those living with and affected by HIV and AIDS. The key purpose of the survey is to determine the prevalence of violence against children and young women and to develop a better understanding of protective and risk factors. This will contribute to informed policy decisions and sound programming, to effectively prevent and respond to violence against children and young women in Malawi. This project is in response to concerns regarding violence against children in Malawi and the

						need for quality data that is nationally representative. The implementation of the project will be guided by lessons learned during the successful implementation of similar surveys on violence against children conducted collaboratively by UNICEF and CDC in Swaziland in 2007 and in Tanzania in 2009. UNICEF will lead the survey process in collaboration with the Ministry of Gender, Children and Community Development (MOGCCD) with technical assistance from CDC and National

						Technical Working Group on Child Protection, which involves key government bodies including the Malawi National Police; Ministry of Health; the Judiciary; Ministry of Education; Ministry of Labour and key civil society organizations.

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Surveillance	Behavioral and biological surveillance of high risk populations (sex workers, teachers, police, vendors, truck drivers, estate workers, fishermen, border traders)	Behavioral Surveillance among MARPS	Other	Development	04/01/2014
Surveillance	Community Viral Load (CVL) Incidence Modelling	Recent HIV Infections	Other	Planning	12/01/2016
Survey	Early Warning Indicator (EWI) survey	HIV Drug Resistance	Other	Implementation	11/01/2013
Surveillance	Evaluation PMTCT	Evaluation of ANC and PMTCT	Pregnant Women	Development	04/01/2013

		transition			
Surveillance	HIV care and treatment integrated program for comprehensive care - Malawi	Other	Other	Implementation	10/01/2013
Surveillance	Incidence surveillance (laboratory -based)	Recent HIV Infections	General Population	Implementation	12/01/2013
Surveillance	Incidence surveillance multiple methods (laboratory -based)	Recent HIV Infections	General Population	Implementation	10/01/2013
Survey	Malawi Blood Transfusion Assessment Services Asssessment Protocol	Other	Other	Development	12/01/2013
Surveillance	Pediatric Drug Resistant Study	HIV Drug Resistance	Other	Implementation	07/01/2013
Survey	PHE- Evaluation of use of died blood spot specimens for viral load monitoring in ART in Malawi	Evaluation	Other	Implementation	10/01/2013
Surveillance	Prospective HIV drug resistance surveillance	HIV Drug Resistance	Other	Other	12/01/2014
Surveillance	Protocol for surveillance of initial drug resistance HIV-1 among infants newly diagnosed with HIV-1 in Malawi	HIV Drug Resistance	Other	Development	04/01/2014
Survey	Service Provision Evaluation	Other	Other	Implementation	12/01/2014
Survey	Strengthening the Delivery, Coordination and Monitoring of HIV Services in Malawi through Faith based Institutions	Evaluation	Other	Planning	12/01/2013
Surveillance	Transmitted drug resistance surveillance	HIV Drug Resistance	Pregnant Women	Other	06/01/2014

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		1,990,000		**1,990,000**
HHS/CDC	1,486,541	26,100,454		**27,586,995**
HHS/HRSA		3,580,000		**3,580,000**
PC	0	1,927,128	0	**1,927,128**
State		425,950		**425,950**
State/AF		264,000		**264,000**
USAID		23,725,927	15,500,000	**39,225,927**
Total	**1,486,541**	**58,013,459**	**15,500,000**	**75,000,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	PC	State/AF	USAID	AllOther	
CIRC	3,814	416,666	890,836	1,400,000	0		4,461,888		**7,173,204**
HBHC	11,442	51,333	503,129		47,982		2,208,732		**2,822,618**
HKID	19,070				74,376	70,000	4,612,694		**4,776,140**
HLAB		103,333	2,347,245				685,151		**3,135,729**
HMBL		103,333	1,009,042						**1,112,375**
HMIN	3,814								**3,814**
HTXS			5,916,899	450,000			2,779,323		**9,146,222**
HVAB	3,814	0			219,946		1,462,796		**1,686,556**
HVCT	3,814	258,000	1,503,639				1,756,379		**3,521,832**
HVMS	311,531	53,333	3,461,505		1,291,087		2,694,888		**7,812,344**
HVOP	3,814	300,000	81,300		129,874	20,000	3,352,305		**3,887,293**
HVSI	12,713	145,334	3,046,374	200,000			770,320		**4,174,741**
HVTB	11,442	155,334	507,948	100,000			1,452,736		**2,227,460**

MTCT	3,814	248,000	5,570,976	400,000			5,764,136		**11,986,926**
OHSS	12,713	155,334	1,894,115	990,000	163,863	174,000	5,332,695		**8,722,720**
PDCS	12,713		22,604				930,267		**965,584**
PDTX	11,442		831,383	40,000			961,617		**1,844,442**
	425,950	**1,990,000**	**27,586,995**	**3,580,000**	**1,927,128**	**264,000**	**39,225,927**	**0**	**75,000,000**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

Policy Area: Gender						
Policy: Policies Impacting Gender						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Completed	Completed	Completed	ongoing (2013-2015)	ongoing (March 2013 - September 2015)	ongoing (2013-2016)
Narrative	Need for increased gender awareness, gender oriented programming and increased gender integration in health programs.	Stakeholders to review existing gaps in gender integration and reporting during SWAp POW II development process. Stakeholders to review gaps in gender integration and coordination in the Ministry of Gender, Child and Community Developme	Gender policy is in draft form. It is expected that policy will be approved by GOM in 2013 since Parliament approved the Gender Bill in February, 2013.	Gender Equity bill passed by Parliament. Domestic Violence Amendment Bill to be enacted. HIV AIDS law to be passed, which includes legislation on rape and stigma and discrimination.	USG will take lead role in supporting GOM to monitor the implementation of the Gender Equity Bill and Gender Policy.	Review of gender integration through SWAp yearly reviews and final evaluation. Review of policy environment for gender.

		nt.				
Completion Date	summer 2012	September -January 2012	January - March 2013	ongoing (March 2011 - Septemebr 2015)	ongoing (March 2011 - sept 2015)	Ongoing
Narrative	Need for increased gender awareness, gender oriented programming and increased gender integration in health programs recognized. NEW ACTIVITY (June 2012): Ministry of Gender requested support form development partners to develop a new policy and startegic plan for the	Recommended actions for integration of gender aspects in HIV and AIDS and MOH services in the health sector identified. NEW ACTIVITY (June 2012): A USG and Unicef supported situation analysis and consultation meetings is underway across the whole Ministry and its	SWAp POW II /now called HSSP is final and in implementation. Advocacy for gender related bills continues by USG partners. USG present and engaged in national gender TWGs and coordination efforts. NEW ACTIVITY (JUNE 2012 -APRIL 2013): Once	HIV bill has been tabled with specific concerns around education and information still ongoing issue. . Parliamentary committee under advisement and bill may or may not be revised. Gender Equity Bill is being drafted. Domestic Violence Amendment Bill is being drafted. NEW	Condom supply chain still a challenge and a priority, NAC and MOH working on it, USG strongly engaged; NEW ACTIVITY (BEYOND APRIL 2013): Ministry of Gender responsible for implementationand enforcement of ned policy and strategy.	Review of gender integration through SWAp yearly reviews and final evaluation. NEW ACTIVITY(BEYOND APR 2013): Stakeholders and MOG responsible for M&E.

	Ministry which will demonstrate and articualte t eMinistry's leadership role in and intergration between Gender, children, youth, adult learning and community developme nt	stakeholders in August to December 2012	consultative process is complete draft policy and strategic documents will be developed. This will be done with support form USG and Unicef.	ACTIVITY (JAN 2013-Apr 2013): Draft documents are planned to be endorsed within the same period by OPC, cabinet and MO Gender)		

Policy Area: Human Resources for Health (HRH)						
Policy: Human Resources for Health Strategic Plan						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Summer 2010 (Complete)	September - December, 2010 (Complete)	January - March 2011 (Complete)	Not applicable	April 2011 - September 2011 (Complete)	Year 2016 (Complete)
Narrative	MOH to initiate planning for the new HRH Strategy (2011 – 2016) under SWAp II.	Stakeholders engaged to develop Program of Work II, and the HRH TWG tasked with providing	HRH strategy to focus on training and staff development, improving recruitment, developing	MOH is policy holder; Does not require legislative action	Expansion of pre-service training for HCW. Support innovative approaches	Evaluation to be built into the Memorandum of Understanding of the POW II.

	MOH to coordinate adequate assessment to provide necessary baseline data for the new strategic plan. MOH to provide coordinated leadership to HR support financed by developme nt partners. MOGCCD to produce operational plan for HRH support. Implement restructurin g and functional review of staffing and career path	technical input for the HRH component of the POW II.	mechanism s for deployment, improving retention, performanc e manageme nt & career developmen t, HR policy and systems developmen t, communicat ion and information sharing, improving tools for research and developmen t, manageme nt leadership developmen t, and coordination and harmonizati on of HRH mechanism s.		to improve retention of those staff in the civil service. PEPFAR implementin g partners to continue significant human capacity developmen t efforts around HRH including supportive supervision, support for TA to GOM and MOGCCD to implement the MOH HRH strategy, and HRIS support. Resource mobilization a potential bottle neck for many	Implementa tion of the HRH strategy will be evaluated in 2016 with annual progress reviewed during the biannual reviews of the health sector.

	structures for MOGCCD.				aspects of SWAp II, including human resource support.	
Completion Date	Summer, 2010	September - December, 2010	January - March 2011	Not applicable	April 2011 - September 2011	2016
Narrative	MOH initiated planning for the new HRH Strategy (2011 – 2016) under SWAp II. MOH working to coordinate adequate assessment to provide necessary baseline data for the new strategic plan and to provide coordinated leadership to HR	Evaluation of POW I and EHRP for 2004 - 2010 completed. POW II development in progress by stakeholders, with HRH TWG providing technical input for HRH component of the POW II. Final POW II draft expected by 31 January 2011.	POW II development in progress; HRH strategy revision/development to follow. Final POW II draft expected by 31 January 2011.	MOH is policy holder; Does not require legislative action	Progress on activities above will be reported on an annual basis, first report in Sept 2011. (October 2011) POW II also known as Health Sector Strategic Plan, developed and finalized. HRH Strategy development for the same period still	TBD, led by MOH supported by development partners

	support financed by developme nt partners. MOGCCD working to produce operational plan for HRH support and to implement restructurin g and functional review of staffing and career path structures for MOGCCD.	HRH strategy revision/dev elopment to follow.			in progress	

Policy Area: Other Policy						
Policy: CMS reform						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Complete	Complete	Complete	March-Augu st 2013	Ongoing	Ongoing
Narrative	Malawi's CMS lacks transparenc y and full accountabili ty.	Despite recent progresses, the Central Medical Store still	Developme nt of CMS business plan reviewed and	Executive officer was hired in 2012 but business plan is still	Developme nt partners have made recapitalizat ion and staffing of	Evaluation will be conducted through the Drugs and Medical

		lacks transparency and good governance of Investments in the supply chain. These has significantly limited the reliable availability of essential health commodities. CMS has been turned into a trust and its trustees have been appointed; however, no key staff are yet in place, facilities need significant upgrading, and a business plan has not been developed.	approved by GOM and development partners; GOM approved CMS Chief Executive Officer	not approved by government.	CMS a top priority and condition for continued support on CMS reform and will continue to monitor and press for action	Supplies Technical Working Group, and the Malawi Health Donor Group
Completion Date	Pre-existing	Complete	Final copy	June 2013	Ongoing	Ongoing

			in March 2012			
Narrative	Malawi's Central Medical Stores Trust (CMST) has embarked on a reform process to address the challenges impacting on its productivity and relevance to stakeholders	CMST's Management team has taken concrete steps to ensure good governance, transparency and accountability in all its activities. Procurement of essential health commodities have been initiated in line with national policies; a business plan has been developed, a Chief Executive Officer has been hired and most of the	CMST has developed a business plan which has been shared with GOM, donors and partners for inputs. The CEO has been hired and approved by GOM	The business plan is in place but has not been endorsed by MOH and stakeholders, CMST will be scheduling a timeline for the discussion and endorsement of the business plan by MOH.	Development partners conveyed a multi-donor supply chain mission from July 30 - Aug 9, 2012 to identify benchmarks for reintergration of parallel supply chains into GOM systems and continued support for the CMS reform, the final report will be ready at the end of November 2012	The plan to conduct the evaluation through the Drugs and Medical Supplies Technical working group and the Malawi Health Donor group is still on, appropriate dates for these exercise will be discussed with the CMST and MOH management.

		management positions have been filled, a phased recruitment for the senior positions is ongoing. Infrastructural upgrades are at different stages of completion				

Policy Area: Other Policy						
Policy: eHealth Strategy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Completed	2013	2013	2013	2013	2013-2014
Narrative	Malawi needs to develop eHealth Strategy in order to enable utilization of ICT technology for better health delivery.	Ehealth Policy is under development. A situational analysis was conducted in 2012. Remaining work: assessing governance	USG will support development and finalization of a Malawi eHealth Strategy. USG seconded an Informatics TA to MOH to lead the	USG will continue to support development and finalization of a Malawi eHealth Strategy.	USG will identify areas of support for strategy implementation based on the developed eHealth Strategy	eHealth Strategy review process will be monitored and evaluated at the next PFIP stakeholders meeting, as well as by USG and

		aspect and develop policy.	process. The policy developmen t process is 50% complete.			MOH through the SWAp technical working group.
Completion Date	Sept 2012					
Narrative	Situational analysis was conducted in six districts and are in process of finalizing the report. This report will be used to inform Malawi's ICT governance for health sector advanceme nt.					

Policy Area: Other Policy						
Policy: HIV/AIDS Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	NA	NA	March 30, 2012	Ongoing	April 2013-2017	2017
Narrative	Outdated HIV/AIDS	Policy needs to	The DRAFT HIV/AIDS	Policy is being	Policy is expected to	PEPFAR will monitor

	policy	include new and emerging issues in Malawi such as addressing legal issues around sex workers and MSM.	policy is undergoing a final review process in which PEPFAR is an active participant and contributor.	developed in tandem with an ongoing political discussion around the new HIV/AIDS Bill which is undergoing further review after being criticised for proposing repressive measures that will negatively affect PLHIV and key/marginalized populations.	have been approved. PEPFAR will monitor its implementation closely and also monitor development around the HIV/AIDS bill.	or support this process depnding on availability of resources.
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: HRH Strategic Plan/Health Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Complete	Complete	Complete	Completed	March 2012-2016	October 2013
Narrative	Updating of National	Malawi's national	USG will support	Adoption and	MOH will lead the	Progress against set

	Human Resources for Health Strategic Plan, Development Policy, and Deployment Policy.	HRH strategic plan is out of date and needs to be brought in line with the new Health Sector Strategic Plan, updated to reflect priority cadres beyond nurses, the new Option B+ ART policy, and other recent developments that affect HRH. In addition, MOH policies on development of HHR capacity and deployment of health workers need to be revisited in line with the	revision and updating of the national HRH strategy and associated development and deployment policies. USG will support the HR Department to plan and roll out the staff performance appraisal system to the district level supervisors who will be undertaking performance appraisals.	approval of new HRH strategy and policies	review and development process with support from USG.	targets will be reviewed at the next PFIP stakeholders meeting, as well as by USG and MOH through the SWAp technical working group.

		HSSP.				
Completion Date			Oct 2011 -September 2012	Januray 2013	January 2013 -Sept 2013	Ongoing
Narrative			USG through SSDI Systems project supported intergrated Systems Strengthening project SSDI-Systems has started supprting MOH HR department to develop the new HRH Strategic plan. Currently a third version of the document is under review by key stakeholders with a target to finalize the document	Adoption and approval of new HRH strategy and policies	MOH will be responsible for implementation of the startegy with support form stakeholders.	SSDI-Systems is expected to have continued engagement with the MOH HR depaprtment during implementation of the strategy and provide ongoing support and to monitor implementation of the strategy. Joint semi annual and annual reviews and HRH TWG are the designated fora for monitroing progress on the strategy.

			by January 2013. USG has provided support in form of TA through the implementing partner and USG staff time.			

Policy Area: Other Policy						
Policy: Policies Impacting Male Circumcision						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Completed	Completed	Completed	n/a	Completed	2013
Narrative	Presentation from SADC countries High level Malawi delegation including MoH and NAC attended 2007 WHO meeting in Geneva to review RCT evidence.	WHO situation analysis completed. National situational analysis on MC completed, endorsed by National MC Sub-group and accepted by MOH.	MC Communication strategy has been developed and waiting MOH endorsement. National Implementation Plan for MC has been written but still in draft form. Standard	MOH is policy holder; Does not require legislative action	MOH has committed to the creation of high-throughput 'MOVE' (improved model for increased efficiency in circumcising high volumes of men) To demonstrate national	Mid-term evaluation planned.

			Operating Procedures (SOPs) for Voluntary Medical Male Circumcision were produced and endorsed by MOH. National VMMC Policy developed; Officially launched by MOH and had been disseminated to stakeholders.		commitment to the implementation of MC, MOH conducted VMMC campaign in Mulanje district circumcising 4,348 in 4 weeks	
Completion Date		05-2010	04-2011		09-2011	tbd
Narrative		WHO situation analysis completed. National situational analysis on MC completed, endorsed by National	MC Communication strategy has been developed and waiting MOH endorsement. National	n/a	MOH has committed to the creation of high-throughput 'MOVE' (improved model for increased efficiency in	TBD

		MC Sub-group and accepted by MOH.	Implementation Plan for MC has been written but still in draft form. Standard Operating Procedures (SOPs) for Voluntary Medical Male Circumcision were produced and endorsed by MOH. National VMMC Policy developed; Officially launched by MOH and had been disseminated to stakeholders.		circumcising high volumes of men) To demonstrate national commitment to the implementation of MC, MOH conducted VMMC campaign in Mulanje district circumcising 4,348 in 4 weeks	

Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs

Policy: Policies Impacting Food and Nutrition						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Completed	Completed	Completed	2014	ongoing (2013-2016)	ongoing
Narrative	Policy reforms needed to strengthen linkages with food & nutrition development programs with health programs.	The persistently high levels of malnutrition among women and children pose a serious threat to Malawians. Strong policy guidance was required to reverse these trends. Many previous initiatives failed to translate well meaning policies into action. For example, Malawi developed	National Nutrition Policy and Strategic Plan expired in 2012 and new one is being developed with support from World Bank.	After the 2011 consultations there has been no movement in the development process of the Nutrition Act due to structural and staffing changes at the Office of the President's Cabinet.	All partners align their activites and support the new National Nutrition Policy once it is completed. USG will continue to advocate for continuing the development process of Nutrition Act.	National Nutrition Policy reviewed in 2012. Monitoring and evaluation plans to be drafted for new policy.

		its first Food and Nutrition Policy in 1990, but without well defined implementation structures, budgetary allocation and capacity for community implementation.				
Completion Date	07-2005	07-2009	01-2010	12-2011	07-2012	07-2012
Narrative		A nation-wide consultative process that involved a combination of workshops, focus group discussions and face to face meetings was conducted over a period of a year to identify	The National Nutrition policy was launched in Jan 2010. It is a product of a nation-wide consultative process that culminated in the production of an initial set of five documents that were presented	Consultation for the development of a Nutrition Act have begun – Progress reported during Malawi TWG meetings. In 2011, an 'Issues' paper was drafted and shared with stakeholders.	The policy has been costed, and implementation has commenced. It was launched by the vice Preseident of Malawi, and disseminted to many stakeholders at the district and national levels.	The policy was due for review in 2012, but this exercise will be accomplished in 2013. No major changes are anticipated, as the policy is already comprehensive. The policy

		needs and recommendations for the National Nutrition policy.	to Cabinet. Further work consolidated the five documents into one document. The process was led by the Department of Nutrition, HIV and AIDS.	Consultations are in process.	Development partners have aligned their support to the pillars identified in the plan. Total funding in the nutrition sector was $15.9 million, leaving a financing gap of $35.2. DONORS HAVE COME TOGETHER TO SUPPORT THE SCALING-UP NUTRITION AND 1000 DAYS MOVEMENT	review will be supported by the World Bank through a multi-donor trust fund that they haveset upP through the Deaprtment of Nutrition, HIV and AIDS.

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	2,822,618	0
HKID	4,776,140	0
HVTB	2,227,460	0
PDCS	965,584	0
Total Technical Area Planned Funding:	**10,791,802**	**0**

Summary:

CARE TECHNICAL AREA NARRATIVE

During FY 2010 & 2011 the Malawi PEPFAR HIV Care program worked towards increasing the use and quality of pre-ART management for People Living with HIV (PLHIV), in an effort to meet the shared Government of Malawi's (GoM) and U.S. Government (USG) goal of decreasing the proportion of individuals starting ART at Stage IV from 11 % to 5%. As of APR 2011, over 289,030 adults and children received at least one care service which is an increase of 80% since FY 2010. Through PEPFAR partners' direct support to service delivery and technical assistance, eighty percent of PLHIV were retained in care at 12 months. This improvement demonstrates the effectiveness of the national scale up and quality improvement efforts within both facility and community based HIV care service points and networks supported by the USG PEPFAR programs.

Keeping in line with increasing uptake for pre-ART services, the HIV Care program has contributed to the strengthening of the national referral, feedback and patient tracking systems. These efforts have helped facilitate better access to the continuum of care and reduce post HIV Counseling and Testing (HCT) loss to follow-up as exhibited by Mission Malawi's increase in pre-ART targets over the past two years. PEPFAR partners have also assisted the Ministry of Health (MOH) to update monitoring tools and expand systems for better tracking of referrals along the care continuum through the standardization of indicators, development of referral directories and simple implementation of patient tracking tools. In alignment with the National Strategic Plan (NSP) for HIV/AIDS, PEPFAR has supported the MOH to pilot and develop HIV service delivery models for care and support aimed at strengthening bidirectional referral systems and linkages for children and adults for both communities and facilities. Positive Health Dignity and Prevention (PHDP) activities have been provided with PEPFAR support through a basic minimum package of services incorporating Cotrimoxazole preventive therapy (CPT), family planning, TB screening, STI screening, health education and nutrition counseling. As of June 2011, 319,789 (94%) PLHIV received Cotrimoxazole (CXT) preventive treatment (CPT) and 60% of HIV-exposed infants are receiving CTX. It is estimated that approximately 64% of new TB cases are HIV positive, and 87% of TB patients know their HIV status.

At community level, implementing partners supported follow-up of mother-infant pairs (MIP) as part of early infant diagnosis (EID), use of innovative approaches such as use of SMS technology to improve the timeliness of defaulter tracing, patient follow-up and relaying diagnostic test results. Given shortages in human resource for health, the potential of lay counselors, expert patients, support groups and community based organizations (CBOs) have been harnessed to provide a continuum of care. Care for Orphans and Vulnerable Children (OVC) has also been scaled –up including establishing community based childcare centers and child corners and the training of management

committees, caregivers and counselors to run these centers.
POLICY ADVANCES
In 2011, Malawi's national HIV response transitioned to an integrated model, incorporating HIV treatment, care, PMTCT and primary care in a unified service delivery approach. The changes respond to the 2010 WHO HIV guideline revisions, and include a "test and treat" PMTCT protocol ("Option B+"), whereby all HIV-positive pregnant women are provided with ART for life regardless of CD4 count or clinical stage. ART eligibility has been revised to include all persons with CD4<350 cells/mm3 (adults and children 5 years and older) for those who otherwise don't qualify based on pregnancy or other factors. A phased introduction of a higher-quality ART regimen (TDF/3TC/EFV in a once-daily FDC) is being used for all pregnant and breastfeeding women, children under two years, co-infected TB-HIV patients, and persons with advanced stavudine-related lipodistrophy. The new guidelines also incorporate pre-ART as part of a standard package of care with a family centered approach. With this change, Malawi has defined a package of pre-ART, ART and PMTCT services that will allow for a more integrated approach that enables better quality services for HIV positive patients, including greater access to ART services through ANC clinics.
The GoM has made considerable investments at the national level to mitigate the various challenges that OVC face. Between 2009-2011, the enactment of three Child-related Acts, (the National Registration Act, 2009; the Child Care Protection and Justice Act and the Wills and Inheritance Act, 2011) provides a broader policy and legal framework for child protection. In addition, the following three components 1) the creation of district child protection committees, 2) deployment of 800 Child Protection Workers,3) and the creation of a division of Child Protection within the Department of Social Welfare in the Ministry of Gender, Children and Community Development (MoGCCD) to function as the lead division for child protection – all three provide a solid foundation for PEPFAR and other key donor partners (UNICEF and Save the Children), to support GoM efforts in creating a coordinated national child protection system.
KEY PRIORITIES & MAJOR GOALS FOR THE NEXT TWO YEARS

SCALING UP COMPREHENSIVE HIV CARE INTEGRATION
The 2011 guidelines for the management of HIV in adults and children, adapted from WHO guidelines, emphasize provision of comprehensive services using integrated HIV models of service delivery through a "one-stop shop" offered in HIV Care Clinics. USG partners played a key role in the development of the guidelines and revision of the curriculum for training of health workers. These partners were also instrumental in supporting MOH's effort to train more than 3,800 health workers on the new guidelines. In COP 2012 PEPFAR will provide support through our partners to train the clinical workers, CHWs, and PLHIV in the new integrated management of HIV clinical care guidelines in an effort to not only improve the quality of services of pre-ART patients but also reduce the lost to follow-up of patients who have yet to become eligible for ART. Partners will help to support Non-Governmental Organizations (NGOs) and CBOs to implement the community-based component of pre-ART utilizing the strong dedication of PLHIV support groups who play a key role in our community-based efforts by supporting patient-tracking efforts and conducting interactive sessions on positive prevention, disclosure, nutrition, alcohol, safer sex, family planning, positive living and addressing cultural and gender barriers to accessing care services. USG implementing partners will continue to provide technical assistance to scale-up integrated models of ART and PMTCT services.

STRENGTHENING REFERRALS AND THE CONTINUUM OF CARE FOR PLHIV
In COP12, PEPFAR partners will focus on demand creation and support for adherence for PLHIV and to minimize loss to follow up and poor health outcomes. Mission Malawi will work with its funded partners in determining effective measures and reporting to capture impact as a result of these community based efforts. PEPFAR partners will continue to strengthen referrals, feedback and patient tracking systems to improve the facilitation of patient access to a continuum of HIV/AIDS prevention, care and treatment services in clinics and communities and reduce loss to follow-up by using care group models such as MIPs to facilitate EID, referrals and adherence as well as the use of expert clients within support groups. PEPFAR is providing support to the evaluation of current referral systems on the request of MoH and key stakeholders and will inform Malawi's move to one referral system.

STRENGTHENING THE CAPACITY OF LOCAL INSTITUTIONS TO PROVIDE OVC AND PLHIV SERVICES

In partnership with UNICEF, PEPFAR will continue to support the MOGCCD to address the human capacity development needs in Malawi. The goal of this effort is to strengthen MOGCCD's capacity to coordinate, plan and provide quality OVC programs by strengthening their capacity and creating the knowledge base and tools of senior and middle level managers in the Ministry to effectively lead and manage programs. PEPFAR will build on work done in previous years to build capacity of local CSOs. Our organizational development efforts will build capacity of local organization in advocacy, leadership and management, and strengthen their technical base in order to deliver high quality community based OVC and PLHIV services.

INCREASING OVC ACCESS TO ESSENTIAL CARE, SUPPORT AND PROTECTION SERVICES
Six percent of children in Malawi live in households with a sick parent or another sick adult. Forty-one percent of orphans and vulnerable children are able to access a minimum of three material needs, reflecting USG partners' ability to respond to a myriad of needs that OVC face. Approximately 90,000 children are living with HIV and one in six children (1.2 million) are growing up with reduced parental care in a wide range of formal and informal care arrangements. It is estimated that Malawi has approximately 12,000 children living in child headed households and 6,000 living in institutional care. GoM's Extended National Plan of Action (NPA) for Orphans and other Vulnerable Children (2010-2011) provides the framework for a coordinated response to mitigating the impact of HIV/AIDS on Vulnerable Children and their households. In COP12, PEPFAR funds will be used to provide direct support to OVC, PLHIV and HIV affected households. This will assist the GOM in expanding and strengthening integrated community-based platforms for direct service delivery to OVC and PLHIV, especially in hard to reach communities. PEPFAR partners will continue to provide a range of essential services including economic strengthening for households caring for OVC, health, prevention education, psychosocial support, shelter and care, food and nutrition, protection and education to reduce vulnerability of OVC and their families, and to strengthen the capacity of families to advocate for services and care for OVC. We will address protection issues, strengthening the social welfare workforce and economic strengthening activities that improve the resiliency of households looking after OVC by increasing their capacities to provide and care for children in their custody.

CONTRIBUTIONS FROM AND COLLABORATION WITH OTHER DEVELOPMENT PARTNERS FOR HIV CARE
Malawi's HIV/AIDS program is largely funded through external support: the Global Fund is the largest donor. The Malawi Partnership Implementation Framework (PFIP) analyzed the roles of these various stakeholders and outlined how USG resources could be used to maximize the health and systems benefits. While Global Fund covers most of the HIV/AIDS response, PEPFAR supported projects provide critical technical assistance to improve access and quality of HIV/AIDS services. Global Fund resources are used to procure key HIV supplies and commodities, including ARVs and Opportunistic Infection (OI) drugs and to pay salary top-ups for health care workers. CHAI, with UNITAID funding, supports the national program by procuring pediatric ARVS and drugs for OIs until 2013. The UN family will continue to be a key development partner in addressing issues that increase children's vulnerability. Both UNICEF's and PEPFAR's continued support to the MoGCCD and to the operationalization of the Child Protection system will provide a viable platform for collaboration to ensure inclusive support to children affected or at risk of HIV and AIDS.

ADULT CARE AND SUPPORT
The MOH has developed standardized guidelines for a basic minimum care package for pre-ART care. The package will be implemented in both facility and community settings, and will include CPT, routine TB screening and optimized management, food and nutrition assessment, Positive Health Dignity and Prevention (PDHP) programs, CD4 counts, psychosocial support, pain and symptom management, and targeted safe drinking water interventions. The care and support component of the PEPFAR program is focused on early identification, timely enrolment when eligible and retention of PLHIV in care and treatment. PEPFAR partners will support male involvement and address gender disparities by focusing on youth through adolescent health services and community based programs. At community level, support will be provided to improve critical food security, livelihoods, and economic strengthening activities for PLHIV. These activities include irrigation, conservation agriculture, village savings and loan schemes, and linkages to markets for agricultural produce. Community based support groups ensure that pre-ART patients are retained in care and are provided with adherence support and psychosocial counseling through peer support groups. Partners will continue to address quality of care through regular mentorship and

supportive supervision. Key quality of care interventions include ensuring that a comprehensive package of services is available and implemented according to set standards. Where services are not readily available nearby, implementing partners facilitate referral of patients by using referral directories or support from CHWs. At the community level, partners have supported volunteers to provide psychosocial support by visiting community residents in their homes and by conducting talks with various groups. Referrals from the community to facility level are facilitated by the volunteers for facility based services such as HTC, Couple Testing, PMTCT, FP, RH and STI management. At community level, Village Discussion groups discuss various HIV issues including PMTCT, and partners have developed tools such as guides, service directories or maps to help link people to various HIV services mentioned above.

PEDIATRIC CARE AND SUPPORT
As part of the new national integrated PMTCT/ART guidelines, routine screening of HIV-exposed infants will be conducted in the postpartum period, as well as at the under-5 clinic. In line with the PEPFAR PMTCT acceleration plan, follow-up of exposed infants with be strengthened in COP12. This includes the establishment of support groups for HIV positive pregnant women before and after delivery, active follow-up of MIP for early infant diagnosis and linking them back to health facilities, increasing the proportion of HIV exposed infants initiated on CPT, and scaling up DNA-PCR testing and support for DBS sample collection and transportation. In line with the new GOM Health Sector Strategic Plan's renewed emphasis on capacity building, PEPFAR partners will work to strengthen community structures as part of a comprehensive health response to improving provision of longitudinal retention of HIV positive children in clinical care, as stated in the PEPFAR PMTCT Acceleration Plan 2011. PEPFAR supported partners will continue to provide support for the scale-up of EID, providing direct on-site technical assistance and commodities, as needed, to high-volume hospital labs to ensure EID samples are processed and transported efficiently and accurately. In COP12, PEPFAR will also provide support for quality assured CD4 testing for staging of children over 2 years and adults accessing pre-ART services. Improving the quality of pediatric HIV care also remains a key focus with PEPFAR partners who continue to support service delivery at district level directly and through technical assistance, training and mentoring, and strengthening M&E systems.

TB/HIV (HVTB)
USG is providing technical and financial support to the National TB Control Program (NTP). Priority activities to strengthen TB control in Malawi focus on strengthening the overall capacity of the NTP to implement and develop and update strategic plans, operational frameworks and program management through technical assistance, including strengthening M&E systems; conducting joint supportive TB/HIV supervision and data quality audits. In addition, USG partners provide support to strengthen the quality of integrated TB-HIV service delivery in MOH and CHAM sites with a focus on the 3 I's (intensified case finding, isoniazid preventive therapy and infection prevention and control). USG partners have piloted and scaled up innovative approaches to TB-HIV integration. Support has been given to the implementation of community based sputum collection in 6 rural districts. Higher quality TB screening has been provided in HIV clinics in accordance with the new HIV guidelines, coupled with more effective diagnostic approaches for intensified case finding (LED microscopy and GeneXpert MTB/RIF), decentralizing TB registration sites, ensuring TB/HIV case management complies with national protocols, with a focus on pediatric TB-HIV. There will be scale-up of improved integrated management of HIV/TB through the USG supported Electronic Data System (EDS) module developed by Baobab.
HIV status is documented in 87% of TB patients, HIV prevalence amongst TB patients is 66% and 85% of co-infected patients are initiated on ART. 95% of ART patients are taking Cotrimoxazole Preventive Therapy (CPT). Priority activities to strengthen TB control in Malawi will focus on strengthening the overall capacity of the NTP and strengthening quality and accessibility of TB and TB/HIV services in the 6 districts with high burden of TB and low program performance. Key priorities and goals to strengthen and expand TB HIV activities include: providing technical assistance and support to the NTP and National HIV unit in carrying out key coordination efforts at national level; to plan, disseminate, and coordinate implementation of TB/HIV activities; assist the NTP to revise and update the Malawi TB/HIV operational Framework and to expand TB registration sites to allow TB/HIV integration at high burden sites and joint TB/HIV supervision visits at all levels of care to improve TB/HIV management.
All HIV+ pregnant and lactating women, and persons with TB-HIV co-infection, are offered lifelong ART. For

women identified in ANC or maternity, ART is generally started on the same day as diagnosis with intensive counseling and for persons with TB it is to be started at the same time as TB treatment. Additionally, PEPFAR partners will support TB/HIV service provision, particularly in operationalizing isoniazid preventive therapy (IPT) and intensified TB case finding (ICF), and evaluating implementation of GeneXpert for ICF.

FOOD AND NUTRITION

Malawi was one of the first countries to implement a nutrition assessment, counseling and support (NACS) program at scale. The program is managed by GOM with support from the Global Fund. Malawi's response is coordinated by the Department of Nutrition, HIV and AIDS, within the office of the President and Cabinet (OPC), which was set up in 2004 as the coordinating authority for nutrition and HIV/AIDS. Since its establishment, the department has developed the National Nutrition Policy and Strategic Plan (NNPSP), which focuses on scaling up nutrition care and treatment, supporting PLWHA, TB and other chronically ill patients in all ART sites. A national training manual for prevention and management of malnutrition for PLWHA and people living with TB was developed and a set of national guidelines are in place to support the scale up of NACS, which is now in more than 250 sites. Malawi's NACS program has undergone a rapid scale up and is in place in 257 facilities; it is hoped that the program will expand to all new 650 integrated ART/PMTCT/ANC sites.

HIV-exposed infants are at particular risk of growth faltering due to early weaning practices and inadequate complementary feeding. High quality growth monitoring needs to be implemented at all under-5 and pre-ART clinics, and linked with reinforced and accurate feeding messages. During the first half of FY 2010 with non-HIV and PEPFAR resources, Mission Malawi focused on strengthening the quality of Growth Monitoring and Promotion (GMP) at outreach clinics in two districts. Lessons learned will be used to support scale up of improved GMP with a small amount of PMTCT funds. These efforts will be closely linked to EID and HTC for confirming the HIV status of infants and children, and ensuring early initiation on ART.

In FY11, GOM and MissionMalawi supported a rapid review of the Malawi NACS program to assess its design, comprehensiveness and implementation approach whilst identifying strengths, challenges and opportunities to enhance the program and inform future scale up. In response to findings from the review PEPFAR funds will be used to ensure that the MOH Nutrition Unit and OPD's Department of Nutrition, HIV and AIDS have the requisite technical capacity to ensure enhanced coordination and management of NACS' program; this may include placing an advisor in one or both units to strengthen their capacity. PEPFAR funds will also support strengthening the M&E of the Malawi nutrition program, including the development of a harmonized set of indicators for NACS and support to routine collection and reporting of data. Given the opportunities that exist for community based care identification and referral of malnourished clients to facilities, PEPFAR funds will also support Community based interventions focused on identification, referral and support as well as food security and livelihoods initiatives.

ORPHANS AND VULNERABLE CHILDREN (OVC)

According to UNAIDS estimates, 171,000 children aged 0-14 were living with HIV in Malawi in 2010. Of these, 38 percent were aged 0-4. It is estimated that there are 837,000 orphans in Malawi in 2010. An estimated 63 percent of Malawi's orphans have lost one or both parents to the AIDS epidemic. Though projections anticipate a reduction in the number of children affected by HIV over the next five years, with declines expected both in the number of children living with HIV and also in the number of children orphaned because of AIDS, Malawi will still have about 155,000 children aged 0-14 living with HIV. Increasing access to quality treatment that reduces mother to child transmission and helps keep children who are exposed to HIV through birth to survive beyond their second birthday should reduce the proportion of children aged 0-4 living with HIV to 30 percent by 2015. Despite this, Malawi can expect approximately 476,000 children to be orphaned from AIDS-related causes by 2015; while this is a reduction, it still represents a large number of children. GoM's Child Protection System provides a platform for such a coordinated and cohesive response to protect vulnerable children from violence, abuse, exploitation and neglect, while mitigating the impacts of HIV/AIDS. PEPFAR partners will support Malawi's Social Welfare Workforce strengthening efforts with a specific focus on capacity strengthening of Magomero Social Welfare Training School as well as systems and capacity support to the establishment of a full and functional HRIS system.

Through the Partnership Framework, PEPFAR will contribute towards national OVC goals and activities outlined in the extended NPA for OVC. In line with the Malawi's Growth and Development Strategy (2011-2016), PEPFAR will work at policy and systems strengthening levels and will engage with GOM, UNICEF and other key

stakeholders to support on-going efforts aimed at consolidating the various responses to vulnerable children into an operational National Child Protection System. To ensure country ownership and leadership, PEPFAR will continue to support capacity building of local CSOs and solidify target CSO's ability to deliver high-impact sustainable HIV/AIDS services. PEPFAR partners will continue to strengthen the capacity of families and provide the range of age appropriate essential services in line with the Extended NPA for OVC and the USG Guidance for OVC programming. Under-5s continue to be a key focus of Mission Malawi..

PEPFAR funds have been used to support focus on growth monitoring, and improved health and nutritional status for children 0-59 months of age. Through PEPFAR funded programs, Mission Malawi will continue to provide a package of interventions for OVC that will include community based infant and young child nutrition activities for the prevention and treatment of malnutrition. Family-centered care for OVC that focuses on empowerment of families to care for their own OVC will continue to be a key focus. PEPFAR partners will bolster on-going economic strengthening activities to increase the resiliency of households caring for OVC. PEPFAR will continue to support on-going Quality Improvement efforts on the finalisation of the OVC draft Service Standards in close collaboration with GOM and key stakeholders. Adolescents aged 10-17 years of age are at high risk of sexual violence in Malawi. Mission Malawiwill collaborate with UNICEF to conduct a national survey to document the magnitude and effect of sexual violence against girls to inform GoM, donors and communities. Based on findings from the survey, PEPAR will contribute to the development of a National Action Plan with interventions tailored to address sexual violence both at the policy dialogue level as well as legal reform and improvement to the delivery of services as part of USG Malawi's support to the Go Girls Initiative.

CROSS CUTTING AREAS

GENDER
Gender disparities in the epidemic are evident. Despite a slight overall reduction in HIV prevalence from 12% in 2004 to 11% for the population aged 15-49, the reduction has been greater in men (10% to 8%) than in women, (remaining static at 13%). While prevalence among men is decreasing in both urban and rural settings, HIV prevalence for women has increased in urban settings from 18% in 2004 to 22% in 2010. The GoM cites gender issues as an integral part of its national strategy for growth and development. The National Gender Policy was revised in 2008 and promotes gender mainstreaming throughout the public sector. However, weak coordination and implementation of gender related policies at national level have fragmented the gender based response nationally. In an effort to address the gaps at national and community level, Mission Malawi's approach to programming continues to recognize the need to address key gender issues in its programs and promote the integration of gender and women- and girl-centered approaches across existing and future programs.
PEPFAR supported partners will continue to provide technical support to the MOGCCD to improve effectiveness at policy level to mitigate and prevent the violation of women and children's rights. The Malawi 2009 Partnership Framework (PF) addresses gender as a cross cutting issue and emphasizes 1) increasing gender equity in HIV/AIDS interventions, 2) addressing male norms and behaviors, 3) increasing women's legal rights and protection, 4) reducing gender based violence and coercion and 5) increasing women's access to income and productive resources. In addition to this, Mission Malawi strongly values and promotes analysis and disaggregation of any project data by gender as one way of more actively analyzing issues that affect men and women in HIV programming.
MARPS
Although Malawi faces a generalized epidemic , MSMs and Commercial Sex Workers (CSW) populations and other vulnerable populations such as fishing communities, vendors, estate and mine workers, have higher HIV prevalence and often lack access to services due to stigma and discrimination, high mobility, or marginalization (BSSS 2006). Laws stigmatizing and punishing homosexuality continue to impede efforts to reach and treat this highly vulnerable population despite high prevalence and reported bisexual concurrent relationships. Response efforts continue to be fragmented with insufficient coverage in spite of the fact that the National Prevention Strategy prioritizes a more cohesive response to MARPS. The National Population Size estimation for MSMs, CSWs and the upcoming BSSS surveillance will assist in determining coverage needs for this population and will feed into the scaled up of evidence based MSM interventions.

PEPFAR Malawi's Prevention Portfolio is fully aligned with Government of Malawi's National Strategic HIV and Prevention Plans. Based on modeling which predicted that 2/3 of new infections will occur in the general adult population in the South, Mission Malawi focused prevention efforts on 75% of Traditional Authorities in 11 high prevalence Southern districts, and included targeted interventions for MARPS and other vulnerable populations in high-risk settings. PEPFAR and GoM's key priorities will be to strengthen alignment of combination prevention programs for MARPS and vulnerable groups with high prevalence rates through expansion of free and socially marketed condom distribution outlets, concurrent HTC and family planning service delivery, support for Option B+ scale up, and VMMC within Priority Prevention Areas (PPAs), MSM targeted peer-to-peer interventions strengthened to include access to lubricant and MSM-friendly health services. MSMs identified through a trusted local organization will be reached through peer based risk reduction activities, condom and lubricant distribution and referred to trained MSM friendly service providers. PEPFAR Malawi and partners, in collaboration with other development partners, will continue to advocate for an enabling legal and policy environment for marginalized populations through sharing of evidence based programs at national level.

HRH

The proportion of the adult population on ART is expected to double in the next five years, which will require significant additional health staff for a country already struggling to meet existing demands. Within the last six years, Malawi has rapidly scaled up the delivery of free ART: From about 3,000 patients on treatment in 2003 to 365,191 in March 2011. The proportion of the adult population on ART is expected to double in the next five years, which will require significant additional health staff for a country already struggling to meet existing demands. According to a 2009 UNAIDS report, in Malawi, there are 120,000 children who are infected with HIV, which is 13% of the overall number of people living with HIV. Twenty per cent of all new infections are thought to be among children under 15.

In COP12, PEPFAR will support 300 additional health workers through bursaries and 120 social workers at the Magomero Training College at Diploma or Degree level effectively upgrading social worker training from certificate level. These efforts will contribute to Malawi's 1,040 HRH target new health workers in the Partnership Framework Implementation Plan for Malawi form 2009 to 2014 and contribute to an enhanced workforce that is able to respond to care issues that affect OVC in Malawi. PEPFAR funds supported consensus -building process within Malawi bringing the role of Social workers in OVC care and support activities to the attention of key stake-holders. PEPFAR has supported champions to advocate for Social Workers. To date, a social welfare diploma and degree program curriculum has been developed and Magomero College has been upgraded to allow for increased update of Social Work students. In 2010 Malawi developed a Social Welfare Workforce Action Plan focused on supporting the Capacity of MoGCCD's organization development initiatives including strengthening their financial management systems and the establishment of a Human Resource Information System (HRIS).

LABORATORY

MOH developed a 5-year laboratory strategy in 2009 with the support of WHO and PEPFAR to guide implementation of activities. Thirty-two laboratories are in the process of being accredited with the support of PEPFAR partners; this support includes refurbishments, the procurement of essential laboratory equipment and reagents to provide quality CD4, biochemistry, hematology, TB microscopy and culture services. To increase access, USG partners are in the process of field testing point of care qualitative virologic tests and point of care CD4 count tests. As of June 2011, 50 out of 58 sites had functional CD4 machines, in contrast to 47 functional machines out of 52 in July 2009. Some of the challenges in providing CD4 tests relate to the supply chain of reagents, the need for appropriate infrastructure and a maintenance services for which the MOH will be supported to address bottlenecks. PEPFAR has also provided support to strengthen sample transportation systems for EID, viral load monitoring, CD4 and other related lab tests. CD4 and DNA PCR External Quality Assurance (EQA) programs are being implemented with PEPFAR technical assistance, which include supporting the MOH in the development of Quality Assurance (QA) manuals and Standard Operating Procedures (SOPs) and refurbishment of a central reference laboratory for TB. The laboratory management information system is under development.

STRATEGIC INFORMATION

Malawi has a strong national M&E system for facility-based HIV care and treatment programs. The M&E tools

(patient master cards, registers, etc.) include variables that are vital for patient management and tracking of program implementation. The recently revised guideline for the clinical management of HIV/AIDS clearly describes a set of pre-ART services using a family-centered approach. To enable effective tracking of these services MOH has developed and implemented pre-ART master card and registers.

At the community level, while Mission Malawi implements robust M&E of its partner activities, there's a significant gap at the national level. The M&E tools that have been developed by the National AIDS Commission (NAC) are not uniformly implemented and adequately supervised. As a result the data on community-based care programs is generally incomplete and with limited utility. In FY12, USG SI team will organize a meeting with implementing partners and NAC to identify M&E challenges encountered at the community level, seek remedies, and facilitate sharing of best practices. Additionally, USG SI team will coordinate with USG partners, NAC, and the MOH to design and implement key operational researches on the role community programs are playing in the continuum of care specifically on uptake of services, adherence, and retention in care. NAC organizes a Joint Annual Review of the HIV/AIDS sector bi-annually. The reviews serve as an excellent forum to evaluate progress made and challenges encountered across various technical areas (prevention, care, treatment, and HSS), and recommend actions that need to be taken. These reviews benefit from active participation from multiple stakeholders from health and other sectors.
In order to strengthen utilization of data at all levels of the health system, Mission Malawi will work with zonal and district health offices as well as health facilities to seek ways of institutionalizing regular performance reviews and evidence-based decision making. USG mentoring/QI partners will work side by side with zonal and district health staff and OVC Quality Improvement Community collaboratives and will build their capacity to interpret and use data to improve programs. Partners will capacitate district health officers to better report accomplishments to central level, as well as to utilize the information to improve services and donor coordination at district and facility levels, ensuring efficient and harmonized contributions to local program efforts. In FY12, Mission Malawi will continue supporting the implementation of electronic data systems (EDS) at high burden ART sites; EDS will be integrated into other health service delivery settings (ANC, under-five clinics, etc.) hence fostering linkage between ART clinics and complementary health services, and allow for better identification and follow-up of defaulters.

CAPACITY BUILDING
Capacity building has been an integral part of PEPFAR's support to Malawi's HIV/AIDs program. Mission Malawi has provided extensive assistance to the national program in the development of the standardized integrated HIV guidelines, the national training curriculum, printing of materials, and the training of over 120 trainers and 3,800 service providers. The course content included a focus on basic management of PLHIV and further capacity building will be ongoing through a national clinical mentoring program to improve the quality of pediatric HIV and advanced level HIV case management. PEPFAR partners will continue to support the provision of community home based care, by training volunteers and lay counselors and facilitating the formation of support groups.
With PEPFAR support, Malawi's local CSOs have been strengthened to expand and strengthen palliative care services to meet the social, mental, spiritual, and physical needs of adults and children and their families under their care. USG partners provide palliative care through community home based care, hospitals and health centers, static and outreach HTC sites, and post-test support groups for PLHIV and mother support groups. Such care will also include prevention and treatment of symptoms and relief of pain wherever possible. Partners' capacity was also enhanced in designing and delivering training, supportive supervision, and mentoring for providers and volunteers. Malawi organizations have been able to support providers to meet expansion and quality of services needs using national training protocols and guidelines and support CHWs in palliative care, including drug management, program monitoring and organizational development. PEPFAR will continue these efforts by providing capacity building technical assistance to local CSOs in the health sector and solidify their ability to deliver high impact sustainable services.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	3,135,729	0
HVSI	4,174,741	0
OHSS	8,722,720	0
Total Technical Area Planned Funding:	**16,033,190**	**0**

Summary:

GOVERNANCE AND SYSTEMS TECHNICAL AREA NARRATIVE

INTRODUCTION

Malawi has made tremendous progress in expanding both the scale and quality of its national response to HIV/AIDS in recent years, leveraging Global Fund, PEPFAR, and other donor investments to bolster the health system in the near-term while making long-term systems strengthening investments. These successes are due to a high level of country ownership, a very carefully coordinated health sector through the Ministry of Health, and a willingness to use evidence to boldly introduce and evaluate innovative new policies and service delivery programs. The number of people with advanced HIV infection currently receiving ART reached 276,987 at the end of 2011 (an 88% increase since 2008), and the Government of Malawi (GoM) set the goal of fully integrating HIV services with antenatal care (ANC), and implementing new WHO treatment guidelines for Option B+ that will significantly expand the number of people expected to initiate treatment in the coming years. As it looks toward the future, the GoM must balance the scale-up and strengthening of its national health system against the possibility of steady or declining foreign assistance as well as short-term economic challenges at home. At the same time, significant investments are needed to increase both the quantity and quality of health workers to enable the scale-up of prevention, care and treatment programs. As the GoM strives for greater efficiency and value for money in the delivery of health services, it is also seeking ways to achieve greater equity in access, and reduce exclusion of those most in need of services in order to achieve better and more equitable outcomes. A robust health system coupled with effective governance is key to achieving this.

The Ministry of Health (MOH) concluded implementation of the first Sector Wide Approach (SWAp) Program of Work 1 (PoW 1) in fiscal year 2010, and after reviewing successes, challenges, and lessons, unveiled the new Health Sector Strategic Plan (HSSP) for 2011-2016. To support the GoM in strengthening those components of the health system that are critical to achieve health impact in line with the new HSSP, Mission Malawihealth systems strengthening strategy focuses on balancing support for service delivery with crosscutting approaches to strengthening core health system functions, including leadership and governance, financing, Human Resources for Health (HRH), supply chain systems, laboratory services and strategic information. These priorities reinforce prevention and treatment goals in line with the Partnership Framework as well as the US Global Health Initiative (GHI) strategy, and also help to improve the overall sustainability and capacity of the Malawian health system. PEPFAR investments in governance and systems also place a premium on supporting Malawian institutions to become increasingly capable and accountable for achieving both short- and long-term results.

TECHNICAL AREA DESCRIPTIONS

GLOBAL HEALTH INITIATIVE

The Mission Malawi program plays a key role in the US Global Health Initiative (GHI) strategy, which prioritizes investments in three health systems strengthening priority areas: HRH; leadership, governance, management and accountability; and infrastructure. Through GHI, PEPFAR investments will complement the full array of USG health programming to undertake interventions designed to strengthen the capacity and long-term sustainability of essential health system functions, leveraging funding for maternal and child health, nutrition, family planning as

well as the President's Malaria Initiative. Implementation will target key policy, operational and service delivery functions of the health system that enable a strong response to the epidemic while also addressing other and future healthcare priorities beyond HIV/AIDS.

Weak leadership, governance, management and accountability, especially at the zonal and district levels, are among the most serious threats to providing sustainable high quality health care in Malawi. HRH strengthening is also a critical priority in Malawi due to the lack of health care workers, as well as lack of training, supervision and support directly impacts quality service delivery. USG supports a comprehensive approach to strengthen leadership, management, governance skills development to foster timely and evidence-based decision-making, and improve accountability to internal and external stakeholders at the central, zonal, and district levels. Successful PEPFAR support for pre-service and in-service training will continue in line with PFIP targets. USG will also support the MOH to revise or develop policies and strategies related to HRH and health financing that will be critical to implementing the HSSP. USG will support pre-service and in-service trainings in leadership, management and supervision, both in conjunction with support for service delivery programming, as well as through broad-based technical assistance to the MOH leveraging other USG health funding to address cross-cutting system challenges. As infrastructure development can be expensive, PEPFAR will seek to leverage multiple USG funding streams as well as non-traditional or private health partners to focus on cost effective, sustainable improvements such as provision of electricity and water. In 2012, USG will support a Service Provision Assessment (SPA) to support the GoM in identifying facility level infrastructure, equipment, and management systems upgrade needs, and develop a Capital Investment Plan to plan and undertake improvements to be supported by USG and other partners.

LEADERSHIP AND GOVERNANCE
Key challenges around good governance at the central health system level include an overall lack of staff - including a lack of non-technical staff with effective management and leadership skills – as well as policy barriers, lack of evidence-based planning, poor systems resource allocation and management, and incomplete decentralization to the zonal and district levels. The MOH has strong leadership at the most senior levels, and proactively and effectively coordinates donor support across the health sector, but the health sector overall lacks depth in its ranks, in terms of both numbers and management/leadership skills. Policy barriers also contribute to management challenges. With HRH, for example, the policy of rotating non-clinical staff across ministries at any time, leading to high turnover and retention issues within the MOH. Furthermore, despite the efforts of MOH to decentralize health care delivery and management, some activities are still centrally managed by MOH and poorly coordinated with the Ministry of Local Government and Rural Development, which is responsible for overseeing district assemblies. The result is a partially decentralized system that limits the ability of the MOH to oversee health system functions, and impacts the ability of the districts to function effectively and deliver health services. Such challenges undermine the leadership and oversight role of MOH – a Sub-Recipient on the country's primary Global Fund HIV grant - to manage an increasingly complex national HIV/AIDS program as well as the health system at large.

To build capacity in management, leadership and policy-development skills, the USG will support pre-service and in-service training, coaching, and strengthened supervision systems of the MOH. Support for cross-cutting systems strengthening priorities will reinforce and link with support for supervision and clinical mentoring programs already in place through vertical programming. In addition, the USG is building the capacity of the MOH through fellowship programs to train qualified candidates in public health management, reproductive health, child health, midwifery and other relevant disciplines. The USG is also supporting the placement of Technical Advisors at the MOH in order to develop expertise in M&E, care and treatment, epidemiology, laboratory, supply chain management, and Health Information Systems. The USG supports the Global Fund Coordinator at MOH, under the supervision of the Principal Secretary for Health, in order to improve the Ministry's performance and eliminate bottlenecks and conditions that affect the flow of funds from Global Fund to MOH.

The USG will support a functional review of the MOH as well as the revision and/or development of key health sector policies and strategies, including HR development and deployment policies, and a national health financing strategy to more clearly articulate and plan priorities outlined in the HSSP. Support for policy development will

focus on building skills and processes within the MOH; enabling health system managers to better support and advocate for the implementation of evidence-based policies that affect priority health areas under GHI. This will be complemented by on-the-ground support to pilot new approaches to strengthen incentives and improve efficiency of services, including through performance-based financing and expansion of Performance Quality Improvement approaches. Mission Malawi technical staff also spend considerable time mentoring MOH counterparts, providing technical assistance and building leadership and management capacity.

Key challenges around service delivery at the district level include lack of good governance, 'systems skills', and weak planning, financial and management capacity. USG will work to strengthen 'systems skills' through training of health workers and managers at the facility level in data collection, analysis and reporting, and utilization of the data for programming. Through on-site mentoring, we also support the strengthening of staff skills in planning and financial management, accountability, reporting, and tracking of resources and health care expenditures. These efforts target both the health sector and the local district assemblies, which are the 'custodians' of resources at district level, thereby making service delivery more coordinated, efficient and effective. USG also strengthens the capacity of Zonal Health Offices (ZHO), which oversee and manage District Health Management Teams (DHMTs) in a cluster of four to five districts. ZHOs are supported through training and provision of technical support in health management, financial management and supervision skills so that they are able to provide adequate technical support to the DHMTs, and provide an effective reporting link back to MoH headquarters and local councils in each district.

Beyond the public sector, many local civil society organizations are weak organizationally as well as technically, and have little ability to lobby or advocate on pertinent issues in the health sector. USG will expand its focus on building the capacity of indigenous non-governmental civil society organizations in the areas of leadership and governance, administrative and financial systems, grant management, advocacy, workforce management and performance, and M&E. These efforts will target both existing and new partners, and is expected to help these local organizations prepare to transition to greater responsibility for the sustainability of HIV/AIDS program implementation in Malawi, and delivering high-impact, sustainable HIV/AIDS and other services.

STRATEGIC INFORMATION
Mission Malawi provides extensive support to the GoM and partners in implementing Strategic Information (SI) activities within the Malawi National Action Framework (NAF), now the National Strategic Plan (NSP) on HIV/AIDS. USG is committed to a unified reporting system to monitor and evaluate success in implementing the national response as well as measuring PEPFAR's contribution towards the national goals. To achieve this objective, USG provides substantial technical and financial support to the Health Management Information Systems (HMIS), surveys and surveillance, and M&E activities at the national, sub-national and program levels.
A National HIV Surveillance Strategy is under development with the leadership of the MOH, NAC and participation of USG. This strategy will better document and codify surveillance activities to ensure they are well coordinated and provide timely, high quality data to evaluate the national program. USG is actively supporting numerous HIV surveillance activities, including Incidence Surveillance, Behavioral Surveillance Survey, Mother-to-Child Transmission evaluation and pediatric drug resistance monitoring. In FY11, USG has supported size estimation exercises for most-at-risk populations which facilitated targeting prevention efforts. MDHS 2010, which was largely funded by USG, provided the national program with new HIV statistics including prevalence and key behavioral indicators. These surveillance activities are primarily led by Malawian institutions such as Central Statistics Office and MOH. USG provides financial and technical support with the aim of ensuring quality surveillance activities but also building long term capacity within these institutions.
A key challenge, however, has been regular conduct of "cyclical" surveys and timely access to data. USG will work with GOM and other development partners to foster advance planning, resource mobilization, and build technical and management capacity in survey implementation.
In FY12, USG will support further analyses of the MDHS and implementation of Service Provision Assessment (SPA) in health facilities. SPA will provide data on infrastructure set up, HRH situation, availability of health services (including HIV) and the extent to which service standards are met, and staff and client satisfaction.
A new national M&E system to support the NSP on HIV and AIDS 2011-2016 has been developed. With USG

support the M&E framework has been successfully institutionalized at the national level. USG will further support the implementation of the M&E system at the district level to ensure that data is being collected and reported in a consistent and accurate manner. At the district and health facility level, USG will intensify its support to strengthen data use in planning and evaluation of performance and health outcomes. USG will support adaptation of existing tools and materials to develop data analysis and use capacity building materials for the Malawi health sector, which will include both group training and individual coaching to strengthen skills.
Mission Malawi provides a leadership role in strengthening the national HMIS including, support for the development of the National Health Data Repository; this will capture demographic data and other unique identifiers for tracking individual patients across service delivery points. The MOH has taken full ownership of this system, and USG has placed crucial technical assistance within the MOH HIV/AIDS Department to provide full-time capacity building. The National Health Data Repository will significantly improve M&E for HIV/AIDS and provide a platform for incorporation of other health problems to complement Integrated Disease Surveillance and Response and HMIS in providing timely, complete, and accurate data.
The USG SI team is developing an interagency Data Quality Assessment (DQA) strategy that will focus on verifying the quality of reported data, and assessing the underlying data management and reporting systems for standard program-level output indicators. Upon completion of the strategy, USG will share its plans at the national M&E TWG as an advocacy for the broader adoption of data quality assurance at the national level. In addition, USG will assist the MOH Central Monitoring and Evaluation Division (CMED) to develop capacity building materials for the implementation/roll-out of already existing facility-level data validation guidelines and tools.

At selected high burden facilities (which see more than 3,500 patients per month), the MOH and local partners, with support from USG, have introduced touch-screen clinical workstations and Electronic Data Systems (EDS) at ART clinics and Out Patient Departments (OPD) point of care to improve the continuum of care across multiple services in a clinic. This system guides low-skilled healthcare workers through the diagnosis and treatment of patients according to national protocols, captures data that is used by healthcare workers during patient visits and is easily aggregated for national-level analysis. The system will be rolled-out to facilities that have integrated ART and PMTCT services to support management of growing patient records.

SERVICE DELIVERY
PEPFAR has provided intensive support to expand both the quantity and quality of HIV service delivery sites in the national treatment program, including the dramatic scale-up of ART services from 450 sites in June, 2011 to 650 sites by January, 2012. USG strongly supported both the development of the new national treatment policy, as well as its rollout through pre- and in-service training, supervision, and mentoring down to the facility level. Scale-up will continue to leverage existing government and private sector services and facilities, and accelerated integration of ART with complementary services across the continuum of response. COP12 investments will continue to support integration with ANC, family planning, maternal and child health, and other complementary services. In addition, USG will support a more aggressive approach to quality assurance at the service delivery level by expanding support for clinical mentoring, supervision, and use of data and evidence for decision-making.

As PMTCT and ART services continue to scale up, the demand for services at other levels of the continuum of response will also increase. Strengthening referrals to other services, ensuring there is follow up, and mitigating harmful results of disclosure are a priority in USG supported activities. Community care and support programs have become crucial to the delivery of care to cope with negative impacts of HIV/AIDS on facility-based care, for instance. USG will continue to focus its support on increasing access to ART, PMTCT and HCT by focusing on improving referrals and linkages between all HIV services and other health programs, as well as addressing gender issues to reduce the many barriers that affect access to services for women. USG will continue to work with the GOM to link PLHIV to impact mitigation interventions such as economic strengthening, agriculture and food security and ensure that gender issues are addressed to meet the needs of caregiver households and PLHIVs in an engendered and equitable manner. Family Planning (FP) programs will continue implementing community based FP distribution that provides an opportunity to empower women in taking up family planning. USG will bring effective programs to the rural communities where Peace Corps volunteers serve. Additionally, USG will seek to identify opportunities for the integration of programs with the Presidential Malaria Initiative (PMI) in the

management of opportunistic infections such as malaria among HIV-positive pregnant women.

Central to COP12 investments is support for the GOM in implementing the national HIV/ART guidelines and the National Mentoring Strategy. The mentoring model is divided into an intensive phase of four weeks followed by a continuation phase of three months, helping to better bridge didactic training and clinical practice. Emphasis will be placed on solving practical challenges in the clinical setting, such as preventing stock-outs, complex data entry and tracking, retrieval and feedback of laboratory results, and linkages with HIV services across the continuum of care. These efforts will be reinforced by USG investments in strengthening supervision and HR management from the central and zonal level down to service delivery points.

The USG will support efforts to increase the availability and use of epidemiologic and population-based data to inform decision-making both at the level of service delivery, with a focus on quality and integration across the continuum of response. USG supported the Malawi 2010 DHS survey and will also support the Malawi Behavioral Surveillance Survey in 2012 , and will utilize the findings of population size estimate studies conducted for key MARPs (especially MSM and CSWs) to inform a National MARPS strategy for Malawi. USG will undertake an evaluation of the Malawi integrated ART/PMTCT program to estimate prevalence and incidence rates for mother to child transmission, which will inform both current and future programming by the GoM and partners. Investments in performance quality improvement (PQI) approaches will reinforce the use of data to improve service quality, complemented by USG support for the design of a Performance-Based Incentives scheme at the district and facility level to incentivize better monitoring of and adherence to national standards of care.

HUMAN RESOURCES FOR HEALTH
Between 2004 and 2010, Malawi implemented a six year Emergency Human Resources Program (EHRP) to address critical shortages of health workers. The objective of the EHRP was to increase the number of health workers across eleven priority health cadres. An evaluation conducted in 2010 concluded that the primary goal of the EHRP had been achieved. Health workers across the priority cadres increased by 53% from 5,453 in 2004 to 8,369 in 2009; out of the eleven priority heath cadres, four cadres met or exceeded their set targets by 2009. During the EHRP, the capacity of training institutions also increased, with some colleges doubling their intakes, and health care worker staff retention increased due to a 52% salary top-up across the eleven priority cadres.

Though Malawi has moved past the emergency stage in terms of production of health workers, the gains achieved are fragile. Lack of sustainability plans, overall weak health systems, population growth and a continuing high burden of disease have contributed to an ever increasing need for health workers. The number of established positions across the health sector has increased from 9,568 to 27,599 in the span of one year and created significant vacancies in the system, particularly for physicians, nurses, clinical officers, and laboratory and pharmacy technicians. The new ART/PMTCT Option B+ treatment guidelines have increased the need to train more health workers to meet the rising demand, which is expected to double in the next five years. Rural and underserved areas continue to face critical shortages of staff, due in part to challenges with implementation of a national hardship incentive program designed to attract and retain health workers in rural and underserved areas.

In support of the national HRH program, Mission Malawi has committed to train 1,040 new health workers between 2009 and 2014 by providing bursaries, curriculum development (especially for Nurse Midwife Technicians), faculty mentoring and provision of teaching and learning resources to colleges. The supported trainees are bonded to MOH and the Christian Health Association of Malawi (CHAM) and will be deployed to rural and underserved areas after completion of their training. Over 300 new health workers will be supported through bursaries in FY12 and 120 social workers will be supported to upgrade from certificate to Diploma or Degree level. USG also supports innovative fellowships and short term trainings for the development of public health leadership.

With the leadership of MOH, USG also supports in-service training for skills development in critical health delivery services to combat HIV/AIDS, maternal mortality, and improving emergency care, governance, M&E, supervision and policy development targeting the national, zonal and district levels. USG will also coordinate advocacy work around critical issues in the health sector such as institutionalizing task shifting, rationalizing HSA job descriptions,

and development of new community cadres. A particular emphasis will be placed on strengthening supervision and mentorship systems for clinical skills in line with the National Mentoring Strategy. In addition, USG will support the MOH to update the national HRH strategy, and implement interventions designed to improve management and retention of HRH at the zonal and district level, such as rolling out the MOH's personnel appraisl system to the district level.

USG supports the Nurses and Midwives Council of Malawi, Directorate of Nursing, and Nurses and Midwives Association of Malawi to support Continuing Professional Development (CPD) for nurses and midwives. The Nursing Education Partnership Initiative (NEPI) is expected to support the Nurses and Midwives Council to implement transformational nursing education standards by evaluating the current pass rate for nursing licensure and make recommendations for future approaches to increase the number of nurse tutors, upgrade certificate nurse-midwife technicians to Diploma level, and enhance integration of clinical teaching through the development of a skills lab and orientation process for clinical preceptors.
USG will support the MOH to review and strengthen the Human Resource Information System (HRIS) and strengthen its operability at national level and train HR managers in effective management of HRH. The current HRIS is very basic and does not link key HRH management components such as training needs and outputs, recruitment, deployment, retention and incentives to each other, which make it difficult for MOH to plan and forecast staff gaps and needs.

LABORATORY STRENGTHENING
The USG is the primary supporter of MOH in its efforts to implement a comprehensive plan to strengthen the national HIV care and treatment program in the areas identified in the Partnership Framework. Complementary to the Essential Health Package (EHP) is the Essential Medical Laboratory Services (EMLS) package. In 2009, with substantial USG support, the MOH developed a National Laboratory Strategic Plan to complement the EHP and better define the increasing laboratory needs of HIV/AIDS and other health services. This document, currently in its third year of implementation, provides guidance on providing tiered laboratory services at regional, district and primary health care unit levels; addresses issues such as physical infrastructure, personnel, training, equipment, reagents and supplies; and supports monitoring and evaluation of these activities. With the scaling-up of ART, PMTCT, HCT, TB/HIV and complementary services such as malaria treatment, the need for laboratory capacity to support these interventions has expanded both in scope and complexity, and this strategy is the roadmap for implementing these services in a systematic and coordinated manner.

USG efforts focus on the following key priority areas: 1) Pre-service training for capacity building for laboratory technicians; 2) Strengthening the National Reference Laboratory; 3) Improved diagnostics for HIV, TB, malaria, and opportunistic infections; 4) Scale up CD4 capabilities, Viral Load and Early Infant Diagnostic (EID) PCR as well as basic hematology and chemistries; 5) Increasing access to laboratory services at point-of-care settings including support to pregnant mothers and babies; 6) Supporting procurement and supply chain management systems; 7) Strengthening the Laboratory Management Information System (LMIS); and 8) Strengthening Laboratory Management Towards Accreditation (SLMTA) program to prepare laboratories for WHO AFRO accreditation.

USG will work and leverage resources with a broad range of collaborating partners to ensure that activities are aligned and partners are committed to working toward developing and sustaining a lab system with the high-quality diagnostic, treatment and surveillance capacity necessary to support a robust national response to HIV/AIDS in particular and national health care delivery in general.

HEALTH EFFICIENCY AND FINANCING
GoM health spending increased dramatically in Malawi over the course of POW-1, from an estimated US$46 million in 2004/05 to US$134 million in 2009/10. Overall, total health spending rose from US$5.3 per capita in 2005 to US$16.3 per capita in 2009, and then declined slightly to an estimated US$14.5 per capita in 2010. Though reliable estimates of total national HIV/AIDS expenditures are difficult to come by, preliminary (unofficial) results from the 2010 National Health Accounts indicate national HIV/AIDS expenditures at over $170 million for

2008-2009 (the 2010 National AIDS Spending Assessment estimated $104 million, but excluded government salaries and other direct government expenditures), a strong majority of which was funded by development partners. While resources for health care in Malawi have steadily increased and are used to provide free public health care for all, household out-of-pocket expenditures on health have also increased. Furthermore, the national Health Sector Strategic Plan highlights inequitable and inefficient allocation of resources as a significant challenge to the Malawian health system.

Overall, the Malawian health sector is heavily dependent on funding from development partners. The current HSSP has been costed at over US$2 billion over five years and is not fully funded. The capacity to regularly track health financing sources and their uses, using internationally recognized tools such as National Health Accounts, remains weak. Faced with these challenges, Malawi must develop new approaches to health financing including resource mobilization, as well as improving efficiency and equity of public spending. In 2011, in partnership with UNAIDS, GoM conducted an analysis (currently in final drafting stages) of the projected financing gap for the HIV/AIDS response through 2020 and options for mobilizing additional revenue to close it. In 2012, more comprehensive approaches and strategic planning will need to be undertaken to begin addressing and anticipating these challenges for the years ahead.

USG support aligns with the 2006 WHO Health Financing approach that requires the choice and implementation of priority health financing interventions to be guided by such principles as, strengthening country ownership, fostering equity in access and equity in financing, promoting efficiency, transparency, risk sharing, evidence based decision making and creating partnerships. Leveraging non-HIV resources, Mission Malawi will support and contribute to the development and implementation of key national level policies and approaches that will influence MoH's decision making around health care financing. USG will support Malawi in developing a national health financing strategy, taking into account financing priorities outlined in the HSSP as well as the full cycle of resource mobilization, allocation, and management. A key input to this will be the National Health Accounts (NHA), which was supported by PEPFAR in FY11 and will be officially disseminated in FY12. A benefit incidence analysis will be conducted based on the findings to better understand the impact of health expenditures in Malawi. The NHA report will include specific sub accounts for HIV/AIDS, Malaria, Family Planning and Maternal and Child Health expenditures. To build country ownership and sustainability of the NHA, PEPFAR Malawi will support the institutionalization process of NHAs and will work with key MOH departments to train and mentor staff on how to implement NHAs, analyze NHA data, and disseminate results for policy lobbying.

USG, with integrated resources, is also embarking on piloting performance based financing (PBF) approaches as one way of supporting district level health financing, management and service delivery, beginning with activities that will improve high impact maternal and child health indicators. Lessons learned in this approach will be applied to HIV and AIDS services at the district level. In addition, USG will support interventions to strengthen health financing mechanisms, financial planning, and budget execution capability at national, zonal, and district levels in order to improve overall sustainability of health programming. This will include district-level financial management coaching building on a previous GIZ project and GoM protocols and tools, on-the-job coaching and training, and strategic planning with leadership from the MOH planning department.

SUPPLY CHAIN AND LOGISTICS FOR HIV AND AIDS DRUGS AND SUPPLIES
Malawi continues to experience shortage of drugs and other medical supplies. This has become one of the biggest bottlenecks to improving Malawi's health service delivery and programming. The Central Medical Stores (CMS) system reached a critical juncture in 2010-2011 due to leakage of commodities and associated supplies, suspension of staff, and the on-going de-capitalization of the system due to district non-payment for drug deliveries.

New political will and consensus to reform the supply chain system has recently emerged among key GOM stakeholders, spurred by USG leadership. The Supply Chain System issues have been elevated as a top priority for the new Health Minister appointed in September 2011. CMS has been separated from the MOH and was registered as an independent Trust in August 2011. It is now taking on a variety of reforms intended to address financing and capacity shortfalls within CMS. The Global Fund has set CMS reform as a condition precedent of current grant

funding and in November 2011 placed an agent in CMS to strengthen its procurement operations. DfID and the USG are working closely with the CMS on long-term reforms, while the USG continues to operate a parallel supply system launched in 2010. Health donors have expressed a shared vision of eventually re-integrating all donor-supported parallel supply chain systems back to the CMS system, once sufficient capacity and accountability mechanisms are in place.

The USG has a long history of technical support for logistics and commodity management in Malawi, as well as procurement and distribution of key health commodities (for family planning, malaria, and HIV). It is a key partner in strengthening the supply chain system and is widely looked to by other donors for technical leadership on this issue. The USG will continue to play the leading role in working with other donors to support the reform process, help address short-term gaps in drug availability, and to press for and support improvements in accountability and capacity in the system.

In conjunction with GOM and other partners, USG will develop a strategic plan for supply chain support management to guide its efforts. USG support will focus on continuing to provide technical leadership and support to key actors in the system – particularly the CMS Trust and the MOH/Health Technical Support Services (HTSS), the Health Donor Group, key vertical programs including the HIV/AIDS Department and National TB Program, and targeted support to local governments and facilities – in order to address short-term needs as well as articulate and implement long-term reforms and policies. USG will also continue to play a strong role in coordinating and leveraging other donor resources to develop and achieve shared objectives. Such areas include improvements to transparent data management, reporting, quantification and forecasting, increasing the availability of strategic supply chain information, and increasing capacity of MOH/HTSS, zonal supervisors, and district health authorities to conduct supervision of district pharmacies and facilities with respect to inventory. The USG will also prioritize piloting and supporting innovative approaches and bringing new ideas from private sector supply chain best practices that are appropriate for the Malawian public sector context. Although there is significant support to the funding of test kits for HIV the supply chain for delivery of these resources remains a constant challenge, the USG health team will take a proactive role in convening supporting donors and government departments to find a solution to this critical issue which hampers the uptake of subsequent services. Finally, USG will procure MC Kits and HTC Kits to ensure a reliable supply is available for upcoming MC campaigns.

GENDER
Malawi's HIV/AIDS epidemic is generalized and has disparities that affect women more than men. The 2010 Malawi Demographic Health Survey (MDHS) puts overall HIV prevalence at just under 11%, a slight reduction from 12% in 2004 for the population aged 15-49. HIV prevalence among women has remained static at 13% while prevalence among men has decreased from 10% to 8% over the six year period. Trends in HIV prevalence between men and women by age has also shifted since the 2004 MDHS. In 2004, HIV prevalence was high among women of the 20-24 age group, while in 2010, HIV prevalence was highest among women of the 30-34 age group. For men, HIV prevalence was highest among the 30-34 age group in 2004, while in 2010, prevalence was highest among men of 40-44 age group. The 2010 MDHS shows that HIV prevalence among men is decreasing in both urban and rural settings. For women, the prevalence has increased in urban settings from 18% in 2004 to 22% in 2010, while decreasing from 12% to 10% in rural areas.

The GOM approaches gender in all sectors as an integral part of its national strategy for growth and development. A National Gender Policy was revised in 2008 and promotes gender mainstreaming throughout the public sector. However, implementation of gender related policies is often weak, and the Ministry of Gender, Children, and Community Development (MOGCCD) has limited resources (financial and political) to adequately fulfill its gender mandate and to effectively engage other ministries, the private sector and civil society organizations. This leads to fragmentation of gender based responses to public health challenges nationally.

The USG addresses gender as a cross cutting issue and emphasizes increasing gender equity in HIV/AIDS interventions. USG will continue to use its community based platforms to address male norms and behaviors, work with Traditional Authorities in the communities to address cultural norms, access traditional gatekeepers

(grandmothers and husbands) who bar women from accessing services, increase women's legal rights and protection, reduce gender based violence and coercion, and increase women's access to income. USG strongly values and promotes analysis and disaggregation of any project data by gender as one way of more actively analyzing issues that affect men and women in HIV programming. USG efforts address gaps at all levels, national and community, through programming that comprehensively incorporates key gender issues and promotes the integration of gender, women- and girl- centered approaches across existing and future programs.

USG will continue to scale up and improve the quality of support for orphans and vulnerable children by supporting the MOGCCD in its capacity to lead, coordinate and source additional resources to enhance the quality and access of services provided for vulnerable girls as well as orphaned young girls. Wrap-around programming with other USG sectors will support increased access to education, income generating activities, vocational skills development, and nutrition and food security and to access support in improving women's legal rights and empowerment. USG will also continue to monitor gender integration in its governance, capacity building and training programs to ensure equitable distribution and access to trainings and capacity building opportunities between men and women.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	7,812,344	0
Total Technical Area Planned Funding:	**7,812,344**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	7,173,204	0
HMBL	1,112,375	0
HMIN	3,814	
HVAB	1,686,556	0
HVCT	3,521,832	0
HVOP	3,887,293	0
MTCT	11,986,926	0
Total Technical Area Planned Funding:	**29,372,000**	**0**

Summary:
PREVENTION TECHNICAL AREA NARRATIVE

Malawi has accomplished a modest decrease in HIV prevalence since 2004: The most recent 2010 ANC data and 2010 Demographic and Health Survey (DHS) both estimated an overall national HIV prevalence amongst 15-49 year olds of 10.6%, down from 12.6% in 2007 and 11.8% in 2004. The final draft of Malawi's National HIV Strategic Plan (NSP) highlights HIV Prevention as the cornerstone to the national response. In this very resource-constrained environment the need for high impact, evidence-based prevention efforts targeted to most-at-risk populations and settings, and based on epidemiological data will be critical to mitigating new infections (NSP 2012).

PROJECTIONS AND SOURCES OF THE NEXT 1,000 INFECTIONS
Modeling of 2010 ANC and DHS data provides an estimated one million Malawians living with HIV, 20% of whom are children under 15. The HIV prevalence estimate among young females aged 15-24 was twice that of their male counterparts (5.4% and 2.3%, respectively). In 2010 there were an estimated 52,229 new infections, of which 38% were in children under 15, and the overall incidence for adults was estimated at 0.52%.

In 2007 the UNAIDS Modes of Transmission Model was populated with Malawi data to estimate the level of risk within various populations (Table 1). The populations most at risk are single stable heterosexual partners (357/1,000), partners of those engaging in high risk sex (254/1,000), and children (233/1,000). Those with multiple sex partners or engaged in premarital sex account for 10% of the next 1,000 infections and Partners of Sex Worker Clients account for 4% of the next 1,000 infections. Sex workers, their clients, men who have sex with men (MSM) and medical injections each account for less than 1% of new infections.

KEY AND VULNERABLE POPULATION GROUPS AND POPULATION SIZE ESTIMATES
According to 2010 DHS data, HIV disparity is most pronounced in the southern region, in urban areas, among women and youth, and among those with highest income. In 2010, HIV prevalence among women age 15-49 was 22.7% in urban areas and 10.5% in rural areas, while among men HIV prevalence was 12% and 7.1% respectively. When disaggregated by region, urban women were the only population to experience an increase in prevalence across the country.
HIV prevalence for all key/vulnerable population groups included in the 2006 Biological and Behavioral Surveillance Survey (BBSS) was higher than the general population, with the exception of male vendors. Prevalence was highest in females with sex workers at 71% and female police officers at 33%. Disparities noted for the other populations, although less pronounced, were still significantly different with observed rates around twice the national average.

Malawi has low MC prevalence at 22% (DHS 2010). It is most common in the South with significant pockets of circumcision along the Lakeshore (33%), followed by the Central Region (12%) and lowest in the Northern Region (5%). Because of higher HIV prevalence experienced among circumcised men, it is estimated that only 50% of self-reported circumcisions are complete. While the majority of circumcision takes place as part of religious and traditional rites of passage for children age 5-10 years, there is increasingly voluntary male circumcision (VMMC) uptake within health facilities to improve safety and as uncircumcised men become aware of VMMC benefits (MC Situational Analysis 2010).

Gender, social and cultural risk factors continue to fuel high multiple concurrent partners (MCP), low condom use, and barriers to service uptake and adherence. Gender inequities are reflected in women's low participation in decision-making and experience of gender based violence. DHS 2010 showed that 44% of married women report that husbands make decisions about their health care, and 69% on household purchases. Gender based violence (GBV) is increasingly a priority as 34% of women age 25-29 report physical violence, with 45% of divorced, separated or widowed women reported ever being beaten. Other social and cultural factors including sexual cleansing rituals, wife inheritance, post initiation sexual intercourse, polygamy carry different degrees of risk, but importantly contribute to norms and practices that condone MCP.

Evidence-based planning for HIV prevention in Malawi requires high quality information on population size and location of vulnerable and hard to reach groups as well as on patterns of the spread of the epidemic. Malawi's HIV

prevention priorities stated in the National Prevention Strategy, are largely informed by various studies conducted over the years including the 2006 BSS, "modes of transmission" modeling, and Malawi DHS. Triangulation exercises conducted also enhanced understanding of the HIV situation based on data from multiple sources. Size estimation exercises for commercial sex workers (CSWs) and MSM untaken in 2011 will bolster current information on size and distribution of most at risk populations (MARPS .) A third cycle of the BBSS planned for 2012 will assess the population size of male and female estate workers and police officers, male long distance truck drivers, female sex workers and their clients, male vendors and cross-border female traders. A national MC situational analysis conducted in 2011 was instrumental in its adoption as a core prevention intervention. Recent MC modeling has proven useful in district selection and resource allocation for scale-up of VMMC.

PEPFAR Malawi Prevention Portfolio

PEPFAR Malawi's Prevention Portfolio, outlined in Table 2, is fully aligned with Government of Malawi's (GOM) National Strategic HIV and Prevention Plans. Based on modeling which predicted that 2/3 of new infections will occur in the general adult population in the South, USG Malawi focused social and behavioral prevention efforts on 75% of Traditional Authorities (sub-district administrative level) in 11 high prevalence Southern districts, and included targeted interventions for MARPS and other vulnerable populations in high-risk settings across the country with increased focus on reaching adolescent girls. Qualitative and quantitative data showing the impact of sex partner concurrency on high rates of transmission in couples has prompted a focus on risk-reduction programs aimed at couples as well as social and gender norms which contribute to high-risk behavior. Programs also emphasize strengthening of traditional structures and leadership for community action, and establishing mechanisms for enhanced linkages and referrals to HIV treatment, PMTCT, care and support services, including community-based HTC and Positive Health, Dignity and Prevention (PHDP) interventions. Condom social marketing and increased distribution of male and female condoms in the public sector, particularly in high-risk settings, is a critical part of the response.

Voluntary Medical Male Circumcision (VMMC) is a new priority in the Malawi COP: Malawi has overcome several political hurdles surrounding this intervention and the Government as well as the Catholic Bishops have now officially endorsed VMMC for HIV prevention. High HIV Prevalence in the Southern Region and the presence of existing prevention partners provides a solid platform to mobilize rapid VMMC uptake. In 2011, USG supported the first ever Malawi VMMC campaign in the Southern District of Mulanje. Impact modeling data provided by Futures Group has guided the team to identify (in collaboration with MOH) a few priority districts for both impact and cost effectiveness, including Mulanje, Phalombe, Thyolo, Blantyre and Lilongwe.

In PMTCT, Malawi has recently implemented a modified Option B, now coined "Option B+", which provides ART for all HIV positive pregnant women for life, regardless of CD4 count. USG will support program evaluations for estimating transmission and HIV-free survival of HIV-exposed infants, as well as the impact of Option B+ on population transmission. The details of USG support for Option B+ can be found in the PMTCT Acceleration Plan appended to this COP.

The USG team financially and technically supports the Malawi DHS, BBSS and ANC surveillance, and regularly reviews existing and emerging data in designing interventions. Information from these population-based studies is complemented by routine program data, qualitative research and evaluation of programs by USG partners. Upcoming gender assessments include a violence against children survey, and a planned study to understand the factors putting urban women at risk. A service provision assessment is also underway to determine factors that impact on service delivery including health worker attitudes.

USG works in close partnership with Global Fund (GF) Recipients and other development partners to ensure PEPFAR resources support national program priorities. Recent joint review of the PFIP with GOM and Prevention Technical Working Group members identified policy advances and challenges that will be addressed within this COP; most importantly, government support for VMMC and execution of the integrated PMTCT/ART program. In this spirit, USG provided technical support to country GF applications and leveraged PEPFAR resources as part of the design of World Bank's support to Malawi's MC and PMTCT programs for 2013-17. At this point, the central policy issue for the entire HIV response is achieving high-level support and demand for reform of the public

procurement and supply-chain system. In addition, laws stigmatizing and punishing homosexuality continue to impede efforts to reach and treat this highly vulnerable population.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION
*(*Complete information for the PEPFAR Malawi PMTCT Portfolio is available in the attached FY12 PEPFAR MALAWI PMTCT ACCELERATION PLAN and under the Treatment TAN)*
With significant PEPFAR support, Malawi recently launched an ambitious integrated PMTCT/ART program, using a test-and-treat approach for all HIV-positive pregnant women for life, regardless of CD4 count or clinical stage; now known as "Option B+". With emphasis on task-shifting to non-physician care providers, USG Malawi has provided strong financial and technical support for rapid scale up of Option B+ including the training of over 3,800 health care workers and expansion from 300 to 656 ART sites, through the provision of ART services at every ANC clinic nationally. By early-2012, all of the estimated 66,000 HIV-positive women who are pregnant each year should have access to ART for PMTCT at the nearest ANC clinic. The shift in Malawi's PMTCT strategy is reflected in the GOM's national TWG structure through the merging of the PMTCT and ART TWGs as an essential component of the treatment response (see treatment TAN). Nevertheless, this rapid expansion necessitates USG to align other elements of the prevention response to support treatment outcomes and ensure no missed opportunities for links to other prevention strategies, including VMMC for HIV-negative partners of pregnant positive women.
PEPFAR funds in Malawi will be used to impact all four prongs of PMTCT through facility and community based interventions . The community component of PMTCT programming is described here. In an overburdened health care system, health surveillance assistants, lay counselors, community volunteers, and community based organizations will play a critical role in supporting uptake of HTC, retention of HIV+ pregnant women identified through ANC for same day treatment and long-term adherence in otherwise healthy women. Community mobilization and preparedness will also be essential to orient women and men to improved PMTCT services including the importance of male involvement, couples testing, and benefits of early ANC to identify discordant couples for prevention, and lifelong treatment for HIV+ mothers for the health of the mother and baby. Expansion of community-based, integrated HTC and FP services will facilitate couples communication and decision-making, as well as provide linkages/referrals to prevention, PMTCT, care and support services through facility and community settings. Traditional community structures and Community-Based Organizations (CBOs) will need strengthening to identify potential beneficiaries, establish linkages and referrals, track MIP, and provide adherence support. Integration of family planning services within facility and community settings will emphasize informed choice for all women of a range of contraceptive options to prevent unintended pregnancies and address unmet demand.

HIV TESTING AND COUNSELING
The Malawi HIV Testing and Counseling (HTC) program is one of the most successful interventions in the national HIV response expanding from just 118 testing sites in 2004 to over 772 HTC sites in the public and private sectors (NAC Annual Report, 2011). HTC service provision now realizes approximately 1.7 million tests annually. This has been achieved through VCT clinics, provider-initiated testing and counseling (PITC) in ANC, TB, family planning, STI clinics, and NRU settings, and other innovative community approaches (door to door, mobile and moonlight HTC).
The following critical gaps remain: PITC is not fully scaled up in all relevant health care departments of MOH facilities, coverage of community based HTC remains low among the "hard-to-reach" such as people who live far away from health facility, MSM, CSW, fishermen, teachers; there is low uptake of HTC among men and by couples; inadequate access and uptake of pediatric HTC; and quality assurance for HIV testing services. The single biggest challenge faced by HTC nationally is the repeated multi-week stock-outs of test kits. The February 2012 high level HIV Treatment, Pediatric and PMTCT TDY to Malawi strongly recommended that test kit stock-outs "be perceived with the same gravity as ART stock-outs", particularly in the context of PMTCT Option B+. To that end, PEPFAR Malawi is supporting the strengthening of the national supply chain system for HIV commodities, and will work with other donors and district level partners to ensure consistent and reliable supplies of test kits at all facilities.
Another recommendation from the February 2012 TDY was to strengthen access points for identifying and referring HIV-infected children. In COP12, USG will work through Implementing Partners to expand entry points for testing children, including inpatient settings, such as tuberculosis, malnutrition or general pediatric wards; following up family members of adults in HIV care or treatment, and outpatient settings.

PEPFAR supports Malawi's targets of providing ART for 537,467 men, women and children by 2016 in the following priority areas:

1. *Strengthen the HIV test kit supply chain, with particular emphasis on ANC and VMMC settings*
2. *Improve quality assurance for HTC services*
3. *Revise the HIV testing algorithm to facilitate PITC and address barriers to patient flow*
4. *Expand PITC Scale-up through integration into key departments to reach high risk groups.*
5. *Increase coverage of community-based HTC services for vulnerable and hard-to-reach populations, with emphasis on documented referral outcomes to facility-based services*

Strengthened linkages and referrals to other HIV prevention care and treatment services will be the mainstay of HTC in facility and community settings. In COP10 and COP11, as part of HCT promotion and outreach, USG's partners focused on development of a community based referral linkage system, focusing on paper-based referrals from testing sites to clinics. Initial results were positive, though a full evaluation has not been completed. In COP12, USG partners will evaluate the effectiveness of these referral systems, with the goal of strengthening linkages between community testing sites to clinics and from clinics back into community programs for adherence and retention support. Based on evaluation, a standardized referral system will be established and scaled up under the guidance of the National ART/PMTCT TWG. District-level partners will provide assistance to District Health Management Teams (DHMT) and health facilities to establish robust referral systems facilitating retention in care. Gender challenge funds will further increase referral and follow-up to GBV related services through integration of SGBV screening and referrals for HTC counselors to appropriate services.

CONDOMS

Access to male and female condoms remains a critical issue. Despite dissemination of the National Condom Strategy in 2010 and prioritization within the NAC's drafted National Strategic Plan (2011), committed leadership at the national level for condom coordination is limited. Stock-outs are frequent, have low distribution numbers, and low accessibility, particularly in remote areas. This is due to a combination of factors including late procurement, supply chain issues, inadequate storage space, and the perception of low demand – particularly for female condoms. Condom promotion to long- term discordant couples has not been a focus of condom programming to date despite the fact that more than 40% of new infections are estimated to occur within this group.

Coverage of male and female condoms as a percentage of population is unknown but the government currently imports approximately 3 million male condoms per month, an estimated 35 million per year . During 2009-2010, USG, through the Commodity Fund, provided an additional 25 million male condoms to address stock-outs and procured 3 million female condoms to support the national response. Female condom distribution is low at approximately 600,000 each year and although anecdotal reports from clinics suggest that demand exceeds supply, USG procured female condoms have been put on hold due to excessive quantities in country at central level. In addition to condoms, some high-risk groups may also require lubricant.

PEPFAR Malawi has a three-pronged strategy to improve availability, accessibility and acceptability of male and female condoms in response to recommendations in the 2011 Prevention Partners Review Report.

1. *At national level, USG will leverage investments in health policy and systems strengthening and supply chain management to strengthen national leadership for effective condom programming and through district management teams. This will include continued support to the National Condom Coordinating Committee to ensure a reliable supply of free, public-sector condoms and enhance monitoring of condom availability and accessibility. USG partners will work with District Health Offices (DHO) to identify district-based condom focal points to facilitate adequate supplies of public sector condoms, identify distribution outlets, and integrate reporting for more effective forecasting.*
2. *In the private sector, PEPFAR Malawi will continue to strengthen the condom market and create as many potential outlets for socially marketed condoms as possible. To increase condom acceptance and demand, USG will procure a mildly scented, more lubricated male condom to meet consumer needs, explore new condom markets for couples and youth, and link condom and lubricant distribution for MSM. With UNFPA co-funding, PSI will continue to sell CARE female condoms to pharmacies, drug stores, clinics and hair salons. In addition, consistent condom use will be marketed as part of the minimum package of VMMC services.*
3. *USG community-based partners will work closely with DHMTs to identify district-based condom focal points for logistics management, and push free male and female condoms to high risk populations in rural areas in*

high prevalence Southern districts. This will include identification and training of new informal sector distributors such as bicycle taxis, market women, informal Mothers' Clubs, and Faith-based Organizations (FBOs). Use of community based SMS will be adapted to more explicitly address reporting of condom consumption and stock-outs. Efforts will also be made to institutionalize use of non-human condom dispensers in Priority Prevention Areas (PPAs) across the country, through military bases, and to engage with CBOs to distribute condoms to PLHIV support groups. Linkages will be made with other partners working in female condom distribution at community level in targeted districts to leverage existing peer education trainers.

VOLUNTARY MEDICAL MALE CIRCUMCISION

Despite a comparatively late start in the implementation of Voluntary Medical Male Circumcision (VMMC) for HIV Prevention in Malawi, rapid progress has been made in the last 12 months, and there is now complete political and programmatic buy-in for VMMC implementation. The National Standard Operating Procedures (SOPs) for VMMC were developed in 2010, and the national VMMC Policy was finalized in early 2011. The USG led the first VMMC Campaign in Mulanje District in October 2011, with 4 teams providing 4,338 circumcisions in 4 weeks with an adverse event rate of 0.5%.

At present PEPFAR is the only MC donor in Malawi. World Bank is in the process of finalizing a funding agreement with the National AIDS Commission (NAC) to provide VMMC commodities for 5 years, with an emphasis on leveraging existing PEPFAR funding and focus districts. In 2012, USG will scale up MC services in Malawi and support the development of a National Strategic Plan for MC. At an estimated cost of $100 per MC done, PEPFAR partners will focus on five priority districts: Mulanje, Phalombe, Thyolo, Blantyre and Lilongwe, with a single lead service delivery partner coordinating efforts in each district, in collaboration with the District Health Management Team (DHMT).

Malawi will procure both reusable and disposable MC kits; reusable kits are more cost-effective and appropriate for use in district, mission and community hospitals which have autoclaves available to sterilize equipment. However, in outreach high-volume settings, the use of disposable MC kits is more feasible for hygienic and logistical reasons. A waste management assessment has been conducted by NAC and results will be incorporated into the National VMMC Strategic Plan.

PEPFAR funding is also supporting task-shifting to nurses and additional operations research to identify methods to improve task-sharing. Additionally, the utilization of efficient high-volume service-delivery models and the successful outreach approach utilized in the 2011 campaign will be emphasized in the district saturation effort. USG will expand the scale-up to provide an estimated 77,000 VMMC during this year.

USG will rapidly mobilize communities and create demand for MC services by working through existing, successful HIV prevention programs. PEPFAR Malawi's community based partners will integrate VMMC into normative change interventions among general and high risk populations, and provide intensive community mobilization and multi-media risk reduction activities targeting adults. These organizations have experience in country and regionally in supporting MC scale-up, and will collaborate to ensure complete coverage of priority districts without duplication of resources or efforts.

POSITIVE HEALTH DIGNITY AND PREVENTION

Critical to effective rollout of the integrated ART/PMTCT treatment program is linking men and women living with HIV with a care and support package which incorporates HIV prevention. While MOH endorses Positive Health Dignity and Prevention (PHDP) principles, the national ART/PMTCT TWG rejected the complete PHDP package due to the additional time (estimated at 3 minutes per patient or five hours extra per day) that would be required to provide the full range of PHDP services. MOH has included all PHDP components in standards of care, but will unlikely meet the PEPFAR requirements for providing each component at every visit. This emphasized the importance of incorporating PHDP activities in community prevention and care programs to ensure all PLHIV are adequately reached.

At national level, strategic focus will be to continue collaboration with MOH leadership to improve design, coordinated implementation, and evaluation of interventions to address prevention needs of PLHIV and advocate for meaningful involvement of PLHIV in planning. This will include support for integration of PHDP within facility and community settings, and task shifting of PHDP services within health centers to lay cadres and expert patients. Key priorities will be to facilitate the integration of PHDP principles in PEPFAR funded community programs, and

to the extent possible, in facilities – through group patient education sessions and through trained volunteers. At community level, USG will further expand use of standardized PHDP toolkits developed to an expanded network of support groups to facilitate disclosure, encourage partner testing, support adherence and risk reduction. Additional focus will be on better tracking PHDP services/commodities provided through support groups to facilitate access to condoms, family planning, IPT, partner testing, and referrals for key HIV related services. Adolescents living with HIV/AIDS will be supported by PEPFAR supported programs to access PHDP services linked to Youth Friendly Reproductive Health Services. Establishment of children's support group with standardized tools will be a new priority.

PEPFAR supported partners will continue to screen HIV+ patients for TB in HIV care and treatment settings and provide other PHDP services such as CPT provision. Partners will support enhanced messaging, literature and videos in health facilities that address issues relating to PHDP with special emphasis on sero-discordant partners and multiple and concurrent partnerships (MCP). Lay counselors will also be trained on specialized counseling strategies for discordant couples (especially around issues of family planning) and comprehensive risk reduction.
7. GENERAL POPULATION
Reduction of HIV incidence requires a multi-sectoral response that recognizes the prevailing determinants of HIV and addresses barriers to uptake of services and adoption of healthy behavior within communities. The reduction of HIV transmission between couples and MCP has been prioritized within the NSP, but requires strengthening of "effectively targeted and interactive behavioral and social change communications programs with access to HIV services" . The importance of strengthening and empowering communities in the response has been further highlighted in the MoH's Health Sector Strategic Plan (HSSP) due to the critical role communities play in service delivery, quality assurance, demand creation, adherence and health promotion.
Nevertheless, with the rejection of previous Global Fund applications and uncertainty over future GF priorities, PEPFAR Malawi's investments at community level constitute the majority of the general prevention programming in Malawi. USG programs support community mobilization, building collective efficacy for community action, referrals, risk reduction, strengthening couples communication and community leadership, condom distribution, and working with GBV norms and positives programs.
The Prevention Partner Team report noted that USG behavioral prevention programs are of high quality, dosage and intensity positioned to reach saturation. Coverage is high in the 11 high prevalence districts in which activities are implemented in 62 traditional authorities and 541 greater village headsman. Within the past year, through community-based partners, USG has successfully piloted a community referral model- registering increase in service utilization with 4693 people linked to HTC, family planning and adherence support. Engagement of 43 traditional leaders' forums and 538 community action groups used mapping and community action cycle to develop action plans and establish protective bylaws. Under a comprehensive multi-level media campaign, "Tsankha Wekha – Choose Yourself", normative change interventions reduce risk through use of interactive mass media, mobilize leaders, faith communities, strengthen couples communication, and promote HIV services including community HTC. Workplace interventions took place in 9 major companies and estates. Furthermore, programs targeting teacher vulnerability were initiated through a teacher specific PLHIV organization, which serves as a resource to teachers around HIV prevention, and referrals, and provides care and support services to PLHIV. Mass media potentially reaches at least 40% of adult population (2,400,000 adults) with over 1800 exposures per year at approx. 06 cents per person reached. Community mobilization costs 1.85 per person reached, multiple times mostly through small groups.
PEPFAR Malawi's community-based partners will strengthen comprehensive combination prevention approaches with the adult population in geographically targeted districts to more explicitly align with and support clinical HIV platforms. Interventions will support community preparedness for Option B+ rollout including couples testing and male involvement, scale out of VMMC services to reach adult men in saturation districts, and ensure no missed opportunities for uptake of services, including family planning and condom distribution, and referrals. There will also be increased focus on retention and adherence for women who are placed on lifetime ART. Sustainability and ownership of program efforts will be achieved through capacity building of national, district, and community partners through ongoing technical support and training, development and sharing of effective communication packages and interventions to increase coverage of quality HIV prevention approaches in the community.
The unique vulnerability of adolescent girls will be addressed through USG community prevention and OVC

platforms, and through intensified engagement with Peace Corps volunteers. Malawi-piloted Go Girls Initiative (GGI) tools will be integrated into community-based programs to create "safe spaces" for girls in community and school settings. School personnel will be trained around the code of conduct and traditional leaders, village committees and CBOs will be mobilized to address sexual assault and early marriage. Links will be strengthened to report cases of abuse to child protection/social welfare and the police.
Evaluation of community based communications interventions is drawn from baseline, mid-term and project end quantitative surveys conducted. Formative and operational research will address 1) community engagement process and effects and 2) multiplier and synergistic effects for all interventions (radio, toolkits, and community) and effects due to both direct exposure as well as indirect exposure through secondary interpersonal communication about the program. Additional focus will be on tracking of referrals made through community programs.
8. MARPS
Although Malawi faces a generalized epidemic, Men who have Sex with Men (MSM), Commercial Sex Workers (CSWs) and other vulnerable populations such as fishing communities, vendors, estate and mine workers, have higher HIV prevalence and often lack access to services due to stigma and discrimination, high mobility, or marginalization (BSSS 2006). Laws stigmatizing and punishing homosexuality continue to impede efforts to reach and treat this highly vulnerable population despite high prevalence and reported bisexual concurrent relationships. With prevalence rates of over 70%, an estimated 92,000 CSWs are marginalized, face criminalization and even sexual abuse by legal authorities and have little access to needed HIV and SRH services .

While the National Prevention Strategy prioritizes a more cohesive response, efforts to date remain fragmented with insufficient coverage of comprehensive programs and inadequate funding. National population size estimations for MSM, CSWs and the upcoming BSSS surveillance will assist in understanding coverage needs for combination prevention interventions. The Office of the Presidential Cabinet (OPC)'s planned National Prevention Strategy for MARPS will also prioritize mapping of partners and interventions. Through central R2P Project funds, College of Medicine, CEDEP and Johns Hopkins University are conducting a MSM feasibility assessment in Blantyre. MSM recruited through the population size estimation participate in an 18 month pilot combination prevention intervention study using STI biomarkers to determine impact on STI incidence. Results will feed into the scale out of evidence based MSM interventions.

USG has supported combination prevention interventions for CSWs, MSM, vendors, fishing communities and estate workers within 20 Priority Prevention Areas (PPAs) in 15 districts throughout Malawi – the majority within the Southern Region (North 3, Central 5, South 12). Branded communications interventions rely on trained community volunteers, condom promotion and expansion of distribution outlets, targeted outreach events and HTC, and establishment of referral systems for HIV related services. Gender Challenge funds are used to strengthen referral systems to include GBV screening and referral through HTC counselors, victim support units, and other health providers to increase access to PEP services. Community mobilization efforts on GBV complement efforts to increase access to needed services.

With COP 12 funds, comprehensive combination prevention approaches for MARPS and vulnerable populations will align more closely with biomedical prevention, treatment and care services. Key messaging and referral will support roll out of new PMTCT guidelines in high risk settings, in estates and companies, and with key target populations. Increased promotion and access to socially marketed and government family planning services within targeted settings will also be integral to efforts. Peer to peer approaches to reach CSWs will be revamped to be more holistic in focus to address risks around sex with a "trusted partner" and align access to comprehensive PMTCT services including family planning; using peer "queens" for female condom promotion and use linked to focused HTC, GBV screening and referral. VMMC funds will support national communications development, timely demand creation of VMMC services as part of risk reduction activities, with particular emphasis on reaching men within saturation VMMC districts (See VMMC). MSMs identified through a trusted local organization will be reached through peer based risk reduction activities, condom and lubricant distribution and referred to trained MSM friendly service providers. PEPFAR Malawi and partners, in collaboration with other development partners, will continue to advocate for an enabling legal and policy environment for marginalized populations through sharing of evidence based programs at national level.

Other vulnerable populations will continued to be reached with focused combination prevention interventions. Military personnel and their families are reached through 15 military bases with prevention services for youth, and adults and can reach 75% of the catchment communities through their efforts.

9. MEDICAL TRANSMISSION

Malawi has made substantial strides to develop a competent and sustainable national blood transfusion service. Since the establishment of Malawi Blood Transfusion Services (MBTS) in 2004, services have expanded to three major facilities, serving as hubs supporting operations in Malawi's three regions since 2010. The lack of an adequate supply of donated blood from voluntary, non-remunerated low-risk blood donors (VNRBD) is the main limitation for blood safety in Malawi. MBTS currently collects only 40-50,000 blood units annually, against a projected need of 80,000. Many lower-level hospitals receive inadequate supplies of safe blood from MBTS. These hospitals still collect blood locally and screen for transfusion-transmissible infections (TTIs) under poorly controlled conditions, placing the population at risk. MBTS has infrastructure and effective systems in place, but with substantially inadequate number of voluntary blood donations, is not yet able to guarantee safety in blood transfusions nationally.

The primary objectives of MBTS with PEPFAR support are to (1) aggressively develop the pool of donated blood from low-risk Voluntary Non-Remunerated Blood Donors (VNRBD) in order for the organization to meet 100% of national demand and to (2) develop and implement robust quality systems supporting international accreditation by 2016. Additional objectives include supporting policy and guidelines implementation, information systems, infrastructure, hemovigilance and clinical training, all of which also support the primary objectives. In addition to Malawi COP funding, USG will also provide external (HQ) assistance through the American Association of Blood Banks (AABB) in FY12 through FY14; first year deliverables will include a Knowledge, Attitudes and Practices survey and donor recruitment strategy, as well as a roadmap on quality assurance. The PEPFAR partnership is strategic, following on the major EU funding for start-up and major infrastructure, and coordinated with core service delivery cost support through Global Fund and the Malawi MOH. The PEPFAR investments support accelerated capacity development and sustainability for blood safety and safe blood supply in Malawi.

10. GENDER

Gender inequality perpetuates continued high incidence of HIV in adolescent girls and women. Their unique vulnerability has been reflected in national strategy documents such as the NSP (2011-2016) and Prevention Strategy which prioritizes viable gender specific programs to be strengthened in order to shift the epidemic. Women have limited influence over their own sexual and reproductive health due to negative gender norms embedded in a culture that promotes male dominance in relationships and views MCP as normal. This is exacerbated by poverty and low education levels which leads adolescent girls into early marriage and pregnancy, and by intergenerational and transactional sex. While Malawi has made progress in responding to gender-related barriers within programs, the high level Prevention Partner Team Visit recommendations identified strategic priorities for moving forward . Within USG's prevention portfolio, strengthening the focus on vulnerability of women and adolescent girls with combination prevention interventions is highlighted within all USG funded programs and through continued technical support to the national program.

Through PMTCT programs, USG's community-based risk reduction programs will prioritize community preparedness to increase uptake of treatment for HIV+ pregnant women and sustain treatment outcomes through adherence and stigma reduction. Normative change interventions will address damaging gender norms and practices, including GBV, and promote protective community action. Beyond community engagement, linkages to legal, social and protection services as well as holistic health care will be strengthened. Urban women are reached through targeted comprehensive combination programs within urban high risk settings and through workplace programs. Uptake of VMMC services in urban settings will reduce men's (and female partners) risk of acquiring HIV, and provide another platform to encourage couples communication for risk reduction. The pilot GGI intervention in Zomba demonstrated a substantial impact on girl's vulnerability by creating "safe spaces" in communities and schools, and will be integrated into USG community and OVC platforms, and Peace Corps and through NAC round 7 grantees to assess wider impact of this model . Research will also be conducted to explore factors contributing to urban women's risk.

Gender Challenge Funds have been used to strengthen linkages to care and treatment through improved referral and follow-up including GBV screening and roll out of the National Rape Guidelines. Referral networks and directories were adapted to address the needs of survivors of gender-based violence (SGBV) and training of service providers in two sites were held to screen for GBV and refer SGBV to appropriate services, including Post Exposure Prophylaxis (PEP). In FY 12 and FY 13, GBV screening and referrals through HTC will be expanded to an additional 18 sites linked to community sensitization efforts through volunteers and campaign events. Quarterly meetings with related service providers, and community leaders will track progress.

CAPACITY BUILDING / HSS/HRH/
Capacity building of national, district and community partners is key to scaling up quality implementation of the HIV prevention response and the cornerstone to country ownership and sustainability. Within the national response, limited capacity of national, district and community partners continues to be a major barrier to rollout of prevention efforts, and was identified as such during the PFIP midterm review.
PEPFAR is supporting capacity building for HIV prevention activities at facility and community levels, including:

- *Pre-service health care provider training in PMTCT and neonatal MC*
- *In-service health care provider training and mentoring in PMTCT, HTC and VMMC*
- *Lay counselor training for integrated HTC and FP community-based services*
- *Development and revision of prevention IEC materials for use in facility and community*
- *Community strengthening and empowerment through traditional leader's forums and village health committees.*
- *Community engagement in prioritization and planning of HIV prevention programs*
- *Organizational strengthening for health care service delivery*
- *Technical and managerial capacity building for community based organizations (CBOs) to enhance the quality and effectiveness of civil society response*
- *Institutional strengthening of District Assemblies and relevant sub-committees*
- *Capacity building of civil society to improve governance and transparency of public health sector*

STRATEGIC INFORMATION
Knowing the distribution and driving factors of a nation's HIV epidemic is critical to design and implementation of a successful prevention program. Over the years, Malawi has implemented several surveys and surveillance that facilitated understanding of the epidemic and informed priority setting.

While Malawi boasts a robust research base to inform efforts, up-to-date data to inform targeting, coverage and impact of the right mix of intervention remains a challenge. Evaluating social and behavior change programs with respect to measuring impact on preventing new infections has proven especially difficult because of cost and complexity of design. USG will work with NAC to explore other alternatives including leveraging data sources such as the recently completed MDHS (2011) or national surveillance data, to compare biological outcomes in program and non-program areas. Efforts would also be made to strengthen measurement of these programs' impacts on service uptake and adherence, e.g. by developing indicators of program quality and coverage; and measuring service uptake attributable to communications efforts. A key challenge, however, has been regular conduct of "cyclical" surveys and timely access to data. USG will work with GOM and other development partners to foster advance planning, resource mobilization, and build technical and management capacity in survey implementation. In FY12, USG will work with MOH, NAC and other stakeholders to facilitate meaningful use of data through triangulation exercises and further analysis of MDHS 2010. USG will continue financial and technical support for implementation of the BBSS and the PMTCT effectiveness evaluation. Moreover, in collaboration with partners and GOM, USG will implement operations research to answer programmatic challenges that are impeding progress. The USG SI team will work with partners to strengthen project-level M&E systems to ensure availability of robust data on characteristics of target populations as well as the quality and intensity of interventions. Baseline surveys followed by mid- and end-line surveys will help USG evaluate the contribution programs are making towards meeting national prevention goals. Similarly, use of data from routine monitoring systems will be emphasized. USG will define priority indicators to be collected on an ongoing basis, to address critical gaps in areas of male involvement, couples testing, effective referral, etc. This will be done in collaboration with NAC with the aim of

integrating PEPFAR systems into the national M&E framework. Regular review of these data will enable timely mid-course corrections and scale up of program models that work.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	9,146,222	0
PDTX	1,844,442	0
Total Technical Area Planned Funding:	**10,990,664**	**0**

Summary:
TREATMENT TECHNICAL AREA NARRATIVE

INTRODUCTION
Malawi has a streamlined public-health approach to service delivery and has had remarkable success in scaling-up ART nationally. By mid-2011, the MOH's HIV treatment program had scaled-up to 303 static treatment sites nationally, and had initiated more than 383,000 patients on ART, with 37,250 new patients initiated on ART in the first half of 2011. With 276,987 persons (72%) retained alive and on ART, the program reached 67% of the estimated population in need. Death and default rates have declined over time, suggesting improved program quality. Over time, cumulative deaths were 12% of all initiators, with 16% lost-to-follow-up and <1% stopping treatment otherwise. Cohort survival analysis, which is performed annually based on MOH quarterly M&E supervision data, shows impressive results for 12-month retention in ART, most recently at 80% for adults and 81% for children, with year-on-year improvement seen consistently since 2005. Ninety-percent of the persons on treatment were on standard first-line regimen d4T-3TC-NVP (now former) and less than 1% were on second-line regimens. HIV status is documented in 87% of TB patients, HIV prevalence amongst TB patients is 66% and 85% of co-infected patients are initiated on ART. Ninety-five percent of ART patients are taking Cotrimoxazole Preventive Therapy (CPT). Until recently, PMTCT scale-up in Malawi has been less successful; overall PMTCT coverage was estimated at 43% for HIV+ women, and 33% for exposed infants. This was primarily a result of verticalized program management, late presentation of pregnant women to ANC, complicated supply logistics and stock-outs, and high rates of loss-to-follow-up for mothers and their exposed infants. Nonetheless, Malawi's scale-up has been considered to be highly successful under a very low-cost approach to service delivery.

OPTION B+
In 2011, Malawi's national HIV response transitioned to an integrated model, incorporating HIV treatment, care, PMTCT and primary care in a unified service delivery approach. The changes respond to the 2010 WHO HIV guideline revisions; and include a "test and treat" PMTCT protocol ("Option B+"), whereby all HIV + pregnant women are provided with ART for life regardless of CD4 count or clinical stage. ART eligibility has been revised to include all persons with CD4<350 cells/mm3 for those (adults and children 5 years and older) who otherwise don't qualify based on pregnancy or other factors. A phased introduction of higher-quality ART regimen (TDF/3TC/EFV in a once-daily FDC) is being used for all pregnant and breastfeeding women, children under two years, co-infected TB-HIV patients, and persons with advanced stavudine-related lipodistrophy. Pending the availability of sufficient funding, Malawi will later transition all eligible first-line patients away from a stavudine to a tenofovir-based first line regimen.

Option B+ has provided a platform to aggressively scale-up ART access under a programmatically-sustainable approach, delivering higher-quality treatment, and moves proactively toward eMTCT. ART and PMTCT supply chains are one and the same, and there are now 656 ART sites – double the number prior to integration of ART into

all ANC clinics. The new integrated PMTCT/ART approach comprising the family-care program model includes implementation of a new pre-ART program for those not yet eligible for ART, routine offering of family planning (FP) to pre-ART and ART patients in order to improve access and linkages to contraceptive services, integrated mother-infant pair follow-up, and primary-care elements including screening and management of STIs and TB.

PEPFAR has provided key funding and technical support to implement this new treatment and PMTCT program approach in Malawi, as detailed in our Malawi PMTCT Acceleration Plan for FY12. Under Option B+, an accelerated expansion of more than 25% annual ART enrollment is expected. While official MOH end-2011 ART enrollment (alive on treatment) is not yet released, it is expected to be 300,000, with projected increase to 400,000 by the end of 2012. The proportion of need met, based on CD4<350 cells/mm3 eligibility, will increase from 61% to 80% by the end of 2012. Malawi should reach 500,000 on treatment by early 2014 and close the treatment gap numerically by the end of 2014.

DONOR CONTEXT AND PEPFAR SUPPORT
Over 90% of the national HIV response in Malawi is funded through donors. The Global Fund is a major funder of the program and funds core pieces of the national response, including ARVs and other commodities. Option B+ and phased scale-up of the new treatment regimen have been undertaken through the Round 1 RCC grant. Malawi has struggled in getting Global Fund grants for HIV over the last three years; with postponement of Round 11, end of the Round 5 grant in 2011 and streamlining of the Round 7 grant into the RCC Phase I grant, the entire Malawi program is being sustained by the Round 1 RCC grant, which is about to enter the last two years of its cycle.

PEPFAR provides major funding and support for Malawi's national HIV treatment program, which are essential in the national program's management, performance and scale-up. USG funds capacity building and supports service delivery and management, but does not purchase ARVs for the Malawi national program. PEPFAR has supported the national program with the development of the new national guidelines (please see the guidelines, which have been uploaded as a COP12 attachment), Option B+ curriculum, training of 3,895 nurses and clinical officers to support roll-out of Option B+, development of the national clinical mentoring program, and implementation of community level support for treatment and for effective facility-community linkages supporting access and quality in outcomes. Crucial financial and technical support is provided to the MOH's HIV Department, which is the primary Sub-Recipient (SR) under the RCC grant and primary implementer of the national HIV response; this support includes funding for national quarterly M&E supportive supervision visits to all ART sites and placement of technical advisors to support staffing gaps. Key systems strengthening inputs including supporting development of an efficient electronic medical record system, improving lab capacity, and strengthening the supply-chain management system for HIV commodities.

PEPFAR has expanded and unified its support of the national ART/PMTCT integration and scale up in a comprehensive approach, leading to two key changes in COP12: PMTCT is presented as combined with Treatment, reflecting the reality of service delivery in Malawi, and it has been recommended that PEPFAR start to count and claim all national enrollment in ART and PMTCT as being directly supported by PEPFAR. Consistent with this new reality, PEPFAR Malawi PMTCT funds should be considered to be part of the HIV care and treatment funding category.

INTEGRATED ADULT TREATMENT and PMTCT
I. Access and Integration
Accelerated expansion of access to treatment is a primary objective of the new integrated national response. All HIV+ pregnant and lactating women, and persons with TB-HIV co-infection, are offered lifelong ART. For women identified in ANC or maternity, ART is generally started on the same day as diagnosis with intensive counseling and for persons with TB it is to be started at the same time as TB treatment. CD4 staging is not indicated or generally used for these patients. There is also universal treatment for infants and children up to 24 months. Other adults and children five years and older are initiated based on CD4<350 cells/mm3 or clinical staging; adults receive d4T/3TC/NVP and children AZT/3TC/NVP. An integrated pre-ART approach has been implemented with HIV+ persons not yet on ART followed 3-monthly with clinical and CD4 evaluations, to ensure timely initiation of therapy

when indicated. This will be augmented by USG's support for the formation/strengthening of PLHIV support groups in communities and health facilities.

In the new national guidelines, integration of adult and pediatric ART/PMTCT is enabled through one common algorithm, one common treatment approach, under a common supply-chain, program management and M&E. The most essential services in the continuum of HIV care are also integrated with treatment and PMTCT in one cohesive, family-centered, and patient-focused model. Key elements include pre-ART, exposed infant follow-up including feeding/nutrition and HIV diagnosis, TB diagnosis and management, STI diagnosis and management, family planning, Positive Health Dignity and Prevention (PDHP), and malaria prevention. Some of Malawi's greatest successes in models of program integration, which have informed the adoption of integration as a guiding principle in scale-up here, have been in the areas of ART/PMTCT and TB/HIV integrated service delivery. High-quality TB/HIV integrated service approaches were proven in high-volume public-sector TB clinics through the work of PEPFAR partners and are now being scaled up in high-burden rural districts. In addition to directly supporting increased access and integration of HIV services, PEPFAR will leverage funding from other USG health programs in Malawi to strengthen integration.

The fundamental role of PEPFAR in treatment access and integration will continue through FY12 and 13:

- *PEPFAR has supported development of the national HIV mentoring program; in FY12 and 13, PEPFAR partners will support a coordinated national clinical mentoring program to address service delivery bottlenecks, and reinforce a family-centered and patient-focused service approach. Partners will ensure quality services at facilities through training, supervision and key systems strengthening.*
- *Core funding support will continue to be provided to MOH to support implementation of the national response. This will include funding for key programs such as quarterly supervision and M&E process reaching all ART sites and placement of technical advisors to support programmatic/technical management at the MOH.*
- *PEPFAR will support training of Health surveillance assistants (HSAs), lay counselors, community volunteers and members of community based organizations, who play a critical role in supporting retention of HIV+ pregnant women identified through ANC for same day treatment and long-term adherence in otherwise healthy women.*
- *Since ART is now provided at ANC clinics, PEPFAR will explore options for improved integration of HIV and reproductive health services for HIV+ women. Family planning (FP) services are now standard in HIV care, and PEPFAR is supporting partners to implement FP as an integrated service for women in the setting of expanded ART and Option B+ access. Additionally, PEPFAR partners will support TB/HIV service provision, particularly in operationalizing isoniazid preventive therapy (IPT) and intensified TB case finding (ICF), and evaluating implementation of GeneXpert for ICF.*

Malawi's new guidelines call for viral load (VL) measurement using dried blood spot (DBS) specimens - not CD4 - for ART patient monitoring. Currently VL capacity is lacking in Malawi. In FY12 and 13, PEPFAR partners will work with MOH and CHAI/UNITAID to develop this capacity, setting up high-volume PCR testing at central hospitals which will address both the EID testing capacity and VL capacity needs, at the same time, with all testing based on DBS. PEPFAR has also supported a validation of DBS for VL in Malawi which is currently planned for 2012. These PEPFAR investments, linked in an efficient specimen transport network, will substantially expand access to quality ART monitoring and management for patients in remote sites across Malawi.

II. Quality and Oversight

While Option B+ is expected to have a dramatic positive effect on performance of the national HIV treatment program, including coverage, access, simplicity and equity, GOM, PEPFAR and other partners will be vigilant to ensure that other performance characteristics, such as quality and safety, do not suffer as scale-up accelerates. Building quality and capacity for service delivery, effective program management, and M&E have been the hallmarks of PEPFAR's support for the national ART program in Malawi. One of the fundamental components supporting quality in the national program is the quarterly M&E supervision process, conducted by the MOH at every ART/PMTCT site nationally, which is funded almost entirely by PEPFAR and supported by PEPFAR partners. Another essential component of ensuring quality and oversight is the facility based clinic and systems mentoring

that USG partners undertake in order to ensure full functionality in a facility.

PEPFAR lab strengthening partners will continue to work with MOH to strengthen CD4 capacity, which is to be fully devoted to support HIV staging under the new guidelines. This includes establishing point-of-care testing where gaps exist and developing an efficient specimen transport network which will ensure access at decentralized service sites. The establishment of VL capacity for treatment monitoring will enable the identification of treatment failure and transition patients to second line treatment regimens. Current PEPFAR supported HIV DR surveillance shows the prevalence of HIV drug resistance to be 7% at 24 months compared to 4% at baseline. While these results are encouraging, they also suggest substantial under-diagnosis of treatment failure in patients on ART, of whom only <1% are on 2nd line regimens at present. In FY12 and 13, PEPFAR will support MOH to begin to take up the use of VL, per the national guidelines, to more effectively monitor and detect treatment failure and improve outcomes.

- *In addition to supporting the MOH with supervision of the national response and analyzing, disseminating and using the results, PEPFAR will focus increased attention on supporting improved forecasting and quantification of commodities through placement of technical advisors (TAs) in key departments at the MOH to improve the quality of the overall program.*
- *Quarterly supervisions provide the means to track proxy early-warning indicators (EWI) for the ART program. In 2012, PEPFAR will support an evaluation to validate Malawi's quarterly M&E outputs against EWI standards. This along with PEPFAR supported HIV drug resistance (HIVDR) surveillance in infants and adults are powerful tools for monitoring quality and outcomes in Malawi's treatment scale up. PEPFAR will support the development of a national M&E framework to link the national mentoring program with the MOH's quarterly supervision process in order to complete an evaluation-feedback-change cycle for program improvement.*
- *PEPFAR partners support community and facility-based service delivery linkages to improve treatment outcomes, assuring that patients are informed, empowered and retained in the continuum of care.*
- *PEPFAR will continue supporting Baobab's EDS, which contributes to both service quality and M&E. The EDS compensates for task-shifting and workforce overload in the HIV service setting to assure compliance with treatment algorithms and capacitating program M & E. PEPFAR is supporting development of EID labs in central hospitals; in FY12 the EID will be upgraded to high-volume testing platforms and linked to a PEPFAR-supported national specimen transport scheme to better meet the infant diagnostic needs nationally. This same platform will be used to begin a phased implementation of DBS-based VL for treatment monitoring. Diagnostic advances for TB, including high-quality LED microscopy and molecular based diagnosis (GeneXpert), and point-of-care CD4 testing will also be implemented.*

PEPFAR is also supporting a rigorous evaluation of Malawi's B+ approach to PMTCT using prior year funds and beginning in 2012, as detailed in the PEPFAR Malawi PMTCT Acceleration Plan document, attached. This project will use a mix of quantitative and qualitative methods to look at program effectiveness, in terms of MTCT and HIV-free survival in infants, and evaluate access, uptake, retention and adherence in mothers and infants, as well as other secondary outcomes. The qualitative component will focus strongly on evaluation of factors associated with access, uptake, retention and adherence. This project will provide timely evidence to support Malawi for better program implementation, as well as crucial evidence for broader considerations of B+ adoption in other PEPFAR-supported country programs.

iii Pharmaco-vigilance;

Globally, there is a theoretical concern about the risks of birth defects in infants born to women on EFV, a core component of Malawi's new first-line regimen for pregnant women, in the first trimester of gestation. While there is no known evidence of an increase in the risk of neural-tube defects (NTDs) in infants exposed to EFV, tests in animal models raised the concern, leading to FDA's Class D rating for the ARV. The first appreciable opportunity for this risk to manifest will be in the second pregnancy. Malawi guidelines do not currently call for individual counseling for women started on EFV-based regimens regarding the theoretical risk of NTDs in infants with first trimester exposure, based on a rationale that the benefits of good adherence to ART for these women outweigh the theoretical risk of teratogenicity. However, as we know, conclusive evidence regarding the risk is still lacking. As such, PEPFAR Malawi will support the first substantial surveillance program in the developing world for NTD birth defects in EFV-exposed infants, based in the highest-volume maternity sites nationally. Planning for this has started

in FY11 in order to start implementation of this long-term surveillance under COP12. Malawi will provide the earliest data on this concern to inform national program guidelines here, as well as in the other numerous PEPFAR-supported countries where the Option B+ approach to PMTCT is being considered.

IV Sustainability and Efficiency
The dependency of the national program on Global Fund resources creates an evident vulnerability, regarding both Malawi's ability to sustain existing patients on treatment, and to further scale up to all patients in need over time. Using quality data from supervisory visits the MOH has been able to track and project key HIV program statistics over time. This includes forecasting HIV commodities to guide reprogramming of GFATM resources in RCC Phase II to ensure sufficient funding for scale-up into early 2014. Additional TA is required to determine total program costs, outcomes and cost effectiveness under Malawi's uniquely integrated service model.

Potential funding constraints are a barrier to full implementation and scale-up of this higher-quality program approach in Malawi. The new TDF-based regimen costs $196/patient/year vs. $68 for the D4T-based regimen. This, plus expanded enrollment, will increase the national ARV costs from $34 million in 2012 to $65 million by 2014. The MOH has secured assurances from the manufacturer of a cost reduction for new first line regimen once a committed purchase of at least 1 million tins is made. However, uncertainty about future funding through the Global Fund limits the MOH's ability to realize these cost savings.

USG and PEPFAR in Malawi are firmly advocating a strategy under which both PEPFAR and GFATM will continue their core areas of support: GFATM supporting central HIV commodities including ARVs and some essential health system support such as salary top-ups for workers in the health sector, and PEPFAR funding many of the non-commodity costs which are essential for program delivery and quality. Complemented by strategic inputs from the broader donor community (such as UNITAID and donors in Malawi's HIV funding pool), this has been an effective strategy for supporting an impressive scale up of HIV treatment and care, in a highly impacted and very resource poor country. Malawi itself is also a resource partner in this strategy, and is expected to continue to look for approaches to generate additional resources to support HIV program costs domestically. Malawi's sustainability strategy, in essence, is to protect and preserve the existing funding base, which is invested into an efficient and effective program model, which reaches both treatment and prevention objectives for the nation.

PEDIATRIC TREATMENT
I. Background
According to a 2009 UNAIDS report, in Malawi, there are 120,000 children who are infected with HIV. An estimated 30% of all new infections in Malawi occur in children under 15. Treatment of HIV positive children started in 2003, at the same time as the national free antiretroviral program.

As of mid-2011, children made up only 10% of persons receiving ART in Malawi. Cumulatively, 41,000 children had ever been started on ART, including 6,400 infants, and 27,700 children were alive and on ART. Treatment coverage among eligible children was 30% (compared to 67% for adults). Eighty-one percent of children were retained alive and on ART 12 months after initiation, similar to adults. It is notable that with 30% of the HIV burden but only 10% of the new ART initiations, and with approximately half the coverage for those in need, the national pediatric treatment program, a component of the overall program, is substantially underperforming in comparison to adult treatment.

PEPFAR funding to MOH supports pediatric care and treatment as part of the national program scope, and lab partners are actively expanding infant diagnosis and CD4 testing capacity. This support will extend to the scale up of clinical mentoring for pediatric HIV management. All ART sites within Malawi are certified to provide pediatric ART, however the underperformance seen in pediatrics suggests the need for PEPFAR partners to substantially step-up their efforts and focus on pediatric diagnosis and treatment in FY12 and 13, in order to support Malawi in its goal of doubling the number of children on treatment by 2015.

II. Key Priorities and Major Goals for Next Two Years

An interagency TDY mission conducted in January 2012 aimed at reviewing PEPFAR Malawi's support to PMTCT, treatment and care provided strategic recommendations to increase PEPFAR support for pediatric HIV diagnosis, care and treatment. Program approaches will focus on the following:

1. *Increase support for pediatric HIV care and treatment efforts*
2. *Significantly increase efforts to improve access to testing and treatment for HIV-infected children*
3. *Support the assessment of the 2011 Malawi pediatric HIV care and treatment guideline implementation*

Pediatric focus will be increased amongst all PEPFAR supported partners involved in service delivery, whether direct or indirect. Partners delivering and supporting services in facilities nation-wide will be mobilized to push maximal uptake of infant follow-up and testing, provider-initiated testing for children in clinics and medical wards, and testing of children of HIV+ parents. They will ensure that identified children over 24 months receive timely CD4 staging and enrollment in pre-ART, and timely initiation of ART when eligible. Program and clinical mentoring with pediatrics focus will be emphasized as an effective strategy to overcome barriers to access for children at the facility-level. PEPFAR-funded community-based programs will increase identification and referrals of children in need. Community and volunteer networks will be engaged to meet the particular needs of HIV+ youth and adolescents; these same groups will be prioritized for targeted clinical and care services appropriate to the unique needs of adolescents impacted by HIV disease.

PEPFAR will also work with MOH to strengthen a pediatrics focus in the quarterly site supervisions and reporting, in order to provide effective data for site mentoring efforts. The PEPFAR supported scale-up of electronic data systems (EDS) for patient management will substantially support better monitoring and quantification for pediatrics. Particularly in 2012 with the establishment of an EDS system for ANC-Maternity-Under 5 Clinics, which will link to the HIV electronic medical records, a seamless integrated care approach for exposed and HIV+ infants and children will be possible. Intensive follow-up of mother-infant-pairs (MIP) in a family centered HIV service model, as designed in the integrated guidelines, will be bolstered by PEPFAR-funded treatment supporters and program mentoring. These support strategies will be tied together with improved patient management and data systems, to ensure that exposed infants receive timely HIV testing for diagnosis, and that HIV+ infants are immediately started on treatment. PEPFAR support for new and efficient specimen transportation networks, linked in to high-volume EID testing platforms at central hospitals, will ensure that all facilities – not only those in urban centers – can offer fast, accurate and efficient infant diagnosis to the families they serve.

III. Alignment with Government Strategy and Priorities

Malawi's national pediatric HIV program is streamlined and integrated with adults under the Integrated Guidelines for Clinical Management of HIV in Children and Adults. ARVs for pediatric treatment are provided funded by UNITAID, through CHAI, until 2013. The pediatric ARVs are distributed through the same system as the adult ARVs. Malawi has no pediatric-specific HIV policies or strategic plans for scale-up, although these are a component of the Malawi's HIV National Strategic Plan, to which the Partnership Framework is well aligned. There is need for a focused review and evaluation of the national pediatric HIV program, and planning for this will be funded through MOH in FY12. PEPFAR supported technical advisors in the MOH will provide capacity for improved pediatric program performance. PEPFAR agencies and partners will collaborate to support greater uptake and quality in HIV services for children, through the integrated program.

IV. Policy Advances or Challenges (identified in PFIP)

The 2011 integrated HIV guidelines promote an HIV Care Clinic concept, providing in the same clinic services for HIV exposed children, pre-ART for children and adults, and ART. The guidelines are based on the 2010 WHO recommendations for treatment of children, which call for universal treatment for children and infants under 24 months, and CD4 (not CD4%) based staging for older children. The guidelines also substitute stavudine based 1st line regimens with AZT/3TC/NVP. Universal ART for mothers during breastfeeding is provided through Option B+. Operational guidance is provided to optimize MIP follow-up and assure that the needs of infants and children are routinely addressed. Additionally, with USG partner support, MOH has drafted a "Continuum of Care Community Health Worker" manual for health worker training to enable effective linkage across the cascades of HIV services including PMTCT, EID, and Pediatrics Care and Treatment. Implementation of this manual is being done through

PEPFAR's community program partners.

The major policy advances include the establishment and implementation of a national pre-ART approach, adaptation of 2010 WHO guidelines, and implementation of universal ARV prophylaxis for breastfeeding mothers. New policy mandates for the second half of this PFIP are currently under consideration. The advancement of PITC for children and EID, for universal national access, will be among those to be considered.

V. Efforts to Achieve Efficiencies

The major efficiency and quality gain under the new integrated HIV approach is that MIP follow-up is integrated between MCH and HIV services, in most cases with the provision of HIV care directly in MCH clinics. Additional gains in efficiency are found in timely testing, diagnosis, staging and treatment initiation of HIV+ children; on-time treatment prevents illness and its impact. PEPFAR support for service delivery will assure that these elements are implemented completely and with quality. PEPFAR-supported diagnostic systems will assure that infants and children have access, and PEPFAR-supported data and M&E approaches will help to assure the program's success.

VI. Health System Strengthening Efforts to Impact Pediatric HIV

PEPFAR system strengthening approaches to support pediatric objectives include improvements to the supply chain of key health commodities (ARVs, HIV test kits for PITC, etc.) through technical assistance for forecasting and quantification. The current approach in Malawi looks at the totality of commodities, but USG is working to help include specific pediatric information. Electronic data systems (EDS) are implemented in health facilities with high ART client load and serve the dual role of patient-management and monitoring and evaluation. Although EDS started as an ART-only system, it is evolving over time to include other modules like ANC and Under 5 Clinics. With USG support more services will be integrated into EDS over the coming years. Lab capacity is also essential to providing timely access for infants and children for diagnosis, staging, and treatment. PEPFAR will support a major push in FY12 and 13 to scale up higher-volume EID testing platforms linked to comprehensive specimen transit schemes, CD4 in both lab and POC settings, and the early implementation of VL for treatment monitoring. Initial infant HIV drug resistance surveillance will also be established in 2012 and carried forward with PEPFAR funding and TA. These various strategies will support a stronger system for quality outcomes in pediatric treatment and care.

CROSS-CUTTING PRIORITIES

I. Supply Chain

Since Round 1, GFATM-funded HIV commodities have been procured and distributed by UNICEF separate from MOH's Central Medical Stores (CMS) system, which was not deemed capable to guarantee the vital HIV supply chain. All donors, including Global Fund and the USG, are currently engaged with the MOH to strengthen CMS's capacity to manage procurement and supply chain systems for all commodities as it is a serious condition precedent on the renewal of RCC Phase II. The USG and others are supporting the MOH to begin tackling broader systems issues including strengthening forecasting, supply planning, district and facility-level supervision systems, and commodity management at the district level.

Due to the weak capacity of the MOH's Health and Technical Support Services (HTSS) unit at the present time, forecasting and quantification for HIV commodities is performed by the MOH's HIV Department, which is the main sub-recipient for the Round 1 RCC grant. The USG is supporting strengthening of the HTSS with placement of TA focused on logistics and quantification. In addition to the weak capacity of the central supply system, the Global Fund's laborious disbursement approval processes cause delays in procurement. Last year, delays in GF disbursements and lack of existing buffer stocks for HIV commodities contributed to near stock-outs of ARVs and are still contributing to recurring stock-outs of HIV test kits. In FY12 and 13 PEPFAR will mobilize all partners to assure that stock-outs of HIV test kits are eliminated, emphasizing the point that "no test kits = no program." The strategy for risk mitigation in the HIV supply chain in Malawi has evolved through the experience of program scale-up, and HIV test kits have now been added to UNICEF's procurement system and pushed down to sites with ARV stocks. Additional PEPFAR TA will be provided to support quantification and forecasting in the HIV Department, which should bolster a reliable supply and support the transfer of competencies to the MOH.

II. Pediatric ARV Drugs

Pediatric treatment and care in Malawi is integrated with adults in the national program. The new national guidelines have made substantial improvements for pediatric treatment, as a component of the family–centered care model. A pediatric subgroup of the HIV Treatment, Care and PMTCT Technical Working Group (TWG) has functioned with strong support of PEPFAR staff and USG partners to address guidelines and program issues. Forecasting and procurement of pediatric ARVs and diagnostics by CHAI through UNITAID, in collaboration with MOH, will be supported until 2013. Procurement of pediatric ARVs during 2013 was also included in the GF RCC grant phase II package. As with all HIV commodities, there is uncertainty beyond 2013 for pediatric ARVs due to sole reliance on GFATM for HIV commodity support. With programs now integrated, under GFATM for 2013 and beyond, the risks for security in adult, pediatric and PMTCT ARVs will become one and the same, and so will the solutions.

III. Laboratory

PEPFAR partners empower and support the MOH to strengthen the national HIV program in the areas identified in the Partnership Framework, including lab and diagnostics capacity. As Malawi has scaled-up HIV, TB and malaria services, the need for laboratory capacity to support these interventions has expanded both in scope and complexity. In 2009, with substantial USG technical support, the MOH developed a National Laboratory Strategic Plan (NLSP) to complement the Essential Health Package (EHP) and better define the increasing laboratory needs of HIV/AIDS and other health services. The NLSP, now in its third year, calls for strengthening a tiered laboratory approach at regional, district and primary health care unit levels, addressing physical infrastructure, personnel, training, equipment, reagents and supplies, and monitoring and evaluation. PEPFAR lab partners support human resource development by training new laboratory technologists and in-service professionals; support the MOH, CHAM and Malawi Defense Forces and to deliver high quality HIV diagnostic services; improve the referral linkages from HIV testing to treatment; strengthen treatment monitoring; and strengthen use of diagnostics data to improve HIV outcomes.

In FY 12 and 13, these efforts will focus on the following key priority areas:

1. *Improved diagnostics for HIV, TB, malaria, and opportunistic infections, including QA in HIV testing*
2. *Scale up CD4 capabilities, Viral Load (VL) and Early Infant Diagnostic (EID) PCR as well as basic hematology and chemistries*
3. *Increasing access to laboratory services at point-of-care settings including support to pregnant mothers and babies*
4. *Pre-service training for capacity building for laboratory technicians*
5. *Strengthening the National Reference Laboratory*
6. *Supporting procurement and supply chain management systems*
7. *Strengthening the Laboratory Management Information System (LMIS)*
8. *Strengthening Laboratory Management Towards Accreditation (SLMTA) program to prepare laboratories for WHO AFRO accreditation*

IV. Gender

Gender disparities in the epidemic are evident. Despite a slight overall reduction in HIV prevalence from 12% in 2004 to 11% for the population aged 15-49, the reduction has been greater in men (10% to 8%) than in women (remaining static at 13%). USG is making greater efforts through its prevention portfolio to ensure that we increase our efforts to preventing new infections in women. With the scale-up of the new integrated guidelines, and increased focus on PMTCT, it is hoped that the USG treatment portfolio will address any issues of treatment inequity in Malawi. There are concerns that the test and treat approach may pose challenges for women in their communities; adherence to lifetime ART and retention are issues that require active evaluation and support as Malawi moves into the second year of the new program scale-up.

USG strongly values and promotes analysis and disaggregation of any project data by gender as one way of more actively analyzing issues that affect men and women in HIV programming.

V. Strategic Information

Malawi has a strong national M&E system for facility-based HIV treatment programs. The monitoring and evaluation tools (patient master cards, registers, etc.) include primary and secondary patient outcomes that have been revised in line with the new guidelines for the clinical management of HIV/AIDS. MOH's quarterly supervision serves as a reliable way of collecting ART, PMTCT, HCT and TB/HIV data from facilities and offers an opportunity to mentor facility health workers on appropriate application of the standardized M&E tools. MOH compiles the health facility data and develops a comprehensive quarterly report that is widely shared among stakeholders. A recent audit of the Malawi ART data revealed a >90% accuracy; the confidence in data quality for Malawi's national ART program underlies PEPFAR's commitment to fund and support the MOH's quarterly supervisions and data collection, and to support its utilization with the input of key TAs in the MOH .

USG supported initiatives such as MOH's quarterly supervision, site-level mentorship, and wider implementation of EDS will be key factors to sustaining the high degree of data quality. Ongoing efforts to strengthen data use at health facilities will promote regular scrutiny of data closer to its origin, hence facilitating timely detection and correction of errors.

In FY12, USG will intensify its support to districts and health facilities on the use of data for continuous performance and quality improvement. As part of a structured PQI intervention, key indicators will be selected and monitored regularly to assess progress in service delivery and ART related outcomes. Health facilities and district health teams will be provided with simplified tools that facilitate data use. These tools enable identification of significant bottlenecks and facilitate the search for timely solution. A critical aspect of improving data use at site-level will involve institutionalizing effective data use processes.

As mentioned in previous sections of this TAN, USG will continue supporting the expansion of EDS including adding other modules that will facilitate integration of HIV service delivery with TB, STI, PMTCT, and MCH interventions. The PHE on the validation of DBS for viral load monitoring will progress into implementation phase. PEPFAR is supporting an evaluation in 2012 to validate Malawi's quarterly M&E outputs against HIV DR EWI standards. All USG supported surveillance activities are listed in the surveillance and survey section of the COP.

VI. Capacity Building

PEPFAR supported TAs have been seconded to the HIV department and to HTSS to build the capacity of MOH counterparts in M&E, treatment, care and support. In addition, an HIV fellowship program provides mid-level public health professionals with an opportunity for on-the-job training in the HIV department under the supervision of the TAs. National quarterly supervisory visits are conducted to all ART sites and this forms the lynchpin of the HIV program. These visits enable providers to receive on the job training on clinical management of patients on ART, stock management and data quality checks in addition to building supervisory skills at zone and district level. With a rapidly expanding ART program, the HIV department has increased participation of partners and health workers at zone and district level in the supervision teams. A four month training cascade for 120 trainers and 3,800 service providers enabled national rollout of the new treatment guidelines by September 2011, predominantly using funding and technical expertise of PEPFAR partners and other partners. A clinical mentoring program was also developed and implemented to build the capacity of ART service providers in clinical and health systems management. This complements the national quarterly supervisory visits, which enables a prioritization of sites needing additional support. In FY12, support will be provided to the HIV department for the development of job aids and mentoring of mentors modules. Support has also been provided to strengthen zonal health offices competencies to supervise, coordinate partners involved in clinical mentoring, and provide technical guidance to district health offices. PEPFAR funded leadership programs have trained 112 DHMT members, 22 COM fellows and 4 MOH HIV fellows. A PEPFAR supported web-based database, TrainSMART, has been piloted to support planning, monitoring and evaluation of pre-service and in-service trainings. Future support to pre-service trainings includes incorporating HIV courses into the nurse-midwifery technician curriculum.

VII. MARPs

Although Malawi faces a generalized epidemic, commercial sex workers (CSW) and other vulnerable populations such as fishing communities, vendors, estate and mine workers have higher HIV prevalence (BBSS 2006) and often lack access to services due to stigma and discrimination, high mobility or marginalization. USG is supporting combination prevention interventions for these groups in 20 Priority Prevention Areas (PPAs) across 15 districts in Malawi. These interventions include access to condoms, community based HTC and referrals to HIV related services. With COP 12 funds, comprehensive combination prevention approaches for MARPS and vulnerable populations will align more closely with treatment and care services. Key messaging and referral will support roll out of new ART/PMTCT guidelines in high risk settings, in estates and companies, and with key target populations. Increased promotion and access to socially marketed and government family planning services within targeted settings will also be integral to efforts. Peer-to-peer approaches to reach CSW will align access to comprehensive PMTCT services including family planning and link used to focused HTC, GBV screening and referrals.

VIII. HRH

Malawi has a longstanding and well-recognized crisis in health worker resources, with staffing ratios amongst the lowest in southern Africa. Lack of sustainability plans, overall weak health systems, population growth and a continuing high burden of disease have contributed to an ever increasing need for health workers. The new ART/PMTCT Option B+ treatment guidelines have increased the need to train more health workers to meet a level of demand that will likely double in the next 5 years: the number of ART clinics with 2001-5000 enrolled patients has increased from 11 to 46 sites in the past two years, and clinics exceeding 5000 enrolled patients have increased from 5 to 17 over the same time.

PEPFAR is strongly engaged in supporting higher quality and quantity in nursing education, through strengthening nursing training institutions and supporting training costs. Bursary support has already been supported for 550 front-line health workers under FY10 and 11 funding, and FY12 and 13 programs are expected to support an additional 150-200 new student enrollments annually. Maintaining a good pipeline of well-trained, new health professionals is essential to support Malawi's integrated treatment and care approach. Task shifting approaches have been adapted gradually with the scale-up of the ART program, with a transition of doctor-led HIV treatment and care to clinical officers, medical assistants, registered nurses and more recently to enrolled nurse midwives. In addition to pre-service and in-services training, and task shifting, PEPFAR has supported training of lay counselors, expert patients and other volunteers to increase the health workforce complement providing HIV treatment and care.

In FY12 and 13, quality improvement approaches will be extended to HIV treatment. Technical assistance will be provided to district health management teams and zonal health support offices to strengthen program management by health worker and non-health worker cadres. Approaches to motivate the health work force include the awarding of certificates of excellence to performing sites that have outstanding patient and clinic management, accurate completion of ART registers and master cards and correct cohort analysis have been implemented. In June 2011, 47% of sites received a certificate of excellence. Performance-based incentive schemes for health worker motivation are also being explored.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	376,825	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-trans mission during pregnancy and delivery	90 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-trans mission	33,913	
	Number of HIV-	37,682	

	positive pregnant women identified in the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	33,913	
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	0	
	Single-dose nevirapine (with or without tail)	0	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)	21,705	
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)	12,208	
	Sum of regimen type disaggregates	33,913	
	Sum of New and	33,913	

	Current disaggregates		
P4.1.D	P4.1.D Number of injecting drug users (IDUs) on opioid substitution therapy	n/a	Redacted
	Number of injecting drug users (IDUs) on opioid substitution therapy	0	
P5.1.D	Number of males circumcised as part of the minimum package of MC for HIV prevention services per national standards and in accordance with the WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anesthesia	74,635	Redacted
	By Age: <1	712	
	By Age: 1-9	650	
	By Age: 10-14	10,037	
	By Age: 15-19	20,799	
	By Age: 20-24	23,094	
	By Age: 25-49	19,144	
	By Age: 50+	199	
	Sum of age disaggregates	74,635	
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection	483	Redacted

	through occupational and/or non-occupational exposure to HIV.		
	By Exposure Type: Occupational	222	
	By Exposure Type: Other non-occupational	153	
	By Exposure Type: Rape/sexual assault victims	108	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	211,443	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	426,006	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence	289,840	

	and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	122,000	
	By MARP Type: CSW	8,280	
	By MARP Type: IDU	0	
	By MARP Type: MSM	750	
	Other Vulnerable Populations	112,970	
	Sum of MARP types	122,000	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	987,714	Redacted
	By Age/Sex: <15 Male	29,631	

	By Age/Sex: 15+ Male	266,682	
	By Age/Sex: <15 Female	69,141	
	By Age/Sex: 15+ Female	622,260	
	By Sex: Female	691,401	
	By Sex: Male	296,313	
	By Age: <15	98,772	
	By Age: 15+	888,942	
	By Test Result: Negative	888,943	
	By Test Result: Positive	98,771	
	Sum of age/sex disaggregates	987,714	
	Sum of sex disaggregates	987,714	
	Sum of age disaggregates	987,714	
	Sum of test result disaggregates	987,714	
C1.1.D	Number of adults and children provided with a minimum of one care service	774,629	Redacted
	By Age/Sex: <18 Male	127,167	
	By Age/Sex: 18+ Male	186,835	
	By Age/Sex: <18 Female	163,774	
	By Age/Sex: 18+ Female	296,853	
	By Sex: Female	460,627	
	By Sex: Male	314,002	
	By Age: <18	290,941	

	By Age: 18+	483,688	
	Sum of age/sex disaggregates	774,629	
	Sum of sex disaggregates	774,629	
	Sum of age disaggregates	774,629	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	538,357	Redacted
	By Age/Sex: <15 Male	20,977	
	By Age/Sex: 15+ Male	188,791	
	By Age/Sex: <15 Female	32,859	
	By Age/Sex: 15+ Female	295,730	
	By Sex: Female	328,589	
	By Sex: Male	209,768	
	By Age: <15	53,836	
	By Age: 15+	484,521	
	Sum of age/sex disaggregates	538,357	
	Sum of sex disaggregates	538,357	
	Sum of age disaggregates	538,357	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	59 %	Redacted
	Number of	315,967	

	HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis		
	Number of HIV-positive individuals receiving a minimum of one clinical service	538,357	
C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	53 %	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	900	
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.	1,700	
	By Age: <18	72	
	By Age: 18+	828	
	Sum by age disaggregates	900	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened	92 %	Redacted

	for TB in HIV care or treatment setting		
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	495,000	
	Number of HIV-positive individuals receiving a minimum of one clinical service	538,357	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	3 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	16,060	
	Number of HIV-positive individuals receiving a minimum of one clinical service	538,357	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	45 %	Redacted
	Number of infants who received an HIV	16,794	

	test within 12 months of birth during the reporting period		
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	37,682	
	By timing and type of test: virological testing in the first 2 months	6,759	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	8,812	
C5.1.D	Number of adults and children who received food and/or nutrition services during the reporting period	141,266	Redacted
	By Age: <18	87,585	
	By Age: 18+	53,681	
	By: Pregnant Women or Lactating Women	30,882	
	Sum of age disaggregates	141,266	
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	109,078	Redacted
	By Age: <1	2,120	

	By Age/Sex: <15 Male	8,181	
	By Age/Sex: 15+ Male	31,087	
	By Age/Sex: <15 Female	8,181	
	By Age/Sex: 15+ Female	61,629	
	By: Pregnant Women	21,705	
	Sum of age/sex disaggregates	109,078	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	329,731	Redacted
	By Age: <1	3,989	
	By Age/Sex: <15 Male	18,135	
	By Age/Sex: 15+ Male	108,581	
	By Age/Sex: <15 Female	18,135	
	By Age/Sex: 15+ Female	184,880	
	Sum of age/sex disaggregates	329,732	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	85 %	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after	85,000	

	initiating ART		
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	100,000	
	By Age: <15	12,750	
	By Age: 15+	72,250	
	Sum of age disaggregates	85,000	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	140	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	8	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	519	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	279	

H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	2,847	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	7,192	Redacted
	By Type of Training: Male Circumcision	228	
	By Type of Training: Pediatric Treatment	24	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7166	Howard University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,100,000
9266	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	2,000,000
9276	National AIDS Commission, Malawi	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	900,000
9281	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	3,580,000
9882	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Agency for International Development	GHP-USAID	3,858,796
9883	Population Services	NGO	U.S. Agency for International	GHP-USAID	2,767,561

	International		Development		
10427	Malawi Blood Transfusion Service	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
10781	University of Malawi College of Medicine	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
11453	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	491,952
12105	Dignitas International	NGO	U.S. Agency for International Development	GHP-State	171,089
12106	Lilongwe Medical Relief Trust Fund	NGO	U.S. Agency for International Development	GHP-State	0
12107	Partners in Hope	FBO	U.S. Agency for International Development	GHP-State	3,000,000
12109	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	1,100,000
12110	University of Malawi College of Medicine	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,300,000

12111	Ministry of Health, Malawi	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,745,000
12112	JHPIEGO	University	U.S. Agency for International Development	GHP-State	0
12115	Project Concern International	NGO	U.S. Department of Defense	GHP-State	0
12116	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	90,000
12118	Banja La Mtsogolo	NGO	U.S. Agency for International Development	GHP-State	710,562
12119	Global AIDS Interfaith Alliance	FBO	U.S. Agency for International Development	GHP-State	344,943
12120	Save the Children US	NGO	U.S. Agency for International Development	GHP-State	264,926
12125	African Palliative Care Association	NGO	U.S. Agency for International Development	GHP-State	134,455
12126	Feed the Children	NGO	U.S. Agency for International Development	GHP-State	1,360,521
12130	Baylor College of Medicine Children's Foundation	University	U.S. Agency for International Development	GHP-State	1,065,984
12131	Christian Health	FBO	U.S. Department	GHP-State	700,001

	Association of Malawi		of Health and Human Services/Centers for Disease Control and Prevention		
12638	JHPIEGO	University	U.S. Agency for International Development	GHP-State, GHP-USAID	7,309,352
13027	FHI 360	NGO	U.S. Agency for International Development	GHP-State	100,000
13101	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-USAID	225,000
14113	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,445,936
14246	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	592,024
14249	Catholic Relief Services	FBO	U.S. Agency for International Development	GHP-State, GHP-USAID	2,795,999
14432	JHPIEGO	University	U.S. Department of Defense	GHP-State	300,000
14441	Lighthouse	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	1,787,325

			Prevention		
14442	BAOBAB Health Partnership	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,750,000
14443	United Nations Children's Fund	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	400,000
14448	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	2,153,776
15888	United Nations Children's Fund	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	579,514
16487	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State	400,000
16624	TBD	TBD	Redacted	Redacted	Redacted
16625	TBD	TBD	Redacted	Redacted	Redacted
16678	Management Sciences for Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,968,543
16704	TBD	TBD	Redacted	Redacted	Redacted
16706	TBD	TBD	Redacted	Redacted	Redacted

16707	TBD	TBD	Redacted	Redacted	Redacted
16716	TBD	TBD	Redacted	Redacted	Redacted
16764	TBD	TBD	Redacted	Redacted	Redacted
16794	JHPIEGO	University	U.S. Agency for International Development	GHP-State	1,000,000
16902	Northrup Grumman	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	100,000
17097	TBD	TBD	Redacted	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7166	**Mechanism Name: Howard University**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Howard University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,100,000	
Funding Source	**Funding Amount**
GHP-State	2,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: This investment is designed to directly contribute to high quality scale up of HIV treatment and PMTCT services through support essential laboratory programs. The Howard University Technical Assistance Project (HUTAP) primary objective activities in Malawi is to increase the Ministry of Health's (MOH) capacity to maintain and enhance its laboratory infrastructure in order to provide high quality HIV-specific as well as broader health services at the community, district and central health facilities levels. Support to these efforts is directly aligned with the National Laboratory Strategy, the National Action Framework (NAF) and is a focal area in the Malawi Partnership Framework (PF) and GHI strategy. These efforts focus on five priority areas: 1.Capacity building for laboratory staff, 2. strengthening the National Reference Laboratory, 3. Increasing access to laboratory services at point-of-care settings including support to pregnant mothers and babies, 4. Supporting procurement and supply chain management systems, and 5. Strengthening the Laboratory Management Information System (LMIS) to create a national laboratory infrastructure to support the country's growing demand for prevention, treatment and care programs for HIV/AIDS, TB, and broader health care services through pre-service and in-service training, human resource and infrastructure development, and quality assurance programs.

These efforts contribute significantly to the strengthening of HIV treatment and support; laboratory systems; health information systems; and human resource development focusing on strengthening the national HIV care and treatment program by providing technical assistance, procuring and placing laboratory equipment, building capability and capacity of laboratory services.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

TB

Budget Code Information

Mechanism ID:	**7166**		
Mechanism Name:	**Howard University**		
Prime Partner Name:	**Howard University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	1,000,000	
Narrative:			
Activity 1: Implement and Monitor Laboratory Quality Management Systems (QMS) programs ($100,000) HUTAP will increase the capacity for Ministry of Health (MOH), Christian Health Association (CHAM and Malawi Defense Force (MDF) hospital laboratories to carry out quality testing by supporting the quality assurance programs for HIV, CD4, Tuberculosis (TB) and Polymerase Chain Reaction (PCR) testing focusing on developing			

Standard Operating Procedures (SOPs) and guidelines for preparing quality control materials, and expanding the enrollment of laboratories in international External Quality Assurance (EQA) programs. In FY12, HUTAP will continue to implement the WHO AFRO Strengthening Laboratory Management towards Accreditation (SLMTA) program to prepare laboratories for accreditation.

Activity 2: Procurement of Equipment and Reagents and Supplies ($260,000)

In order to improve and extend the capacity of Early Infant Diagnosis (EID) and viral load, a more robust and automated technology for PCR will be required at the 4 major testing hubs. The capacity of laboratories to perform quality CD4 testing will be of paramount importance in FY12 and beyond to support the pre-ART program. HUTAP will ensure that reliable CD4 platforms are available at all facilities in the Northern region including the support for the National HIV Reference Laboratory, 4 District Hospital Laboratories and the laboratory training school at Malawi College of Health Sciences.

Activity 3: Provision of Service Contracts for Equipment ($100,000)

HUTAP has supported the MOH over the past eight years in the maintenance of equipment through the provision of service contracts particularly those procured to support PEPFAR supported sites. As more equipment is procured it will be necessary for the MOH to maintain the current agreements and purchase new ones as needed.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	40,000	0

Narrative:

Through this support Howard University will continue disease surveillance and drug resistance surveillance studies.The drug resistance study settings will include existing ones and new sites. This funding will also involve strengthening the Health Management Information System (HMIS) at all levels of service delivery to ensure quality data for decision making. Strategies to achieve this will include review of data standards, institutionalising technical structures for health information and consistent performance reviews of HMIS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	90,000	0

Narrative:

While all of the activities funded under this mechanism have a systems strengthening component, this proportion of the funding for this mechanism approximates the systems strengthening impact. Through this mechanism, Howard University will be supported to strengthen organizational and human capacity, to develop new policies and guidelines for the health sector, and to provide supervision and quality assurance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	40,000	0

Narrative:

HIV Testing and Counseling remain an integral part of the HIV response. It provides an entry point into various high impact interventions for HIV and AIDS such as ART, PMTCT and other facility and community-based programs. This mechanism will place significant emphasis on improving the quality of HTC in order to increase the proportion of people who receive accurate test results, and provide those who test HIV-positive with referrals to prevention, care and treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	640,000	0

Narrative:

With the scale-up of ART, EID, PMTCT, HIV counseling and testing (HCT), TB/HIV and malaria services, laboratory service to support these programs have increased in scope and complexity. Through PEPFAR funding, HUTAP will provide assistance in strengthening lab services in Malawi through pre-service and in-service training, building human resource capacity through technical assistance and mentorship programs, Quality Assurance (QA), and creating an enhanced laboratory infrastructure and support transportation specimens for CD4, TB, and HIV to testing facilities to facilitate diagnosis and disease monitoring.

Activity 1: Support the Scale-up of the National Sample Transportation Program ($400,000)

A robust sample transportation system will improve the delivery of samples and test results to lower level health facilities where lab capacity and transporting specimens is still a barrier for offering EID and viral load testing. CD4 testing is essential for assessing ART eligibility for HIV-infected pregnant women while DNA PCR testing for EID will ensure timely identification of HIV-infected infants and linking them to appropriate care and treatment. HUTAP will complete the scale-up of sample transportation in the remaining 4 districts in the Northern region where HUTAP is currently supporting in FY12. By the end of FY13, the sample transportation services will have expanded to about half of the districts in Malawi.

Activity 2: Support the implementation of Point of Care (POC) for CD4 testing: ($100, 000)

Use of Point of Contact (POC) for CD4 testing is an important aspect diagnosis and disease monitoring that will enhance MTCT and ART service provision. HUTAP will in FY12 implement the use of the technology in 4 health center in the Northern Region. In FY 13, HUTAP will expand the service to additional sites in the Northern region especially where both PMTCT and ART services are provided together in health centers and community/rural hospitals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	290,000	0

Narrative:
This mechanism will support the delivery of HIV treatment services through providing laboratory testing for immunologial and virological monitoring, as well as quality assurance, in a number of MoH facilities. HUTAP will also support ongoing training of laboratory workers and supervision. These inputs will allow for higher quality HIV care and treatment services.

Implementing Mechanism Details

Mechanism ID: 9266	**Mechanism Name: DELIVER**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: No	Managing Agency:

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHP-State	2,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The DELIVER project has been operating in Malawi since 2006 with the primary aim of strengthening the national health procurement and supply chain management (PSM) systems. DELIVER has assisted the MOH in key PSM strengthening activities such as improving quantification, supply planning and forecasting, commodity distribution, supervision, and logistics management information systems. These goals support the implementation of Malawi's Global Health Initiative (GHI) strategic priorities of reducing mortality and morbidity, as well as strengthening human resources for health and leadership, governance, management and accountability. PSM strengthening is also central to achieving the Partnership Framework Implementation Plan goals.

DELIVER's programs focus on strengthening PSM and logistics information and management systems primarily at the national level, with complementary activities at the zonal, district and facility level in selected areas. By investing in systems and human capacity, DELIVER seeks to increase the efficiency of PSM in Malawi while ensuring availbility of key commodities. Monitoring and evaluation activities include routine tracking and

dissemination of commodity availability over time and periodic progress reviews with the Government of Malawi and stakeholders. No additional vehicle needs are anticipated for FY12.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Malaria (PMI)
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**9266**		
Mechanism Name:	**DELIVER**		
Prime Partner Name:	**John Snow, Inc.**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	2,000,000	0
Narrative:			
Malawi's weak procurement and supply chain system continues to threaten access to health commodities and services which are key to the success of HIV prevention, care and treatment. Although HIV commodities are currently delivered through a parallel system, weaknesses in the national system continue to adversely affect the security commodities for treating HIV as well as related services such as family planning, malaria, and			

opportunistic infections.
Since 2006, the DELIVER project has been assisting various components of Ministry of Health's (MOH) procurement and supply chain management (PSM) system, helping to overcome significant barriers toward improving overall health governance, management and accountability in Malawi's health system. DELIVER addresses these barriers by providing both technical assistance for systems strengthening, as well as direct support to improve commodity security and availability for malaria, family planning, and maternal and child health services, and HIV treatment-related commodities (e.g., basic clinical supplies and drugs for opportunistic infections). Technical assistance focuses on strategic planning; quantification supply planning and forecasting; logistics management information systems and national stock status reporting; supervision; and supply chain-related policy and reform efforts.
FY12 OHSS funds will support these ongoing technical assistance efforts, including the placement of two senior PSM advisors to the Health Technical Support Services (HTSS) section of MOH, which oversees pharmaceutical policy and PSM systems. The advisors will support the MOH's effort to overhaul the health PSM system, particularly in the area of logistics management information systems and supervision. DELIVER will also continue providing ongoing support for national quantification and forecasting including for HIV commodities including condoms, ARVs and HTC kits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

PEPFAR Malawi plans to conduct up to 70,000 voluntary male circumcisions in the coming year. Given current weaknesses in the public sector supply system including the Malawi Central Medical Stores, Male Circumcision (MC) kits and all accompanying commodities such as drugs and tents will need to be received, packed, stored and distributed in parallel by independent agents. For the upcoming campaign, implementing partners providing VMMC services will manage the storage and distribution of MC kits and accompanying commodities once they are in the country. However, as commodities will be procured through SCMS and consigned to the US Embassy, an agent will be required to clear, receive, re-pack and store MC kits and commodities until they can be distributed to partners. Since 2006, the DELIVER project has been assisting various components of Ministry of Health's (MOH) procurement and supply chain management (PSM) system, and since late 2010 DELIVER has managed a parallel distribution system accountable for receiving and distributing US Government-procured malaria and family commodities directly to over 600 health facilities around the country. In addition, the DELIVER project is the delivery agent for essential drug kits procured by UNICEF which are being distributed to primary health care facilities around the country to address ongoing drug shortages. FY12 CIRC funds will enable DELIVER to facilitate the receipt and any necessary re-packing, storage and delivery of MC kits and relate commodities to implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	0	0

Narrative:

The long-term success of Malawi's PMTCT program depends in part on the availability of commodities for both HIV care and treatment and related services, This, in turn, requires a national procurement and supply chain management (PSM) system capable of both delivering, managing, and monitoring supply availability nationwide. Since 2006, the DELIVER project has been assisting various components of the Ministry of Health's (MOH) PSM system. In FY11, DELIVER assisted the MOH in the quantification and forecasting of key health commodities (including HIV test kits and drugs for opportunistic infections), conducted training of health workers on logistics management, and facilitated access to health facility stock and consumption data.

Malawi's new integrated ART/PMTCT guidelines (Option B+) have doubled the number of ART sites by extending services to all ANC clinics. Additionally, adoption of the 350 CD count threshold has increased the total number of HIV positive people who are eligible for ART. Both of these new policies will affect the demand for supporting commodities handled by the PSM system. In FY12, with PEPFAR and other health resources, DELIVER will second two senior PSM advisors to MOH's Health Technical Support Services Department, which oversees pharmaceutical policy and PSM systems. The advisors will support the MOH's effort to overhaul the health PSM system, particularly in the area of logistics management information systems and supervision. In FY12, DELIVER will also continue providing ongoing support for national quantification and forecasting for HIV commodities, including condoms, ARVs and HTC kits.

In collaboration with other stakeholders including the HIV Unit, DELIVER will support the MOH to effectively manage the health PSM system, improve the availability of data and monitoring, and strengthen supply management within the public system. USG support is aimed at strengthening the national system to reinforce and improve the efficiency of HIV commodity management efforts under the parallel system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

The continued scale-up of Malawi's successful HIV treatment program will not be possible without continued funding for ARV procurement and distribution from the Global Fund (GF). As part of GF's Phase II renewal decision of Malawi's HIV grant, more than 19 conditions were imposed. Malawi must meet several benchmarks to maintain compliance with the grant. Of those, the majority (12) were related to procurement and supply chain management (PSM) issues, underscoring the priority the GF places on Malawi's ongoing PSM reform process and the resolution of chronic system weaknesses. Particularly given the postponement of Round 11, Malawi's ability to meet the terms and conditions precedent for its ongoing grants will be critical for the future of the national treatment program.

Resources requested in FY12 will enable DELIVER to expand capacity-building, training, mentorship support, and

related technical assistance to the Government of Malawi (GOM) to better respond to GF concerns related to PSM. Priorities include direct support to respond to GF grant requirements, such as the development of strategies and plans of action to address PSM weaknesses. In addition, DELIVER will provide on-site support to strengthen the logistics management information system (LMIS) and related supervision structures by placing two technical advisors within the Ministry of Health's (MOH) pharmaceutical services section. Improved LMIS systems and processes will lead to enhanced data quality and availability within the PSM system, enabling Malawi to provide more reliable information for decision-making as well as reporting within the supply chain. *This assistance expands DELIVER's current areas of support continuing from FY11, focusing primarily on national level systems and institutions, but expanding support as needed to additional zones, districts, and facilities. Building the capacity of key actors within the system – from staff in the MOH's pharmaceutical services section to zonal, district, and facility level managers and supply clerks – will be key to enhancing national ownership and making sustainable improvements to the system.*

Implementing Mechanism Details

Mechanism ID: 9276	**Mechanism Name: National AIDS Commission, Malawi**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National AIDS Commission, Malawi	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 900,000	
Funding Source	**Funding Amount**
GHP-State	900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: This investment is designed to result in the quality scale up of HIV treatment, PMTCT and medical male circumcision services throughout Malawi through providing information for programmatic decisions and

supporting districts to use this information for effective decision making about how to spend scarce resources. In response to the HIV and AIDS epidemic and in the spirit of embracing a multi-sectoral approach, the Government of Malawi established the National AIDS Commission (NAC) in 2001, under a trust deed to provide leadership and coordinate the national response to HIV and AIDS in Malawi. NAC is responsible for coordinating all HIV and AIDS responses in the country and works closely with the HIV/AIDS Unit in the Ministry of Health (MoH) to develop policies and promote compliance with operational guidelines for all biomedical HIV prevention and care activities. The role of the Commission is to: 1) Guide development and implementation of the National Strategic Plan (NSP); 2) Facilitate policy and strategic planning at all level; 3) Advocate and conduct social mobilization in all sectors at all levels; 4) Mobilize, allocate and track health resources; 5) Build partnerships among all stakeholders in country, regionally and internationally; 6) Assure knowledge management through documentation, dissemination and promotion of best practices; 7) Map interventions; 8) Facilitate and support capacity building; 9) Lead monitoring and evaluation of the national response; and 10) Facilitate HIV and AIDS research. With PEPFAR funding, NAC takes a leading role in developing surveillance strategies, implementing HIV surveillance activities in the general population as well as high-risk groups, drug resistance monitoring, and carrying out important data dissemination.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000
Motor Vehicles: Purchased	100,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**9276**

Mechanism Name:	National AIDS Commission, Malawi		
Prime Partner Name:	National AIDS Commission, Malawi		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	750,000	0

Narrative:

Ia) Zonal HIV and AIDS Research and Best Practices Dissemination Meetings
The National AIDS Commission organizes national research and best practices dissemination meetings every year. The aim of such meetings is to enable stakeholders to share findings of various studies and surveys as well as best practices to inform programming. These meetings do not accommodate all important stakeholders especially those from the districts. Zonal dissemination meetings are therefore held to allow district staff access to data that would be important for planning various activities including interventions in HIV and AIDS.
b) Regional HIV and AIDS M and E refresher training and working sessions on Local Authority HIV reporting system
The National AIDS Commission (NAC) as a coordinator of the national response is responsible for capacity building of HIV/AIDS implementing agencies in the area of M and E among others. A nationwide comprehensive training on HIV and AIDS M and E for stakeholders was conducted in 2008. Due to high staff turnover, a refresher will be vital to ensure that HIV and AIDS data management is done by trained personnel consequently resulting in improved data quality. With the development of the new national HIV and AIDS Monitoring and Evaluation Plan-2011-2016, the data collection tool is one of the elements that has undergone some changes and therefore Local Authority officials responsible for reporting will have to be re oriented on the operation of the HIV and AIDS data base by conducting working sessions.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	0	

Narrative:

The benefit of male circumcision in Sub-Saharan Africa in reducing men from acquiring the HIV virus is compelling, as determined by randomized clinical trials conducted in South Africa, Kenya and Uganda all of which concluded that medical male circumcision (MMC) significantly reduces female-to-male transmission of HIV: South Africa (60%), Kenya (53%), and Uganda (48%). Current evidence also suggests that male circumcision is beneficial in risk reduction for sexually transmitted infections which are known to exacerbate both transmission and acquisition of the HIV virus. In Malawi, the male circumcision rate is low with little improvement noted from 2004 to 2010 (21% to 22%, respectively). HIV prevalence for circumcised men compared to uncircumcised men has not been in the anticipated direction [13.2 and 9.5, respectively (2004 DHS), 10.3% and 7.6%, respectively (2010 DHS).

Malawi has formally adopted VMMC as a key prevention strategy for HIV and delivery of MC services is currently being piloted in a number of districts. No doubt, the pilot will identify gaps in the current knowledge and practice of MC. To enable scale up of MC to other districts, NAC will conduct operations research to better understand confounding factors for uptake of MC in some settings, and to identify facilitating factors for uptake of MC in other settings. Results from such research will be used to ensure improved MC service delivery through adoption of strategies that focus on increased public awareness and improved service delivery through facility preparedness. NAC will support community and social mobilization (through trainings, production and distribution of IEC resources) and improved service delivery (through support for provider trainings to build MC capacity, and facility supportive supervision.

NAC will support and ensure: 1) technical support for supervision services to male circumcision and that providers report accurate MC data through onsite supportive supervision visits; 2) operational research on male circumcision; and, improved public awareness.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	

Narrative:

The uptake of HIV counseling and testing by Malawians is one of the country's success stories. Scale up of voluntary counseling and testing (VCT) activities in Malawi is evident from the initial two testing sites established in 1992 to 118 in 2004 to currently over 772 sites in the public and private sectors throughout Malawi. According to the 2010 DHS, almost 100% of women and men reported knowledge of where they could get an HIV test. However a smaller percentage (75% of women and 50% of men) had ever been tested and received their results. Couples testing is also considerabley low and requires scale up. Currently approximately 1.7 million tests are administered annually, achieved through multiple HCT entry points (PITC, FP, PMTCT, etc.). This number could increase significantly if inventory and stocklouts of test kits were appropriately managed, The decision to be tested for HIV serves as the first step and entry point into high impact HIV/AIDS interventions (e.g, ART, PMTCT, TB etc.); knowledge on ones HIV status has also been associated with safe sex practices and protection of ones HIV negative partner from infection. Having an understanding of HIV testings confounders and facilitators among missed and hidden or hard to reach populations throughout Malawi will help facilitate scale up of HCT services to individuals who are potentially at high risk for HIV infection. Implementation of Option B+ will address the currently low uptake of HCT among the pediatric population.

Under this mechanism, NAC will support impact evaluation studies for HTC programs being scaled up in Malawi to assess program effectiveness and efficiency, with a special focus on couple counselling and testing and low uptake, hidden and hard-to-reach populations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	150,000	0

Narrative:

Initiatives to improve prevention of mother-to-child transmission (PMTCT) of HIV during pregnancy, childbirth and breast feeding have been scaled up in Malawi overtime and have played an important role in reducing HIV prevalence. Option B+, a modified version of WHO Option B, is being implemented in Malawi and will provide ART to all pregnant women accessing PMTCT services for life, regardless of CD4 count. Implementation of Option B+ has resulted in an increase in ART sites from 450 sites in June 2011 to 650 in January 2012 and is expected to substantially increase the number of patients on ART. It is estimated that by 2015 the overall number of HIV infected people on ART will reach 550,000 and ART coverage for the pediatric population will have doubled to 60%.

NAC will support: 1) implementation and monitoring of Malawi's new Option B+ program to improve PMTCT service delivery and health care integration; 2) trainings, supportive supervision, and capacity building activities that ensure a high standard of service delivery provided by physician care providers, health surveillance assistants, lay counselors, community volunteers, and community based organizations; 3) expected increase in uptake of HTC (test and treat) through the purchase of HIV test kits; 4), PMTCT surveillance and assessment of the impact of the national PMTCT program and Option B+ to improve effectiveness and efficiency, and to identify new priority activities to reduce the rate of MTCT; 5) outcome evaluation of the number of children born HIV negative from HIV positive mothers and assessment of impact of Option B+ on population transmission, 6) drug resistant monitoring of both mothers and infants, 7) ANC sentinel surveillance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	

Narrative:

The scale up of care and treatment in support of Malawi's new national ART guidelines to initiate ART at CD4 < 350 instead of 250, and implemention of Option B+ are estimated to significantly increase treatment coverage. As of June 2011, the GoM was providing ART to 277,000 person; it is expected that coverage will almost double by 2015 to 550,000. The proposed integrated, continuum of care service delivery model will require interventions that address system strengthening, capacity building, and supportive supervision.

Under this mechanism NAC will 1) support SI activities that aid in facilitating service delivery and understanding of the impact treatment and care services, 2) support the MoH in strengthening data capturing systems (e.g., HIV registries, etc.)

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	PDTX	0	

Narrative:

Malawi has a high burden of pediatric HIV disease. Of the approximate 1,000,000 PLWHA in Malawi, 20% are children under age 15, the majority of which were infected via MTCT. It is expected that continued scale up of the national ART program and implementation of PMTCT Option B+ program in Malawi will lead to an increase of ART patients to 550,000 by 2015 with coverage of children increasing from 30% to 60% in the next 2-3 years. Pediatric prospective HIV drug resistant monitoring is important in assessing performance of ART and will continue to be supported by NAC to ensure timely and appropriate treatment regiments. Additionally, as proposed by a US-based interagency team of seven consultants from the PEPFAR Adult Treatment and Pediatrics/PMTCT Technical Workgroup (OGAC, CDC, and USAID), a comprehensive, in-depth evaluation of Malawi pediatric program will be conducted to inform scale up of the past year's activities. NAC will provide TA and support for the evaluation.

Implementing Mechanism Details

Mechanism ID: 9281	**Mechanism Name: I-TECH**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 3,580,000	
Funding Source	**Funding Amount**
GHP-State	3,580,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: This mechanism is critical in directly contributing to the scale up of high quality HIV treatment, PMTCT (through the strategic placement of Technical Advisors and Fellows in MOH) and VMMC services in Malawi.

Without this mechanism, Malawi would not have been able to effectively scale up PMTCT and HIV treatment services in the past 5 years. I-TECH's strategies, priorities, and areas of focus align with the PFIP, the Malawi GHI Strategy, and the Malawi Health Sector Strategic Plan 2011-2016. I-TECH's programming is responsive to the national agenda in part because of its central role in providing Technical Assistants, fellows and general program support to the MOH HIV and AIDS Department. These seconded staff bring technical expertise to MOH HSS initiatives (quarterly supervisory facility visits, clinical mentoring, tracking of in-service training data, electronic data systems, HMIS, operations research) and the roll out and scale up of important public health interventions, such as Option B+, integrated care (TB/HIV, PMTCT/HIV), and more rigorous quality assurance of HIV care and treatment. I-TECH is proposing in FY12 a gap analysis to inform the development of a capacity building strategy specific to the Department, with recommendations informing appropriate skills mix and adequate numbers of personnel to provide essential public health functions at the national level. I-TECH is also active pre-service technical assistance, and is working with other entire partners supporting the nurse midwife technician (NMT) program to build skills, knowledge, resiliency, process mechanisms and organizational capacity in CHAM colleges and the Nurses and Midwives Council of Malawi. ITECH will purchase 2 trucks for VMMC outreach and 2 vehicles to transport outreach teams.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	930,000
Renovation	67,500

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	9281		
Mechanism Name:	I-TECH		
Prime Partner Name:	University of Washington		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	100,000	0

Narrative:

Special support will be given to the implementation of 2011 national guidelines introducing Isoniazid preventive therapy in the pre-ART program and early ART initiation in co-infected patients using a new ART regimen. As a further measure of strengthening TB/HIV integration, I-TECH TAs and fellows will focus on strategies for improving effectiveness of routine TB screening of all patients in pre-ART and ART clinics. Also, additional numbers of TB officers will be trained and certified as integrated PMTCT/ART/TB providers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

I-TECH provides to the MOH Department of HIV & AIDS essential staffing and technical expertise, and IT-related operations and infrastructure for routine data collection. Activities align with Year 2 of the PFIP.
Devise national standard system and M&E tools for integrated follow-up for HIV exposed infants and pre-ART services for 'Family HIV Care' and Under Five Clinics: The national HIV response lacks a standardized system to ensure effective identification and follow-up of HIV exposed infants and of pre-ART interventions for children and adults . I-TECH Technical Assistants (TAs) and fellows, with MOH HIV program officers, are scaling up and consolidating M&E and reporting systems for: pre-ART care, 'Option B+' for PMTCT, identification and enrolment for follow-up of HIV exposed infants, early infant diagnosis and treatment, and a revised Child Health Passport. These data will facilitate monitoring of access to HIV care and treatment and PMTCT program outcomes.
Roll-out of Point of Care Electronic Data Systems (EDS) at health facilities for ART and other HIV services:
I-TECH staff will assist with coordination and supervision of the roll-out of EDS for ART through the provision of technical assistance to implementing partners to ensure adequate design of software and database architecture, and oversight of the integrated PMTCT/ART guidelines (i.e., modules for ANC, exposed child follow-up and pre-ART) into the existing EDS.
Implement national database for reporting in-service HIV trainings: I-TECH will provide technical guidance and on-going support to the Department and partners in customizing and maintaining TrainSMART, a specialised database application, as a central repository for participant registration and tracking of trainings, with support from the NAC and the MOH.
Establishment of a central M&E database for HIV programs integrated into the HMIS: I-TECH staff will assist with

the establishment of a central health facility inventory linked to a GIS.
I-TECH directly funds salary and benefits of 1 M&E TA, two M&E fellows, two IT fellows, and M&E related costs for Department.
Indicators: M&E tools developed for integrated management of HIV; same tools captured in HMIS/EDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	990,000	0

Narrative:

TA Positions: USG requested Logistics Technical Assistant: Develop supply chain systems to ensure accurate forecasting of Global Fund supported ART, drugs for opportunistic diseases and HIV test kits and mentor MOH logistician, pharmacy technicians and HIV fellows. Global Fund Technical Assistant: The Global Fund (GF) Liaison officer is seconded to the MOH Planning Department and provides grant management oversight of fund disbursements for HIV and AIDS, malaria, TB, and HSS. Lighthouse Trust requested Technical Assistant: LH proposes secondment of a clinician with research skills to conduct clinical and programmatic evaluations to improve quality care for public sector ART patients.
HIV Fellowship: The non-degree HIV fellowship programme builds leadership and technical competencies of exceptional Malawian professionals to support the national HIV program, including HIV treatment, care and support services, M&E, and HMIS.
Family Medicine: The College of Medicine proposes I-TECH TA to enhance implementation and success of its new Family Medicine module via: a training module for preceptors; a rapid needs assessment of attachment sites; curriculum review; and PBL self-study modules for students and preceptors.
Build Organizational Capacity of the Nursing and Midwifery Council of Malawi: I-TECH plans to: strengthen essential regulatory functions, e.g. accreditation, licensure and support for continuous professional development (CPD) activities; database development for accreditation and CPD; syllabus revision for RN cadres.
Baseline NMT Competency Assessment: In order to assess impact of its capacity building efforts with the NMT program at the CHAM colleges, I-TECH proposes conducting a baseline of recent graduates' performance using knowledge and skills exams, and written case scenarios.
Gap Analysis: I-TECH plans a gap analysis to inform the development of a capacity building strategy for the MOH HIV and AIDS Department. The recommendations will help to routinize management systems, and describe appropriate skills mix and adequate numbers of personnel to staff essential public health functions at the national level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,400,000	0

Narrative:

ITECH will provide support to Malawi's newest HIV prevention strategy: Voluntary Medical Male Circumcision (VMMC). ITECH will provide direct service delivery support to scale up MC in Lilongwe District. This effort will utilize multiple service delivery models including high volume outreach sites, low volume static sites, and high volume static sites. These efforts will be in collaboration with other CDC partners including MOH, CHAM and MACRO.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	400,000	0

Narrative:

Human capacity development in the management of HIV and PMTCT for adults and children: The I-TECH Technical Assistant for Care and Treatment (C&T TA) and fellows at the MOH Department of HIV and AIDS will guide and support the roll out of Malawi's 'Option B+' for PMTCT through development of SOPs for the different levels of health facilities, and by supporting site supervision and the clinical mentorship program to ensure maximum access and retention of pregnant women to lifelong ART. Three prongs are essential to this effort: screening for HIV exposure at U1 clinics, enrolment for exposed children follow up to 24 months, and Option B+ follow up for mothers at ART sites. In collaboration with other partners, I-TECH will support planning, implementation, analysis and dissemination of evaluations of the implementation and impact of Option B+ in Malawi. This will provide an exciting opportunity for the Malawian I-TECH fellows to gain practical experience in conducting public health program evaluations while being directly involved in shaping the national program based on strategic information.

See HXTS for a description of the clinical mentoring program.

See HVSI for a description of FY2012 TrainSMART activities. The Department is currently utilizing TrainSMART to track the integrated HIV/PMTCT trainings conducted by the MOH and other implementing partners.

I-TECH directly funds salary and benefits of two TAs (C&T, M&E), two HIV fellows, two M&E fellows, and two IT fellows, all of whom sit at the MOH Department of HIV and AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	450,000	0

Narrative:

Technical assistance to the MoH Department of HIV and AIDS in support of expansion of ART service delivery: The I-TECH Technical Assistant for Care and Treatment (C&T TA) will provide ongoing assistance to the Department in overall capacity building in HIV national clinical programming, encompassing expansion of integrated PMTCT/ART services and related HCW training, conducting quarterly supervision to support quality of service delivery, and mentoring of the senior management team and fellows seconded to the Department. In Q2 FY2011, CDC requested I-TECH to provide salary support for a new Logistics TA position who will guide forecasting, quantification, costing, procurement and distribution of ART/OI/STI drugs and HTC test kits; this set of

responsibilities has to date been fulfilled by the C&T TA. Development of human capacity for the management of HIV and PMTCT in adults & children: I-TECH staff work from within the Department to provide oversight, coordination, and quality assurance support to the national clinical mentoring (CM) program for zonal and district scale up of new ART and PMTCT guidelines, and are active in the C&T TWG per CM development. I-TECH will contribute curriculum and M&E tools for Mentoring of Mentors (MoM) strategy, and will explore feasibility of developing distance learning based CPD units for HCWs to reinforce and expand clinical knowledge necessary for effective ART/PMTCT integration. Mentoring of fellows: I-TECH supported HIV fellows bolster the capacity of the Department to develop, maintain, and monitor HIV programming. The C&T TA will provide ongoing support to fellows to build their technical HIV clinical management and administrative skills (strategic planning, workplanning, report generation, operations research). I-TECH directly funds salary and benefits of 1 C&T TA, two HIV fellows, and some Department related training and clinical mentoring costs. Indicators: Per clinical mentoring, and dependent on C&T TWG stakeholders, consider one-year review of implementing partners specific to coverage, quality, and successful resolution of systems issues.

Treatment Scale-up: USD 400,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	40,000	

Narrative:

ITECH will provide support to MOH in strengthing pediatric ART programs including the follow-up of HIV-exposed infants through preART care and scaling up early infant diagnosis (EID). ITECH will provide technical support for the monitoring of pediatric ART scale up at ART clinics, and ensure pediatric treatment is included in quarterly supervision visits coordinated by MOH with ITECH technical support

Treatment Scale-up: USD 100,000

Implementing Mechanism Details

Mechanism ID: 9882	**Mechanism Name: JHCOM GHAI - 12159**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,858,796	

Funding Source	Funding Amount
GHP-USAID	3,858,796

Sub Partner Name(s)

Corporate Graphics	Galaxy Media	National Association of People Living with AIDS in Malawi
Pact Malawi	Save the Children in Malawi	Story Workshop
The International HIV/AIDS Alliance	YONECO	

Overview Narrative

BRIDGE II (B2) is a 5-year agreement designed to promote normative behavior change to decrease HIV prevalence in the adult population in Malawi. B2 activities will strengthen individual perception of HIV risk and self-efficacy to prevent HIV infection; mobilize communities to adopt social norms, attitudes, and values that reduce vulnerability to HIV; link prevention interventions to services; and support Malawian institutions for effective leadership and coordination. In 2014, B2 community-based activities will reach 75% of the adult population – 25% through direct contact in small group discussions and approximately 50% through community-wide events and trainings – in southern Malawi, which has the highest HIV prevalence rate in the country. Additionally, B2 mass media campaigns have the potential to reach at least 45% of the adult population in the country with multiple exposures. B2's activities are aligned with and contribute to reduction of new HIV infections, one of the priority areas of USG support under the PFIP and the GHI Strategy.

To address sustainability, B2 both mentors and advocates for innovative and effective programming by working with government, civil society, and the private sector. The intention is to transfer capacity to design, implement, monitor and evaluate social and behavior change communication (SBCC) programs by the end of the project to all levels of government and civil society. B2 also works with district administrations to help them plan more accurately for integrated SBCC in their annual District Implementing Plans (DIP). B2 has an extensive M&E plan building on a baseline survey, a quantitative and qualitative mid-term evaluation, as well as checklists to address minimum standards for community level interventions.

Cross-Cutting Budget Attribution(s)

Gender: GBV	641,881
Gender: Gender Equality	2,910,349

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Workplace Programs

Budget Code Information

Mechanism ID:	**9882**		
Mechanism Name:	**JHCOM GHAI - 12159**		
Prime Partner Name:	**Johns Hopkins University Bloomberg School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	350,000	0

Narrative:

Within the national response, limited capacity of national, district and community partners continues to be a major barrier to rollout of HIV prevention efforts. One of the intermediate results for B2 is the strengthening of Malawian institutions for effective leadership and coordination of HIV prevention. B2 is implementing a community referral model and promoting services using Community Referral Agents (CRA). The CRAs make home-visits, conduct talks with individuals and families, and make referrals to services such as HTC, PMTCT or VMMC, as needed. B2 successfully piloted a community referral model which increased registration in service utilization with 4,693 people linked to HTC, family planning and adherence support. In FY12 and FY13, B2 will scale-up and strengthen community referral additional districts. In FY11, B2 completed a baseline Organizational Network Analysis (ONA) assessment of NGOs and CBOs in all the 11 districts to assist in identifying networking, linkage gaps, and challenges. The combination of the ONA and the mapping process jointly form one of the keystones in B2's holistic approach to creating meaningful community and normative change. In FY12, B2 will review the findings and facilitate development of a package for CBO network strengthening. Best Practice Conferences provide an avenue for CBOs and other district partners to share best practices for possible scale up. In FY11, B2, in partnership with

PACT, organized district-based best practice conferences in three B2 districts to bridge the knowledge-transfer gap from the national to the district level. In FY12, B2 will scale-up implementation of the best practices conferences to all the districts. In FY11, B2 initiated discussions with the Ministry of Health and Malawi Teacher Professional Development Support (MTPDS) to develop an HIV curriculum for teachers. In FY12, B2 will develop the curriculum and collaborate with MTPDS for roll out in Teacher Development Centers. As part of strengthening behavior change competency, B2 is collaborating with Africomnet to introduce a "Gender and HIV" course into the University of Malawi, Chancellor College. In FY12, B2 will link the college with Africomnet and support introduction of the course.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	279,590	0

Narrative:

B2 will support Voluntary Male Medical Circumcision (VMMC) communications development and implementation through multi-level communication platforms in all districts and Traditional Authorities slated for VMMC roll out (Mulanje, Phalombe and Thyolo). In FY11, B2, worked with the PEPFAR service delivery partner, and participated in a pilot campaign in 3 TAs in Mulanje district through the production and distribution of a video on VMMC, focusing on a young couple who decided to have the man go for VMMC. The video has been incredibly successful in motivating men to go for testing, almost exceeding capacity to respond to the demand.

In FY12, B2 will play a leading role in implementing community-level activities to support USAID's plan for scaling up VMMC in Mulanje, Phalombe and Thyolo districts by working closely with Banja La Mtsogolo (BLM), PSI and other USG service delivery partners. B2 will facilitate targeted community mobilization and demand creation, advocacy and community referral to VMMC services using the Community Action Groups (CAGs), Village Discussion Groups, and traditional leaders to help link community members VMMC services.

Targets for B2 are entirely dependent upon the targets set by the service delivery providers. In the Mulanje pilot, Ministry of Health and MCHP anticipated just over 5,000 circumcisions. On early evidence from Mulanje, there is huge untapped demand for VMMC in all B2 districts. CIRC is also covered under P8.5D for community-wide events, P10.2D for workplace, P12.1D for norms about masculinity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	902,046	0

Narrative:

Within the past year, B2 reached saturation of 75% of the adult population with evidence based community risk-reduction programs in 62 Traditional Authorities in all the 11 target districts. B2 addresses community issues through its sub partners' complementary approaches as follows: Faith-based Organizations address HIV

prevention through couples counseling; Story Workshop Education Trust trains local drama groups in interactive drama and produces a weekly 30 minute reality-based national radio program available on 10 stations; National Association of People Living with HIV/AIDS in Malawi through their support groups address stigma, positive living, and prevention for positives using Hope Kit, Positive Prevention and African Transformation (AT) toolkits; Youth Network and Counseling trains local facilitators who use the Hope Kit, Tasankha Discussion Guide and AT to help youth develop personal risk reduction strategies, address gender norms and female vulnerability; Save the Children builds capacity of District AIDS Coordinating Committees, Area Development Committees/Community Mobilization Teams and Community Action Groups (CAG) to use Community Action Cycle (CAC) to address community issues; PACT conducts organizational network analysis to assess community-based organizations network linkages and identify areas to be strengthened; and HIV Alliance links people to various services through a community based referral model.

Wtih FY12 funds, B2 will facilitate communities to take collective action to prevent HIV by increasing advocacy efforts with the District Health Office (DHO), Area Development Committee/Community Mobilization Teams, Traditional Leaders Forums and CAGs to ensure leaders support the community's response to HIV prevention and testing. High functioning communities will support neighboring communities to implement CAC process. B2 will train districts structures and CAGs to collect and disseminate their own local service data to communities, and continue working with DHOs to better integrate social and behavior change communication into District Implementation Plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	992,463	0

Narrative:

The National HIV Prevention Strategy (2009-13) identifies multiple and concurrent sexual partnerships, discordancy in long-term couples, low and inconsistent condom use, and late initiation of HIV treatment as some of the key determinants of HIV infection. B2 identified and works with large scale employers in the tea estates in B2 districts as their workers constitute some of the Most at Risk Populations (MARPS). Employees in these estates are at higher risk because of their conditions of employment, notably, high density single sex housing and available cash, making transactional sex easier to negotiate. B2 also works with populations in market centers in all 11 districts, mostly with MARPs as part of the larger population. B2 does face-to-face referral services in 4 districts for the general population including MARPs.

Through FY12 and FY13, B2 will continue to mobilize communities, conduct community referrals and use transformative tools such as the Hope Kit, Tasankha Discussion Guide, and Positive Prevention Toolkits to provide an avenue for communities, employees in estates, and people in market places to discuss and identify risk reduction measures. B2 will work with employers in tea estates and plantations to scale up HIV prevention activities and

advocate for more services such as HTC, condoms and support for voluntary male medical circumcision among employees within the tea estates.
HVOP is also covered under P8.5D for community-wide events, P10.2D for workplace, P12.1D for norms about masculinity and P8.6D and P8.7D for mass media.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,334,697	0

Narrative:

BRIDGE II (B2) supports Malawi's priorities in HIV prevention programming by expanding Option B+ to build on previous years' activities. In FY11, BRIDGE II promoted Option B+ at the community level through various materials, toolkits, small group discussion guides, and electronic media (e.g., the national weekly flagship radio program). These activities will continue in all B2 communities. B2 will increase the exposure of individuals and communities in all B2 districts to Option B+, with an increased focus on having all pregnant women visit ANC services earlier in their pregnancy, get tested for HIV, and, if HIV positive, agree to antiretroviral therapy (ART) for life.
B2 will integrate issues of gender norms and male involvement into the discussion around Option B+. Through targeted B2 activities, men will be supported to participate in couple testing and to support their wives if ART is necessary. B2 will also work closely with the new PEPFAR-funded Support for Service Delivery (SSD) project to integrate Option B+ materials into the integrated toolkits and message guides, which the SSD project is expected to develop to support roll out in the SSD implementation districts.
The promotion of demand for PMTCT Option B+ services is contingent upon the availability of test kits and allocated ARVs in the B2 districts. Demand cannot exceed providers' capacity to deliver services. There have been and are currently severe shortages of test kits in these districts, so this intervention will be need to be monitored closely to ensure services have the necessary kits at all times.
PMTCT is a part of all project activities and communication tools produced and used at the community level. As such, there are no separate targets but rather fall within P8.1D and P8.2D where all the small groups take place, P8.5D for community-wide events, P10.2D for workplace and P8.6D and P8.7D for mass media.

Implementing Mechanism Details

Mechanism ID: 9883	**Mechanism Name: Prevention for Populations and Settings with High Risk Behaviors**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,767,561	
Funding Source	**Funding Amount**
GHP-USAID	2,767,561

Sub Partner Name(s)

Pact Malawi		

Overview Narrative

The EBT-Prev project focuses on implementation of HIV prevention activities in settings and populations with high-risk behaviors. Using a robust research approach with "at-risk" populations, the project implements combination prevention (CP) interventions designed to increase adoption of safer sexual behaviors under the branded campaign: "Tsankha Lingalira Sankha -Think about It, It's your Choice".

EBT-Prev works with vendors, fishing communities, plantation workers (all male & female, 20-49), Men who have Sex with Men (MSM), and Female Sex Workers (FSW) in 20 Priority Prevention Areas (PPAs) distributed geographically throughout Malawi. PPAs are in the Northern Region: Karonga boma, Mzuzu City, Nkhatabay boma; Central Region: Dwangwa, Lilongwe Old Town, Likuni, Mchinji boma, Salima boma; and Southern Region: Thyolo, Mulanje, Nchalo, Bangwe, Ndirande, Lunzu, Mwanza, Cape Maclear, Zomba, Liwonde, Makanjira, Maldeco.

In line with national strategic priorities, including: 1) support for effective rollout of the integrated ART/PMTCT program (FP, couples HTC, male involvement, PMTCT, GBV, and partner reduction) within high prevalence settings and among key populations, 2) scale out of VMMC as part of risk reduction activities, and 3) increased attention to women's vulnerability to HIV, EBT-Prev delivers a package of mutually reinforcing interventions, including behavior change communications, condom programming and access to HIV service across the continuum of care. In addition, EBT-Prev will provide comprehensive VMMC services within two targeted districts building on existing communications and referral activities.

Cross-Cutting Budget Attribution(s)

Gender: GBV	558,474
Key Populations: FSW	1,047,139
Key Populations: MSM and TG	349,046

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's legal rights and protection

Mobile Population

TB

Family Planning

Budget Code Information

Mechanism ID:	**9883**		
Mechanism Name:	**Prevention for Populations and Settings with High Risk Behaviors**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	0	0

Narrative:

In FY12, PSI will provide voluntary medical male circumcision (VMMC) services in Thyolo and one urban district (Blantyre) at scale. PSI will ensure that VMMC services follow established best practices from the region, utilizing dedicated resources, dedicated staff, outreach approaches and other approaches that maximize volumes and efficiencies. Quality assurance activities, including development of protocols, quality assurance checklists, and other appropriate measures will be addressed. PSI proposes to establish six dedicated teams that operate on an outreach basis from tented mobile facilities to provide 9,000 VMMCs over the first three months, offering HTC and condoms onsite. An existing referral network to HIV treatment and care services will be offered to HIV+ men. PSI

will work in close partnership with BRIDGE II to provide technical leadership around VMMC communications planning, as well as training support to partners on the ground. Immediate priorities are finalization of the national communications strategy, materials, and branded VMMC services. All existing BCC interventions (TOC, IPC, peer education, and mass media) will integrate VMMC messages into existing communications activities within all priority prevention areas (PPA) with targeted community mobilization activities implemented for saturation districts. VMMC services will be integrated into the already established referral networks in each PPA and will provide specific VMMC training to service providers to encourage uptake of services, as required. All undertaking associated with VMMC service provision will be implemented as directed by MOH, as appropriate. In FY13, PSI will continue to deliver VMMC services and associated quality assurance and communications activities to provide 36,000 VMMCs. PSI will continue to collaborate with BLM and others to ensure adequate future VMMC service delivery capacity to enable Malawi to achieve established VMMC targets as more funds become available. PSI will clear, store, and distribute centrally-procured commodities to lead partners within targeted districts. Warehouse capacity will be assessed and upgraded to meet standards for storage of commodities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	300,000	0

Narrative:

PSI will use FY12 and FY13 funds to implement a combination of prevention interventions with vendors, fishing communities, plantation workers (male & female, ages 20-49), MSM, & FSW in 20 targeted priority prevention areas (PPA). Interventions are designed to address underlying behaviors and social norms that support concurrency and low condom use -- taking into consideration prevailing gender dynamics that influence men and women's participation in such behaviors -- and link populations to service uptake (couple HTC, PMTCT, FP, ART, VMMC, and GBV.)

Targeted outreach communications will intensify interpersonal communication educational events and interactive audiovisual shows to focus on risk awareness and to promote adoption of safer sexual behaviors in PPA. Sessions will explore risks of MCP and discordancy to promote condom use and couples HTC, and align with available SRH and HIV services. Gender-specific challenges are addressed through same sex sessions and community wide discussions of GBV. Messaging will promote uptake of PMTCT, VMMC, FP, and couple HTC services as part of the existing branded communications campaign to provide a consistent and recognizable communications vehicle with messages rotating over time. Members of all target groups will receive two evidence-based interpersonal communication (IPC) sessions per quarter for small-group skills-based education. IPC messages will be packaged as part of the ongoing branded communications campaign. The campaign will use radio to reinforce BCC messages delivered through other activities. EBT prevention communication activities are linked to referral network activities to increase access to HIV services among target groups.

Quality assurance is a priority. Messaging will be developed centrally and disseminated by trained staff with quarterly support and supervision. Standardized materials are developed centrally and used at PPA level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	643,093	0

Narrative:

Access to services across the HIV continuum of care, with particular emphasis on access to HTC services is a critical component of a combination prevention approach to HIV. As such, PSI will continue to deliver improved access to such services through the referral networks developed in each PPA for vendors, fishing communities, plantation workers (all male & female, ages 20-49), MSM, and FSW who engage in concurrent partnerships and low condom use.

With FY12 funds, PSI will implement the following activities: with PPA referral networks established in previous fiscal years, PSI will focus HVCT activities on the support and supervision of the referral network with particular emphasis on the monitoring and evaluation of the referral process, as well as a determined focus on quality assurance of services provided. The promotion of HTC services among identified target populations will be achieved by utilizing a range of communications activities and by linking such activities to local healthcare services and by strengthening local HTC provision through a PACT Malawi partner, MACRO, with dedicated responsibility to provide HTC services within PPAs under EBT prevention. Targeted teams will conduct quarterly HTC community mobilization activities with MACRO to create demand for HTC services and to supply HTC services respectively.

Referral networks will address the needs of survivors of gender-based violence (SGBV) by training service providers to screen for GBV and to refer SGBV to appropriate services, including Post Exposure Prophylaxis (PEP) as needed. Effective referrals within established networks will maximize opportunities for MARPs to access a range of required services, including VMMC, FP, PMTCT, GBV-related services, as well as HTC services.

With FY12 PEPFAR funds, PSI will implement the following activities: PSI will continue to work with local structures and partners to support and supervise improved access to HIV services with particular emphasis on tracking referrals through the effective M&E processes. The key roles of couple HTC, VMMC, FP and PMTCT services will continue to be highlighted through BCC activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,549,945	0

Narrative:

Targeted outreach communication teams will intensify BCC activities with target groups in PPAs to promote couples HTC, PMTCT, FP and VMMC services. IPC activities will reach members of all target groups with two evidence-based IPC sessions per quarter for small-group skills-based education. Messaging on correct condom use,

male involvement, discordancy and service uptake will be delivered as part of the branded campaign which provides a consistent and recognizable communications vehicle with messages rotating quarterly. Radio spots will be used to reinforce messages delivered through other activities. Peer-based FSWs interventions will be revamped to address holistic needs including risks around sex with a "trusted partner" and access to comprehensive PMTCT services, including family planning. Peer "queens" are trained for female condom promotion and links to focused HTC, GBV screening and referral. MSMs, reached through trained peer IPCVs, will address MSM-specific needs including condom and lubricant distribution and access to trained MSM-friendly services. Condom use promotion includes maximizing the number of socially marketed condom outlets in PPAs; working with local DHOs to facilitate adequate supplies of free public sector condoms; procuring an improved male condom to meet consumer needs; and with UNFPA co-funding, promote and sell CARE female condoms. Consistent condom use will also be part of the VMMC service package. To streamline the existing referral system, IPC volunteers will be trained as referral agents using a central facility hub to track referrals. Specific activities will focus on improving the quality of counseling by health service providers to enhance access to GBV, VMMC and PMTCT services within PPAs. Quality assurance is promoted by standardized materials developed centrally and disseminated by highly trained staff with quarterly support and supervision in each PPA. For population targets, see HVOP Budget Code Narrative Table in the document library.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	274,523	0

Narrative:

"Most at risk" women's broader SRH needs are often forgotten in spite of high HIV prevalence in their communities. Female sex workers, women engaged in MCP and transactional sex in estates, fishing communities, and markets, are at high risk for unintended pregnancies, and mother to child transmission. With the scale out of the new PMTCT/ART treatment guidelines, these populations need to understand the benefits of family planning (FP), and if pregnant, early ANC, HIV testing with partner, and preparedness of life-long treatment for HIV+ mothers.

In FY12 and FY13, PSI's EBT prevention strategy will integrate key PMTCT messages and ensure referrals to FP and PMTCT services into all communications activities under the branded campaign within the targeted PPAs. Quarterly messages will promote uptake of PMTCT services, address male involvement in family planning, and promote uptake of services as a couple. Community HTC events will emphasize the importance of couples testing, and ensure efficient referrals for all women that test positive. Promoting disclosure and adherence support will be part of communications activities with referrals to community based care and support services.

EBT prevention will strengthen linkages with PMTCT services in all PPAs through its developed referral network activities. Service providers will be trained on the importance of HIV+ pregnant women, being referred for and accessing PMTCT services.

With leveraged funds, EBT prevention, will expand access to their social marketed family planning methods within PPAs. This will provide opportunities to complement informed choice about family planning with community based FP distribution. Peer-based female sex workers interventions will integrate messages about family planning options and PMTCT services and linked to focused HTC, GBV screening and referrals to HIV services. *Quality assurance is promoted by messaging being developed centrally and disseminated by trained staff with quarterly support & supervision.*

Implementing Mechanism Details

Mechanism ID: 10427	**Mechanism Name: Malawi Blood Transfusion Service**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Malawi Blood Transfusion Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: Prevent new HIV infections due to HIV in blood products, by strengthening the national safe blood system and expanding it to national reach. MBTS Trust was established by the MOH in 2004 as Malawi's national blood service. MBTS receives core operating support from MOH and NAC. Start-up funding was provided by the EU, and PEPFAR provided $1 million in funding since FY06 to develop capacity in hospital blood banks, train health workers in the safe clinical use of blood, and develop a national QA scheme and guidelines. A new PEPFAR co-ag (FY11) supports expansion of MBTS' reach to meet all national blood needs and develop comprehensive

quality systems. MBTS' overall objective is to reduce the incidence of HIV and other diseases, through a safe, adequate and accessible supply of blood products and its appropriate clinical use. Blood is collected from voluntary non-remunerated donors, screened for infections, processed into components and supplied to hospitals for transfusion to patients. MBTS' safe blood supplies have increased 10 fold since 2004 to about 50,000 blood units annually. Despite completion of a national network of MBTS centers in 2010, challenges remain, including inadequate donor supply and high prevalence of TTIs in donated blood. There is a need to strengthen blood testing, M&E, and the QA system. MBTS must also address new objectives, including hemovigilance and national disaster management. Evidence based approaches will support MBTS to develop sustainable capacity to make safe blood supplies readily available to all in need. Expected outputs include 100% quality assured testing of donated blood nationally, safe blood supply reaching WHO standards, and an MBTS quality system accredited under international standards.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**10427**		
Mechanism Name:	**Malawi Blood Transfusion Service**		
Prime Partner Name:	**Malawi Blood Transfusion Service**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	1,000,000	0

Narrative:
MBTS is a Malawi Trust established by MOH in 2004 to operate national blood donation and transfusion services. MBTS currently meets only about 55% of the national blood demand, and its quality system is not fully developed. The overall objective of the five-year project under PEPFAR support is to develop the donor base to meet the supply of 100% of the country's safe blood needs and ensure implementation of an internationally accredited quality system "from vein to vein", all by 2016. USG support complements funding from the MOH and National AIDS Commission to support MBTS. Program objectives for the next two years include the following: *1. Expand MBTS operations to meet 70% of the need nationally for safe and quality-assured blood products. Technical assistance in blood donor mobilization will be engaged and a KAPB survey will be completed to guide the development of evidence-based strategies for mobilization of blood donors. Other strategies include strengthening monitoring and evaluation, and improving the testing and test result feedback routines for all blood donors.* *2. Improve the quality system and work towards achieving international accreditation. Technical assistance will be engaged to support developing a comprehensive quality system, and the national quality assessment program (NQAS) will be extended to cover 15 more hospital blood banks (HBB). Additional activities will improve the infrastructure of MBTS and HBB through rehabilitations, equipment provision, implementing the national blood policy and guidelines, and training of all personnel involved in the blood transfusion chain.* *Blood donor programs support other public health interventions in HIV prevention, and identify HIV-positive individuals for enrollment in HIV care and treatment. MBTS places cost-effectiveness and sustainability at the center of strategy and implementation planning. This cooperative agreement is aligned with a broader MBTS strategic plan to support attainment of national needs as outlined in the Malawi Growth and Development Strategy, the Health Sector plans (Health Sector-Wide Approach) , the HIV –AIDS National Strategic Plan, and the Malawi Government's Partnership Framework with USG.*

Implementing Mechanism Details

Mechanism ID: 10781	**Mechanism Name: GoM/HSS/GHAI**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Malawi College of Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: This investment is designed to achieve health impact in the short and long-term by improving the efficiency, quality, effectiveness, equity and sustainability of PMTCT, HIV treatment and VMMC health services, through improved leadership and management at the central, zonal and district levels. The goal of this program is to develop leadership and build management capacities among senior and middle-level public health managers in Malawi through a Fellowship program for graduates with a Master's Degree and a mentoring program for existing managers at District level.

Malawi has major shortages of key human resources especially in leadership positions to manage an increasingly complex national HIV/AIDS program. Malawi decentralized its health delivery system and transferred powers, functions and decision-making responsibilities to the district level with substantial independence of the central level. However, the decentralized health sector faces challenges due to inadequate leadership and management skills among public health managers across all levels as identified in MOH's Health Sector Strategic Plan (2011 – 2016). The program is intended to train the next generation of leaders and provide an initiative of coaching and mentoring of local Malawian public health managers to improve leadership and management capacity. The program supports the Malawi National Action Framework (NAF) Objective 2.1 (To improve the capacity of the health care system to manage HIV and related disease diseases) and Goal IV of the Partnership Framework - To provide targeted, discrete systems strengthening in five key areas (laboratory services, health information systems, human resources, procurement and supply chain management, and health finance).

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	100,000
Human Resources for Health	400,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**10781**		
Mechanism Name:	**GoM/HSS/GHAI**		
Prime Partner Name:	**University of Malawi College of Medicine**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	500,000	0

Narrative:

The Fellowship Program provides financial and mentoring support to local Malawians with a Masters degree and the potential to take up leadership positions in the public sector and NGOs. 25% of the fellowship time is spent at the University and 75% in the field for two years. Graduated fellows, increase the number of new eligible local Malawian candidates for management and leadership positions in the health system within a medium to a long term future. Independent external examiners review the courses and standards to ensure high program and outputs quality. So far, the program has recruited twelve (12) fellows and intends to recruit additional 4 fellows.

The management capacity building program targets public health managers who are serving in leadership and managerial positions in the District Health Management Teams (DHMTs), supervisory Health Support Zone offices and other senior managerial positions in the health sector. The Health Managers, while in their workplaces, participate in management and leadership workshop trainings and are mentored through support visits to ensure that they apply the skills they acquired in workshops. The program empowers local health managers with better management and decision-making skills, and creativity and innovation in problem-solving as well as process improvement. These officials, in turn, optimize the functionality of the decentralized Malawi health system and this contributes to Malawian ownership and long term sustainability of the entire health service delivery system.

The National Steering Committee (NSC), co-chaired by the MOH and CoM and comprising of key stakeholders, oversees the programs and provides guidance by identifying priority areas and reviewing the performance of CoM.

With FY12 funds, the program will facilitate two meetings of the NSC; present abstracts at local and international conferences to share experiences with others; support 12 fellows, conduct short courses as well as provide on-the-job coaching and mentoring; and mentor 50 Zonal Health Managers in all 5-health zones and 250 District Health Managers who will, in turn, mentor 420 District Health Program Coordinators in all 28 District Health Offices.

Implementing Mechanism Details

Mechanism ID: 11453	**Mechanism Name: Peace Corps Volunteers**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 491,952	
Funding Source	**Funding Amount**
GHP-State	491,952

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps Malawi's goals in HIV programming are to promote safe behaviors and practices, empower communities to care for OVC and PLWHIV, and strengthen local assemblies' response systems. In order to achieve these goals we will continue to pursue an integrated, holistic approach to HIV/AIDS prevention, treatment, and care. This approach involves 100% of the PCV community and interventions vary depending upon their sector, location and primary responsibilities. We will focus on key ABC prevention efforts aimed at adolescent and youth, particularly girls; we will promote evidence based prevention interventions such as testing and counseling, male circumcision, and PMTCT targeting their respective audiences. PCVs will support OVC and PLWHIV through the creation, as appropriate, and support of care and support groups, training of care givers, particularly with respect

to pediatric and adolescent health care needs, and providing linkages of needs to resources and services. Additionally Peace Corps will strengthen its system strengthening interventions with and expansion of Response Volunteers at District Assemblies and select partner NGOs to assist in decentralization efforts and their efforts to map, organize, and coordinate activities in their districts, as well as developing, implementing, and assessing HIV/AIDs workplace policies and programs.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	49,223
Education	116,504
Gender: GBV	116,504
Gender: Gender Equality	372,625

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
Malaria (PMI)

Budget Code Information

Mechanism ID:	**11453**		
Mechanism Name:	**Peace Corps Volunteers**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	42,443	0

Narrative:

Volunteers will be trained on the importance of testing and counseling and working with their counterparts, health workers and community members will actively promote testing and counseling services in their communities, and refer interested parties to testing centers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	65,000	0

Narrative:

Peace Corps Volunteers and their counterparts will be trained to fully understand needs of OVC, adolescents and youth LWHIV and the resources available to them. Working with caregivers and care groups Volunteers will provide or arrange service through linkages within the communities. With special focus on girls, Go Girls initiative will be integrated into Volunteer community level activities.

Through specialized training in activities such nutrition, perma-gardening and IGA development and strengthening, Volunteers will work to strengthen the resiliency of families caring for OCV and PLHIV.

Volunteers will also use existing grant mechanisms to fund small projects that compliment and reinforce their interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	76,884	0

Narrative:

Peace Corps Response Volunteers will be placed at District Assemblies and select NGOs to engage in the following activities:

Co facilitation of participatory strategic planning exercies to enable data driven planning and financing;

Assessments of the institutional capacities of host organizations to better understand outcomes and facilitate annual planning;

Faciliating sharing of best practices and mapping of partner HIV/AIDS activities and programs;

Developng, implementing and assessing district level HIV/AIDS workplace policies and programs;

Strengthening referral systems at the district level

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

In conjunction with Ministry of Health and USG partner sanctioned campaigns, Peace Corps Volunteers will work toward increasing demand by promoting voluntary male circumcision as an evidence based HIV prevention method.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	193,095	0

Narrative:

The principal activites are aimed at the promotion of behavior change focusing on abstinence and being fatihful, . Activities will include training for all Peace Corps Volunteers and their counterparts on prevention activities such as initiating Hope programs in their communities, training community members to support and maintain the programs, organizing girl's empowerment programs in parternship with the Ministry of Education in promoting Camp Glow and Go Girls activities, etc.

Volunteers are trained in and conduct Life skills education in communities and schools. Volunteers will further expand on these activities by using VAST grants to support their community interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	114,530	0

Narrative:

Through direct support to pre-service and in-serve training events for all Peace Corps Volunteers and their counterparts across the three sectors: Health, Education, and Environment; Volunteers and their counterparts will attain knowledge and experience in life skills training and facilitation, the proper use of Hope Kits in conjunction with their activities, identification and use of traditional natural medicines.

Volunteers will further expand on these activities by using VAST grants to support their community interventions. As these grants are based on application it is not possible to detail into the HVOP table at this time.

Implementing Mechanism Details

Mechanism ID: 12105	**Mechanism Name: Support for Health Systems Strengthening and HIV/AIDS Service Delivery in Malawi's South-East Zone**

Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Dignitas International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 171,089	
Funding Source	**Funding Amount**
GHP-State	171,089

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The program is designed to accomplish the highest standard of health and well-being in Malawi by pursuing 3 objectives:
a. Reducing new HIV infections; b. Improving treatment, care and support for people with HIV/AIDS; and, c. strengthening health systems.
Implementation will be in the South-East Health Zone districts of Balaka, Machinga, Mangochi, Mulanje, Phalombe and Zomba; combined population of greater than 3.1 million people.

Beneficiaries fall into 3 categories:
a. Front-line healthcare workers
b. Health systems supervisors and managers
c. The population of the South-East Health Zone

The program is designed to build sustainable, locally owned capacity and increased autonomy during a finite time-span. Services are delivered through the existing system, rather than building a parallel system. The program has been planned through consultation with MOH officials at all levels. This has made it possible for partners to incorporate innovations, while remaining consistent with goals/implementation plans developed under the Malawi National Action Framework.

Dignitas will conduct routine, integrated M&E to assess program impact on health outcomes and cost-effectiveness. The capacity of the ZHO, DHOs and health facilities will be bolstered in data collection and analysis for decision

making. There will be evaluations at key points in the intervention cycle: baseline assessment including health-service gaps and training needs assessment of District Health Supervisors; mid-term audit of Supervisor support program; annual audits of clinical programs; and, an end-of-term evaluation compiling lessons learned and intervention outcomes.

Cross-Cutting Budget Attribution(s)

Gender: GBV	50,000
Gender: Gender Equality	48,600
Human Resources for Health	59,881
Renovation	16,438

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
Child Survival Activities
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**12105**
Mechanism Name:	**Support for Health Systems Strengthening and HIV/AIDS Service Delivery in Malawi's South-East Zone**
Prime Partner Name:	

	Dignitas International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	17,110	0

Narrative:

B. Budget Code: HBHC: Adult care and Support
Activity One: Adult Care and Treatment at Tisungane Clinic & HRH: Dignitas will continue to manage Tisungane ART Clinic at ZCH (with targets of 33,900 Pre-ART patients by end of FY 2012/39,900 by end 2013, and 23,500 ART patients by end of FY 2012/29,500 by end of 2013). Activities include the management of a Healthcare Worker Clinic and the training and management of Expert Patients (in-service training and mentorship of 28 by end of FY 2012). Outreach for new clients is done by training staff to conduct education and community sensitizations. Patient retention is supported by defaulter tracing. Referrals between sites, including specialist HIV consultation services, are managed by the development of a district wide referral system (see Budget Code -OHSS). Program M&E includes quality improvement initiatives in addition to collection and analysis of routine programmatic data. These activities also support research studies that will help to answer important clinical and programmatic knowledge gaps, such as optimal timing of ART in TB-HIV co-infection and the incidence of ART toxicity and side effects.

Activity Two: Building Healthcare Worker Capacity Through Innovative Clinical Tools and Training: Scaling-Up of STAT-PALM+ to the Zone – In Zomba District, with support from the Canadian International Development Agency (CIDA), Dignitas is presently undertaking a project to facilitate the integration of HIV/AIDS and TB care with primary care through activities that build sustainable capacity in the district health system. The project is an innovative in-service training curriculum for healthcare workers that focuses on a set of integrated symptom- and sign-based primary care guidelines. In South Africa, this combination has been shown to promote higher-quality evidence-based practice, expand access to care, reduce misdiagnoses/inappropriate treatments, and enhance staff satisfaction/confidence. The scale-up is not anticipated to commence until the final quarter of FY 2012. Therefore, deliverables during the period FY 2012 are coordination meetings with DHOs and DHMTs (3 by end of FY 2012), reproduction of training materials, and training of 12 Trainers.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	8,554	0

Narrative:

D. Budget Code: HVTB care: TB/HIV
Activity One: Integration of TB/HIV –Dignitas will facilitate the integration of TB/HIV screening and care at each district hospital, and will continue to staff and manage an integrated TB/HIV clinic at Zomba Central Hospital. TB/HIV integration will also be incorporated into other trainings and meetings. These activities support the MoH

and partner organizations in achieving the goals of the national TB strategy, and the integration focus supports sustainability of the program over time. TB/HIV clinical outcomes will be integrated in the electronic database to facilitate high quality data for review, reporting and tracking progress. Integration of TB/HIV at each district hospital in the zone will also include a contribution to site refurbishment (3 by end of FY 2012 and 1 by mid-2013).

Key Issues include Health-Related activities (Child Survival Activities; Safe Motherhood; TB); Gender (increasing women's legal rights and protection; increasing gender equity in HIV/AIDS activities and services; addressing male norms and behaviors; increasing women's access to income and productive resources); and Workplace Programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	17,109	0

Narrative:

G. Budget Code: PDCS Care: Pediatric care and Support

Activity One: Early Diagnosis and Treatment of Pediatric HIV Infection: Pediatric ART and Supporting HIV+ Adolescents – Due to its rapid progression, it is imperative to follow-up on HIV exposed infants, promptly diagnose HIV infection, and quickly initiate appropriate treatment. Dignitas will support the MOH Early Infant Diagnosis (EID) and Pediatric ART programs through supportive supervision and mentorship activities. The EID program's main focus is to strengthen laboratory support/diagnostics for pediatric clients. This will include development of logistics plans to transport DBS samples for DNA PCR testing, assessment of HC and hospital needs, and development /implementation support of the zonal scale-up of PCR testing.
A Teen Club for HIV+ adolescents will empower them to build positive relationships, improve their self-esteem and acquire life skills through peer mentorship, adult role-modeling and structured activities (to reach 360 adolescents by end of FY 2012 and 500 by end 2013). In ZCH, adolescents will be provided Pre-ART and ART services along with peer education and support for transition to adult HIV care.
Provision of ongoing mentorship in pediatric ART at decentralized ART sites in the zone (15 by end of FY 2012 and 20 by end of 2013) will strengthen available services.

Activity Two: Child Care and Treatment at Tisungane Clinic & HRH – Refer to Budget Code HBHC: Adult Care and Support and Budget Code HTXS Treatment: Adult Treatment for an overview of the activity and deliverables. Clinical care for HIV+ child patients not yet qualifying for ART will be provided (5,800 by end of FY 2012; 6,790 by end 2013), as well as care of ART patients (4,000 by end of FY 2012; 5,015 by end of 2013). By end of FY 2012 900 patients will receive registration, counseling and initiation of beginning ART, and another 900 by end of 2013.
Activity Three: Support for ART Decentralization- Refer to Budget Code HTXS Treatment: Adult Treatment for an overview of the activity and deliverables, which focus on training, supervision, improving quality of care and

strengthening health services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	10,265	0

Narrative:

Budget Code: HLAB Laboratory Services

Activity One: Lab Capacity – At ZCH, a Dignitas Lab Technician will continue to provide lab services, mentorship for quality assurance, and training in CD4 testing. A senior Dignitas Lab Technician will serve as Lab Services Coordinator, and will provide mentorship and training to lab staff in other facilities across the zone. The team will work to establish efficient and effective workflows governing daily and weekly laboratory procedures, managing incoming orders, managing incoming and outgoing data. Stock management, including record-keeping and forecasting, procurement of supplies, and timely communication with colleagues regarding stock-outs, will be improved. Protocols for on-site and decentralized testing, especially CD4, DNA PCR, and hemoglobin, will be established and followed. CD4 testing for Pre-ART patients, HIV-exposed infants over 12 months, and monitoring of patients on ART cohort will be scaled up. Other efforts will focus on improving quality and efficiency of laboratory services in general.

Activity Two: Access To and Uptake of Lab Services – In addition to PMTCT clients, increased availability and uptake of CD4 testing will facilitate monitoring of the pre-ART cohort to ensure timely initiation of ART, and may enable earlier diagnosis of treatment failure among the ART cohort. In order to ensure sustainable, accredited laboratory services, the program prioritizes technical assistance to optimize the quality and throughput of service in existing MOH facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	8,554	0

Narrative:

I. Budget Code: HVSI Strategic Information

Activity One: Strengthening Supervision and M&E Capacity – Health systems M&E in the South-East Zone is rudimentary and hampered by gaps and overlaps in reporting. This is an urgent action area, given the rapid decentralization of ART care to rural health centers and the need to monitor clinical outcomes. Dignitas will support national capacity building to collect, manage, analyze and use data, and support broader M&E initiatives. A key start to these activities will be the collaborative development of functional district and zonal supervisory structures and processes with regard to supervision of service delivery, the referral system, and M&E. This will include assessments to determine the needs of supervisors, and a subsequent assessment and revision of supervisory tools, curriculum and training. Specific training of HSA supervisors through outreach training mechanisms and the

development of appropriate structures and tools will also be a focus. Supportive supervision/quality assurance will include : on-the-job training for Supervisors; monthly and quarterly reviews of ART, TB/HIV, HTC, and PMTCT data collected at health centers; quarterly mentorship of District ART, TB, HTC, PMTCT, and HBC Supervisors to promote appropriate supervision of service delivery, and collection of M&E data; routine supervisors' meetings to exchange lessons learned, best practices, and challenges, and to share /interpret data; and a collaborative mentorship project that will conduct program quality control audits, discuss results at dissemination meetings and incorporate lessons learned into district and zonal implementation planning process.

Activity Two: Health Management Information Systems (HMIS) – Specific activities include the adoption of unique patient identifiers, the incorporation of patient-level TB, HTC and PMTCT data in the Tisungane database, and the implementation of an electronic medical records system, facilitating integration of non-ART and ART data (i.e. Activity One above). Baobab electronic medical records system will be adopted at Tisungane Clinic and 2 additional site in Zomba, with planned roll-out to district hospitals across the zone.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	6,844	0

Narrative:

J. Budget Code: OHSS Health Systems Strengthening

Activity One: Strengthening Systems for Referral, Patient Tracking, and Follow-up – With other stake holders, Dignitas initiated the development of a referral system for Zomba District. A series of tools and processes was developed to strengthen links between communities and health facilities, to empower healthcare providers to make appropriate referrals, to close incomplete referral feedback loops, and to rapidly identify and trace ART defaulters/pre-ART patients/HIV-exposed infants lost to follow-up. Key activities include quarterly task force meetings, the roll-out of the referral system in Zomba district, an analysis of patient tracking in Zomba with development of the tracking system , engagement with Community Health Centre Committees, and quality assurance. These activities will be disseminated to the remaining 5 districts in SEZ, and followed up with an audit to quantify and qualify the performance of the system.

Activity Two: Improved Pharmacy Management – Dignitas Pharmacy Coordinator will provide mentorship to district and health center pharmacies. Involvement in the districts will improve existing deficiencies in supply management and utilization of stocks. The key activity of supportive supervision will include: management of supplies of ARVs, drugs for the treatment of opportunistic infections, and HIV test kits; establishment of effective protocols and tools to facilitate communication; ART sites accurate projection of stock needs, timely procurement, and adherence to MOH safeguarding protocols.

Activity Three: Strengthening Coordination – In all districts, Dignitas will seek to improve coordination among stakeholders in the short-term, and build the capacity of health systems managers to accomplish this goal in the future. The key activity is supportive supervision to ZHO and DHOs, including development of the HIV-related program components for the yearly District Implementation Plans (DIPs). Semi-annual meetings with ZHO and DHOs will review implementation progress and support planning for the coming months, and quarterly reviews of progress and challenges with ZHO and DHMT staff on a quarterly basis will complement these meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	8,554	0

Narrative:

E. Budget Code: HVCT Care: Counseling and Testing
Activity One: Counseling and Testing – Basic HTC services are well developed in Zomba District. In the five other districts in the Zone, Dignitas will assist DHOs in completing the scale-up of basic HTC services (20 sites by end of FY 2012 and 15 sites by mid FY 2013). The national quality assurance program will be included in these efforts. Additional activities include training, assessment, provision of non-medical supplies, sensitization to reach target population and the establishment of protocols. HTC services use the national algorithms and include client-initiated and provider-initiated testing, as well as couples testing, pediatric testing, and involvement in local and national "Know Your Status" campaigns. Initial training of HTC counselors will reach 50 by end of FY 2012. Refresher training of counselors will reach 30 by end of FY 2012 and 70 by mid 2013, the latter of whom will receive training in pediatric HTC and/ or couples counseling. Care providers will be sensitized to the need for PITC, and provided with the knowledge necessary to implement it and to make appropriate referrals. 1,000 IEC materials will be provided for 8 HTC sites running youth friendly health services. Protocols to identify and track infants in need of HIV testing will be established. Non-medical supplies will be provided.
Regular M&E is conducted to national standards, and annual operational audits are planned. Assessment to determine the need for additional mentorship and/or supportive supervision in coordination and clinical practice will be included in this. HTC supervisors meetings for 72 supervisors will be held quarterly. Linkages to care, treatment and prevention services will be supported through development of a referral system (see Budget Code -OHSS).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	42,772	0

Narrative:

A. Budget Code: MTCT Prevention: PMTCT
Activity One: Improved Early Uptake of ANC and HTC Services – In order to provide the most effective PMTCT care, women need to be tested for HIV prior to 14 weeks gestation, requiring early access to services. Facilities will offer a male friendly environment facilitating couples counseling and testing. Mother-baby pair follow-up and

support mechanisms will be facilitated using Mother to Mother support groups. Expert patient programs will facilitate the retention of HIV positive pregnant women and their new born babies. Deliverables will include: scaling-Up HTC services in the Zone (20 sites by end of FY 2012 and 15 sites by mid FY 2013); mobilization of HTC, PMTCT and ART providers to promote HTC/ Early ANC to their clients and to test them directly (580 by end of FY 2012); community sensitization sessions (15 by end of FY 2012 and 15 by end 2013); production and dissemination of service maps and directories (6 by end of FY 2012); and, establishment of quality assurance processes to track whether ANC attendees have been tested for HIV, and to follow-up with those not tested.

Activity Two: Improved Access to PMTCT care & Perinatal HTC – PMTCT providers will be supported and trained to prescribe and manage Option B-plus with the new single dose regimen for HIV positive pregnant women and their HIV exposed infants.
Deliverables will include: provision of clinical care and support for HIV positive pregnant women on ART (3,000 by end of FY 2012 and 3,145 by end 2013); clinical care and support for ART patients (33,900 by end of FY 2012 and 39,900 by end 2013); initial training for PMTCT providers (20 by end of FY 2012 and 20 by 2013) and refresher trainings (60 by end of FY 2012 and 30 by end of 2013); CD4 Testing (20 facilities by end of FY 2012 and 15 by end 2013); mobilization of PMTCT providers to practice PITC in the perinatal period (240 by end of FY 2012 and 180 by end 2013); targeted support/integrated supervision/intensive mentorship visits to PMTCT providers (240 by end of FY 2012 and 180 by end 2013); implementation of semi-annual meetings of PMTCT providers (2 by end of FY 2012 and 2 by end 2013); and, provision of ongoing quarterly mentorship and support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	34,218	0

Narrative:

C. Budget Code: HXTS Treatment: Adult treatment
Activity One: Adult Care and Treatment at Tisungane Clinic: Refer to Budget Code HBHC: Adult care and Support for an overview of the activity: Activities include PEP (100 by end of FY 2012; 150 by end 2013); registration, counseling and initiation of patients (6,000 by end of FY 2012; 6,000 by end 2013); and procurement of non-medical supplies. Clinical outcomes are tracked and evaluated monthly through an electronic data base. Adherence to ART is monitored through self-report at each clinic visit and adherence counseling is a component of each clinical interaction. Loss to follow-up patients will be traced by HSAs. Along with supportive supervision and intensive mentorship schedules, HCW will be provided in-service/refresher trainings to develop their skills and knowledge.

Activity Two: Support for ART Decentralization: To expand equitable access to care, it is vital to enable local health centers to provide basic ART-related services. Through training, mentorship, community sensitization and supportive supervision, Dignitas will support the DHOs to provide these services. Quarterly meetings of ART

providers in Zomba District will provide a forum for information exchange. All Health Centres will receive supportive supervision for HIV-related services during quarterly visits, including ART/OI clinical management, PMTCT, HTC, data management (including use of the pre-ART register), management of drugs and supplies, and TB/HIV integration.

Activity Three: Increased Access to Early Maternal HAART – Women testing HIV+ can radically reduce the chances of passing on HIV to their babies by using Option B-Plus. For further follow up of pregnant women, activities will ensure access to CD4 testing (13 sites by end of FY 2012; 20 sites by end of 2013). District laboratory staff will be mentored, as well as designated lab supervisors from the DHO, to ensure the quality of CD4 testing (including semi-annual supervision visits to test sites).

Activity Four: Building Healthcare Worker Capacity through Innovative Clinical Tools and Training: Scaling-Up of STAT-PALM+ to the Zone: refer to Budget Code: MTCT prevention: PMTCT for an overview of the activity and deliverables.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	17,109	0

Narrative:

F. Budget Code: PDTX Treatment: Pediatric Treatment

Activity One: Child care and treatment at Tisungane Clinic- Refer to Budget Code HBHC: Adult care and support and Budget Code HTXS Treatment: Adult Treatment for an overview of the activity and deliverables, with focus on the provision of PEP and the procurement of non-medical supplies. Dignitas will contribute to the scale-up and increasing enrollment of HIV positive children into ART care with provision of treatment and prevention of OIs and HIV/AIDS related complications. Health care providers will be trained and mentored to be well-equipped in managing HIV positive children. Monitoring and evaluation of pediatric programs will be conducted to improve quality of service provided at health facilities with pediatric ART service provision. In ZCH, adolescents will be provided Pre-ART and ART services along with peer education and facilitation of adolescents transitioning into adult HIV care. The capacity of health facilities to provide Early Infant Diagnosis will be improved through scaling up of Provider initiated HIV testing and counseling. Provision of DBS transportation to laboratory sites that perform DBS and facilitation of transportation of CD4 samples for pre-ART and ART children will improve care. In order to improve the long-term outcome of children on ART, continuous counseling on adherence to treatment will be provided along with defaulter tracing using HSAs in the health facilities. A nutritional assessment tool will be utilized in order to link children who need nutritional support using routine anthropometric measurements and referral to Nutrition Supplementation Unit. Procurement of pediatric drugs and nutritional support are provided through national mechanisms.

Activity Two: Support for ART Decentralization- Refer to Budget Code HTXS Treatment: Adult Treatment for an overview of the activity and deliverables, which focus on training, supervision, improving quality of care and strengthening health services. Decentralization of ART services promotes integration with routine pediatric care and maternal health services.

Implementing Mechanism Details

Mechanism ID: 12106	**Mechanism Name: Lilongwe Medical Relief Trust Fund**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Lilongwe Medical Relief Trust Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Elizabeth Glaser Pediatric AIDS Foundation		

Overview Narrative

The Safeguard the Family (SGF) cooperative agreement aims to improve the quality and impact of current PMTCT service delivery (SD) systems and increase linkages with ART and other MCH and FP services. The project will target and safeguard the entire family- the HIV+ pregnant women, their partners, and HIV-exposed infants and children under five in Lilongwe, Ntcheu, Dedza, Mchinji and Dowa districts. SGF is expected to counsel and test 153,000 pregnant women and their families for HIV every year for 3 years within the entire catchment area; provide HIV care to 30,000 HIV+ women and their infants; and improve SD in all targeted facilities. SGF offers its services in "one-stop shops" thereby supporting the GHI principle of integrated support for SD. Additionally, SGF will focus on incorporating emerging technologies to increase patient retention rates and follow up and reduce infant diarrheal rates, decrease the MTCT transmission rate during delivery and breastfeeding, and reduce the time

between eligibility for ART and initiation of treatment for mothers and their infants.
To achieve these goals, SGF will train and mentor MOH staff at the district and health center levels in the implementation, supervision, and quality assurance of the comprehensive PMTCT services to increase local ownership and ensure long-term sustainability. The activities directly contribute to priority areas of USG support under the Partnership Framework and GHI Strategy in the reduction of maternal, neonatal and child mortality and morbidity and, ultimately, the reduction of new HIV infections. Through its sub-grantee, the Elizabeth Glaser Pediatrics AIDS Foundation (EGPAF), SGF will implement a robust M&E system that will facilitate data collection, supervision and mentorship.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12106**		
Mechanism Name:	**Lilongwe Medical Relief Trust Fund**		
Prime Partner Name:	**Lilongwe Medical Relief Trust Fund**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	MTCT	0	0

Narrative:

SGF is operating in 5 districts covering a total of 130 sites and targeting 153,000 women, their spouses and infants each year. Since the program started in February 2011, the number of sites covered has expanded from 41 to 130. The project's accomplishments to date include a health facilities assessment to identify issues and prioritize resources and interventions; scaling up interventions in the entire catchment area; training personnel in PMTCT/ART integration; and facilitating the introduction of HAART as part of the Option B+ strategy with the aim of providing universal ART to pregnant women and their children within the antenatal setting. The program has also been working to improve quality of life among those affected through the provision of nutritional support.
SGF targets for FY12 and FY13 are 150,370 and 165,407, respectively, pregnant women seeking antenatal care. In order to achieve these targets, the program will continue to provide training for health care workers in all target districts, strengthen collaboration with key partners on scaling up, intensifying mentoring and supervision of service providers to ensure quality service provision, intensify community mobilization activities including the need for male involvement and to extend the project's interventions beyond the level of facility. Communities will be engaged to take part as a way of ensuring service continuity.
Through participation in the technical working groups for PMTCT/ART, SGF will continue to build capacity at national and regional levels by continuing to train health care workers at zonal, district level and clinical site level. On a monthly basis, the program conducts clinical mentorship to all 130 sites. SGF will continue to offer its services in "one-stop shops." PMTCT services are integrated within the maternal and child health program thereby reducing inefficiencies. The integration of PMTCT services with antenatal care, family planning, under-five care including vaccination, infant diagnosis and TB case finding reduces unit cost per patient.

Implementing Mechanism Details

Mechanism ID: 12107	**Mechanism Name: EQUIP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Partners in Hope	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,000,000	
Funding Source	**Funding Amount**

GHP-State	3,000,000

Sub Partner Name(s)

Baylor College of Medicine Children's Foundation	Elizabeth Glaser Pediatric AIDS Foundation	University of California at Los Angeles

Overview Narrative

Partners in Hope (PIH) Medical Center, a local faith-based non-governmental organization, continues to improve the quality of HIV care in Malawi by increasing the capacity of Christian Health Association of Malawi (CHAM) and MOH facilities to deliver quality HIV services in the Central West Zone and Northern Region. These interventions include strengthening linkages within the continuum of care and treatment, greater integration of services, and conducting operational research to promote better programming.

The project objectives, which are aligned with the PFIP goals, are to: reduce new HIV Infections by improving the quality and uptake of PMTCT and ART services; improve the quality of treatment and care for Malawians living with HIV; and support systems strengthening and linkages between services and health facilities. PIH achieves these objectives by building the capacity of health care workers through training, follow-up mentoring and supportive supervision of sites, and implementing the integrated ART/PMTCT program (Option B+ 'test and treat' approach and decentralization of ART). Additionally, PIH provides laboratory support and strategic information support to health facilities to improve their diagnostic and data management capacities.

Capacity building of health workers and health facilities is at the core of PIH's program approach to ensure sustained improvement in quality of services. In order to foster efficiency and effectiveness in its program design and implementation, PIH processes enable regular review of its work. All programmatic shifts at a health facility are done in close consultations with district health officials.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	50,000
Human Resources for Health	1,050,000
Motor Vehicles: Purchased	114,528
Renovation	30,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

TB

Family Planning

Budget Code Information

Mechanism ID:	12107		
Mechanism Name:	EQUIP		
Prime Partner Name:	Partners in Hope		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	300,000	0

Narrative:

In FY13, EQUIP will continue its support to four hospitals and eight health centers in the central and northern region to improve quality of pre-ART care and effective linkage to ART and other health services. It's expected that 12,316 individuals will receive at least one care service.

EQUIP will conduct regular in-service training and clinical mentorship visits to these health facilities and aims to build the skills of health providers on the diagnosis and management of opportunistic infections (OI), staging of patients, provision of CPT, nutritional assessment, etc. Malawi's new guidelines for the clinical management of HIV promote the concept of HIV Care Clinic (HCC) – an integrated and family-centered approach to providing HIV services. EQUIP will assist health facilities in the implementation of the HCC model including provider-initiated counseling and testing (PITC) for family members of HIV positive clients.

PIH will continue implementing the full package of Prevention with Positives (PwP) and refine tools and systems to make the delivery (and documentation) of these services more effective and efficient. The inclusion of PwP outputs in the Baobab electronic data system (due to be implemented in early 20112) will improve the delivery and monitoring and evaluation of this service. In FY13, EQUIP will support 7,600 PLHIV with a minimum package of PwP.

EQUIP will help all sites integrate the basic package of reproductive health services and family planning outlined by the Ministry of Health. In-service training in family planning, as well as STI diagnosis and treatment, is a part of the curriculum for training at EQUIP-targeted CHAM sites. EQUIP will work with health facilities and district

health offices to strengthen linkages with community-based care programs and ensure effective referral to and from health facilities. In collaboration with the health facilities and other NGOs operating in the area, EQUIP will update service directories that would facilitate referral.
Once a month EQUIP will facilitate a stakeholders meeting at the facility level to review monthly performance and identify actions that need to be taken to improve HIV services on a continuous basis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	300,000	0

Narrative:

In FY11, 86% of PLHIV were screened for TB in EQUIP-supported health facilities (HFs) and 7% were started on TB treatment. PIH clinical mentors provided regular support to healthcare providers on TB/HIV integration, including intensified case finding in ART and pre-ART clinics and timely initiation of ART treatment.
In FY13, EQUIP will emphasize implementation of clinical protocols for improved diagnosis of TB in HIV patients. This will be accomplished by training health providers in TB diagnosis and treatment. Each CHAM site will be equipped with improved screening tools such as standardized questions and laboratory services to support TB diagnosis and monitoring during treatment. Laboratory personnel will be trained by PIH technical experts. PIH will implement polymerase chain reaction (PCR) for TB diagnosis. EQUIP will also support health centers to adhere to the new national guidelines to initiate newly diagnosed patients with both HIV and TB on ART as early as possible (within two weeks of starting TB treatment). This will be accomplished through EQUIP's participation in the national training program on the new guidelines and ongoing supervision and mentoring at sites. PIH's TB/HIV mentorship will be in line with the new guidelines for clinical management of HIV and the National TB Program (NTP) strategies.
EQUIP has a robust monitoring and evaluation system, and regularly tracks standard PEPFAR indicators (including TB/HIV indicators) in addition to its own custom indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	300,000	0

Narrative:

In FY12, EQUIP's partner, Baylor College of Medicine – Children's Foundation Malawi (BCM-CFM), will continue to strengthen Mother-Infant Pair (MIP) follow up including Early Infant Diagnosis (EID). BCM-CFM staff will work alongside Christian Health Association of Malawi (CHAM) hospital staff to improve services within 5 target hospitals and to pilot new mechanisms to improve referral and retention of HIV-exposed infants in care within their catchment area. EQUIP's pediatric program includes training of staff on pediatric HIV care and treatment and regular mentorship. Moreover, the program deploys community workers which are entrusted with facilitating patient flow within health facilities, following up with clients in communities, and tracking those who miss their appointments. In health facilities where there is no CD4 capacity, EQUIP transports samples for

processing to the Partners in Hope Medical Center and results will be brought back.
Through its clinical mentorship, EQUIP aims to expand provision of ART and CPT to 85% of HIV-infected infants and eligible children and implementation of regular clinical and CD4 monitoring of all HIV+ children. It's expected that 85% of infants born to HIV positive women are started on cotrimoxazole prophylaxis within two months of birth.
Targeted facilities will also be assisted to increase capacity growth monitoring and assessment of nutritional status of HIV infected children. Children that need nutritional supplementation or therapy will be linked with nutritional rehabilitation units within health facilities. Another emphasis of EQUIP/Baylor activities will be to improve integration or effective linkage of pediatric HIV services with MCH, under five clinics, TB, and nutrition programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	300,000	0

Narrative:

In FY12, EQUIP's interventions will include the purchase and installation of laboratory equipment for onsite measurements of CD4, monitoring of ART side effects (especially Hb, Lactate and Creatinine), and OI testing at each CHAM facility. EQUIP will purchase and supervise installation of CD4 equipment at St. John's Hospital and renovate the laboratory at Nkhoma Hospital.
EQUIP will continue to support training and technical support for laboratory staff at four CHAM hospitals through the laboratory at PIH. Training includes accurate diagnosis of OIs, CD4 testing, laboratory monitoring of ART side effects, lab management and quality assurance. Additionally, EQUIP will work with other USG lab partners on DBS collection and sample transport for EID.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	150,000	0

Narrative:

In FY12, EQUIP will deploy site-level Electronic Data Systems (EDS) in five targeted CHAM clusters. EDS will be instrumental in the routine collection of service data, as well as a patient management tool (i.e., clinical decision support system). The EDS has multiple modules including ART, PMTCT, ANC, and Lab. Once the patient unique identification system -currently in pilot - is implemented, these modules will facilitate referral and linkage of patients across multiple service units.

The EDS modules are developed through other USG funds. EQUIP will leverage the existing system and work with Baobab, EDS' developer, to do relevant customizations that meet the need of the facilities. Baobab's EDS is becoming the de facto standard electronic data system in Malawi; therefore, by adopting this system, EQUIP is

adhering to the national trend. Prior to deployment, health facility staff will be trained on use of EDS for routine data collection and patient management.
As part of their regular clinical mentorship, EQUIP staff will assist health facility staff in the appropriate implementation of the national HIV M&E system, regular review of service data, and its use for quality improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	150,000	0

Narrative:

In FY12, EQUIP will support the northern region in the planning and conducting regular supportive supervisions for key HIV services. EQUIP's supportive supervisions will also assist these health teams in using the information collected for timely decision-making.
EQUIP has taken a lead role in working with the Ministry of Health (MOH) to implement the new national HIV/ART guidelines and the national mentoring strategy. In order to achieve the rapid and successful rollout of major changes in HIV care, in FY12, EQUIP will assume responsibility for clinical mentoring at 2 hospitals and 8 health centers in the northern region. Clinical mentoring will be a critical bridge for the training gap that exists between traditional didactic training and practice in the clinical setting. Mentoring will include an emphasis on systems mentoring, which is expected to mitigate challenges faced by the health facility, including stock outs, complex data entry and tracking, retrieval and feedback of laboratory results, and linkages between HIV services in the continuum of care – particularly those related to maternal-child health.
EQUIP will play a key role in the rollout of the new national ART guidelines that focus on 'test and treat,' the maternal child health continuum, and TB diagnosis, treatment, and linkage to HCC/ART. EQUIP will support the development of the national model for mentoring, training materials, train-the-trainer courses, monitoring tools, and planning of trainings.
EQUIP will collaborate with other health and HIV programs in the target districts for better coordination of activities to build effective linkages. At the national level, EQUIP will participate in MOH technical working groups and contribute to discussions and sharing of best practices.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

In FY11, 21,189 individuals were tested for HIV in EQUIP-supported health facilities. This figure represents client-initiated and provider-initiated tests. Through its clinical mentorship, EQUIP emphasized testing family members and effective linkage of those who test positive to pre-ART clinics. A shortage of HIV test kits was a major challenge during the fiscal year leading to tremendous lost opportunities.

In FY13, EQUIP aims to enable 13 health facilities to be more strategic in their use of HTC resources, targeting those at highest risk and maximizing the number of people identified for treatment. It's expected that 22,000 individuals will be tested for HIV and receive their results in FY13. EQUIP will work with partner hospitals and health centers to increase HTC among TB patients, in the in-patient adult and pediatric settings, malnutrition programs (Nutritional Rehabilitation Units, Outpatient Therapeutic Program), and antenatal clinics. In coordination with Baylor, EQUIP will continue to support the expansion of HTC in infants and children (in addition to EID). Training will focus on boosting provider-initiated HCT at the base CHAM hospital and satellite clinics. EQUIP personnel will work within each CHAM cluster to increase the number of centers providing HCT services and work to improve the integration of HCT sites with STI and family planning programs such that HIV prevention messages can be combined with other important prevention programs and interventions.

EQUIP will support laboratories in the target health facilities with training for lab technicians and facilitating external quality assurance (EQA). EQUIP uses the national HIV monitoring and evaluation (M&E) system that tracks number of tests done, test results, and tests done among couples. EQUIP exceeded its FY11 target for the PEPFAR HTC indicator (P11.1.D). EQUIP's M&E system doesn't currently allow further breakdown of the HTC indicator into various variables of interest. The program will work with facilities and MOH to explore opportunities of collecting this data without burdening healthcare workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	600,000	0

Narrative:

In FY11, EQUIP was one of the key partners in the Ministry of Health's (MOH) effort to implement the new Option B+ integrated ART/PMTCT guidelines. EQUIP coordinated a zonal-wide planning meeting with representatives from all seven districts in the northern region. Three EQUIP staff participated in the training of trainers program, and led ten weeks of trainings in Mzuzu – an initiative that was fully financed by the EQUIP project. EQUIP also provided logistical and financial support for additional trainings led by MOH in Karonga and Rumphi districts. Similarly, EQUIP played a leading role in assisting the MOH developing a national mentoring strategy for continuous on-the-job training of staff on the new guidelines. EQUIP led the team in drafting the mentoring model and contributed to the development of the national mentoring monitoring and evaluation plan and training curriculum.

In addition to supporting the aforementioned national efforts, EQUIP continued its regular clinical mentorship, as well as lab and strategic information support at its target health facilities (HF). In FY11, the HIV status of 7,043 pregnant mothers was ascertained, while 475 HIV positive pregnant mothers received ARV prophylaxis in EQUIP supported HFs. In FY13, EQUIP aims to test 14,220 pregnant women for HIV infection and to initiate 554 HIV+ pregnant women on ART.

In FY13, EQUIP will continue to support MOH efforts through intensified mentorship to its target facilities in the northern and central zones. The trainings and regular mentorship will focus on building the knowledge and skills of

health workers on providing quality PMTCT services including PITC, couples counseling and testing, as well as effective implementation of Option B+ with timely initiation of ART and follow up to ensure adherence. EQUIP will also assist HFs to develop and implement systems that would enhance MIP follow up including EID and management of exposed infants. As part of an effort to strengthen HF M&E systems, EQUIP will support deployment of Electronic Data Systems (EDS) that would facilitate clinical data collection. Through its clinical decision support system, EDS will also improve patient care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	600,000	0

Narrative:

In FY 11, EQUIP-supported health facilities (HFs) initiated 1,472 HIV positive people on ART. By the end of the fiscal year, 5,455 PLHIV were receiving their ART at these sites. A cohort analysis of program data showed that 94% of all PLHIV that started treatment 12 months ago are still alive and on treatment. EQUIP supported these sites (4 hospitals and 8 health centers) through in-service training, clinical mentorship and building their lab and strategic information capacities. The project uses the Ministry of Health's ART monitoring and evaluation (M&E) system and assists HFs in the appropriate application of the M&E tools, and the use of data including analysis of ART cohort data.

In FY13, EQUIP will continue to support the Ministry of Health (MOH) in its effort to expand ART services to additional sites, as well as to enhance continuous quality improvement in existing ART sites. Through its clinical mentorship (at least once a month), EQUIP will work to strengthen the clinical skills of service providers in management of OIs, clinical staging, ART initiation, managing common ART side effects, and assessment and management (or referral when appropriate) of treatment failure. In order to improve adherence to ART and other HIV care services, EQUIP-trained PLHIV and HCT counselors will offer adherence counseling at supported CHAM hospitals and affiliated sites.

Capacity building of health workers and HFs is at the core of EQUIP's program approach to ensure sustained improvement in quality of services. In order to foster efficiency and effectiveness in its program design and implementation, PIH has established processes that enable regular review of its work. As part of its management structure, PIH has a steering committee which has prominent local and international health experts as its members. The Steering Committee serves as an advisory group. Additionally, prior to initiating any programmatic intervention at a health facility, PIH consults with district and zonal health officials and does capacity assessments to better understand existing needs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	300,000	0

Narrative:

In FY12, in collaboration with Baylor, EQUIP will continue to train CHAM personnel and oversee the

implementation and integration of EID and pediatric ART programs at all five supported CHAM hospitals and eight health centers within their catchment area. Clinical training includes basic pediatric ART curriculum (in-service) for sites not currently providing pediatric ART. All sites will eventually have personnel who have received training in pediatric HIV/AIDS management including clinical staging, management of OIs, ART initiation, managing ART side effects, and assessment and management (or referral when appropriate) of ART treatment failure in children. *The program deploys community workers who are entrusted with facilitating patient flow within health facilities, following up clients in communities, and tracking those who miss their appointments. Through its ongoing clinical mentorship, EQUIP will promote integration of pediatric HIV treatment services into MCH platforms of service delivery and linkages with nutrition support programs, and linkages with community based activities. EQUIP will collaborate with other USG lab partners to strengthen collection of Dried Blood Sport (DBS) and sample transport mechanisms for EID.* *EQUIP will support deployment of Electronic Data System (EDS) in its target health facilities. EDS will be instrumental in facilitating data collection, and ready availability of service data. Additionally, this project will work with health facility staff to regularly review data collected through the M&E system and use the data to make decisions that would enable continuous quality improvement. The EDS has a clinical decisions support system that assists service providers in patient management through automatic feedback and reminders.* *Key achievements will include five hospitals providing basic pediatric ART according to national and international standards; 15 health care providers mentored in providing basic pediatric ART according to national and international standards; 319 and 358 HIV positive children are expected to be enrolled on ART at EQUIP-supported sites in FY12 and FY13, respectively; and 2,420 and 2992 are currently on ART in FY12 and FY13, respectively.*

Implementing Mechanism Details

Mechanism ID: 12109	**Mechanism Name: USAID Tuberculosis CARE Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: No	Managing Agency:

Total Funding: 1,100,000	
Funding Source	**Funding Amount**
GHP-State	1,100,000

Sub Partner Name(s)

Partners in Health	Project HOPE	

Overview Narrative

TB CARE II will improve TB case detection in targeted districts by implementing a comprehensive TB service package that enhances and expands Directly Observed Therapy Short Course. In particular, TB CARE II will improve diagnostic network, decentralize access to TB treatment in line with ART scale-up, improve facility-level and community-based TB case finding and management, contact tracing and treatment adherence. TB CARE II will also enhance TB/HIV programmatic integration, particularly at the health-facility level. Three GeneXpert machines will be procured which will ease diagnosis of TB in HIV-positive patients. Guidelines for programmatic management of drug-resistant TB will be developed and disseminated. TB is an important cause of pediatric morbidity and mortality. TB case detection and quality services for pediatric clients will be prioritized. Attention to Health systems including infrastructure upgrades, human resources development and support to the NTP will be provided. These priorities are in concert with those contained in Malawi's Global Health Initiative strategy. Project activities are aligned with the NTP strategic plan and are well-positioned to be absorbed by NTP and MOH after the project has phased out. TB CARE II will also support the NTP in formulating proposals to secure funding from the Global Fund. A substantive monitoring and evaluation (M&E) plan has been created, including a list of key programmatic indicators that will be used to monitor the project progress. Implementing partners require three motor vehicles to support the implementation of project activities. Currently, both partners are leasing vehicles in anticipation of vehicle purchases in FY2013. Five motorcycles are required to support community sputum collection initiative.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	80,000
Human Resources for Health	80,000
Motor Vehicles: Leased	6,000
Renovation	107,500

TBD Details

(No data provided.)

Key Issues

Child Survival Activities

TB

Budget Code Information

Mechanism ID:	12109		
Mechanism Name:	USAID Tuberculosis CARE Project		
Prime Partner Name:	University Research Corporation, LLC		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	600,000	0

Narrative:

TB CARE II supports implementation of integrated TB/HIV services in high-volume health facilities in 6 target districts. The activities are in concert with the 2010 Ministry of Health (MOH) TB/HIV Operational Framework, the 2011-2016 HIV/AIDS National Strategic Plan and the 2011-2016 National TB Control Program (NTP) Strategic Plan. TB CARE II seeks to strengthen implementation of the new Malawi HIV Treatment guidelines, which emphasize intensified case finding (ICF) and Isoniazid Preventive Therapy (IPT) for people living with HIV. TB CARE II works closely with other USG agencies and partners in strengthening the TB diagnostic network and piloting novel TB diagnostics to improve TB case detection among PLHIV such as GeneXpert. TB CARE II employs a mentorship model to improve MoH human resources capacity. Its Technical Officers work alongside government counterparts at district level, providing on-the-job mentorship in the process. It is hoped that MoH staff will carry out these activities independently after phase-out of the project. TB CARE II has significant internal M&E capacity to review and monitor district, regional and national data to track project performance. Each District Coordinator has over 5 years M&E experience in TB at Zonal or National level. A Senior M&E Officer sitting at NTP provides overall M&E strategic direction for the NTP and TB CARE II. All M&E tools have been developed in consultation with local and USG partners and reflect the latest understanding of TB/HIV logic models. Accomplishments to date include facilitating a stakeholder meeting to develop national GeneXpert roll out plan and algorithms for

prioritizing patients; conducting comprehensive baseline assessments at district level; providing Technical Assistance for developing guidelines for community management of Multi-Drug Resistant -TB (MDR-TB); supporting NTP in drafting its new 5-year Strategic Plan; supporting mapping exercise of the national microscopy centers; and providing 29 LED fluorescent microscopes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	500,000	0

Narrative:

TB CARE II will leverage TB activities to strengthen the overall health system at district and national levels, focusing particularly on improving health services delivery, human resources capacity and medical technologies for TB diagnosis. At the district level, TB CARE II will seek to overcome limited infrastructure for health service delivery by renovating laboratories at the district hospital and health centers to accommodate introduction and expansion of microscopy services and GeneXpert. Additionally, TB CARE II will renovate clinical space to overcome barriers to integrated TB/HIV care at the health service delivery level. TB CARE II will infuse needed diagnostic equipment and other medical technologies into public sector laboratories, including multi-objective LED fluorescent microscopes that allow lab technologists to perform both TB and malaria microscopy using the same microscope. Fluorescent microscopy not only permits more sensitive detection of TB bacilli but also enables lab technologists to make a diagnosis of smear-positive TB in one-fifth the time, freeing up critical HRH time for other health activities. TB CARE II will fund important trainings for health workers, including refresher trainings on TB microscopy, novel diagnostics, and integrated TB/HIV care provision. TB CARE II funds will leverage funds from GFATM R7 for peripheral health facility-level microscopy center renovation, expansion of community-sputum collection points and training of microscopists.

Implementing Mechanism Details

Mechanism ID: 12110	**Mechanism Name: University of Malawi College of Medicine**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Malawi College of Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 2,300,000	
Funding Source	**Funding Amount**
GHP-State	2,300,000

Sub Partner Name(s)

Loma Linda University	University of North Carolina	

Overview Narrative

IMPACT: This investment is designed to directly contribute to high quality scale up of HIV treatment and PMTCT services through health care worker salary support, space and refurbishment and essential laboratory programs for delivering these HIV services. The Malawi College of Medicine HIV/AIDS Laboratory Capacity Consortium is made up of four institutions with a long-standing history of work in Malawi: College of Medicine, University of North Carolina (UNC) Project, Loma Linda University-Malawi Adventist Health Services, and Johns Hopkins University-College of Medicine Research Project collaborating with the Malawi Ministry of Health (MOH). The overall goal of this CDC support is to collaborate and empower MOH in its efforts to implement a comprehensive plan to strengthen the national HIV care and treatment program in the areas identified in the Partnership Framework (PF) and the National Strategic Laboratory Plan. The program supports human resource development by: training medical laboratory technology students and currently-deployed laboratory professionals; supporting the MOH, Christian Hospital Association of Malawi (CHAM) and other partners to deliver high quality HIV diagnostic and disease monitoring services; improving the referral linkages from HIV testing to treatment and treatment monitoring sites; strengthening systems that provide quality ART services; and assisting in collecting and using data to improve HIV prevention and treatment outcomes. This program will contribute significantly to the PEPFAR-Malawi PF goals of strengthening: HIV treatment and support; laboratory systems; health information systems; and human resource development closely working with CDC, Howard University, CHAM, Malawi Defense Forces, and John Snow Inc.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Malaria (PMI)

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**12110**		
Mechanism Name:	**University of Malawi College of Medicine**		
Prime Partner Name:	**University of Malawi College of Medicine**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	1,000,000	

Narrative:

COM will support the development and implementation of national laboratory quality assurance standards and national laboratory standard operating procedures (SOPs). The newly developed national laboratory quality manual and national laboratory standard operating procedures documents will be printed and distributed, and training will be offered to all testing facilities to standardize laboratory practices in Malawi. Through the current mentoring program, guidance will be provided to mentored sites on customization of the quality manual and SOPs as required by Strengthening Laboratory Management toward Accreditation (SLMTA) program. This support will provide monitoring and mentoring in implementation of corrective action plans, ensuring that recommended improvement projects are implemented to make progress towards accreditation.

COM will provide in-service training support in laboratory management and technical skills in FY 2012 through:
• Conducting training workshops for implementation of SLMTA laboratory accreditation program
• After publication of the National Laboratory Quality Manual and National Standardized SOPs, clinical laboratory tutors from Malawi College of Health Sciences and 40 laboratory managers and deputy managers will be trained on their contents.
• These programs allow technicians in Mentoring Laboratories to exchange benches with technicians working at

UNC Project and JHU/COM Research Project, giving MOH and CHAM lab staff the opportunity to experience firsthand of the quality culture and advanced diagnostic techniques offered at these clinical research labs, while the JHU/COM and UNC Project technicians share skills with their colleagues in the Mentoring Laboratories.
• Providing training in inventory control and specimen management for newly selected laboratories.
• Support MOH to develop performance indicators to measure the effectiveness of the referral system.
• COM Laboratory Mentors will work with staff in mentored labs to ensure effective implementation of the new referral system, prioritizing the improvement of turn-around-time for lab results.
Treatment Scale-up: USD 150,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

Through a subgrant with UNC,COM will support a technical advisor in the Reproductive Health Unit to support RH surveillance capacity and activities
COM will support MOH and partners in collection and analysis of laboratory service delivery data. COM will also continue to support MOH in the monitoring and evaluation of the implementation of the National Laboratory Strategic Plan to assess laboratory services performance and inform further programmatic development. COM will continue to support MOH in the development and implementation of the Laboratory Information Management System. In preparation for implementation of the LIMS, laboratory data collection and reporting tools will be standardized nationally, in partnership with MOH, HUTAP and other USG partners. Once the automated LIMS is finalized, College of Medicine will support MOH in the rollout of the system through training.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	150,000	0

Narrative:

The COM Lab Consortium will continue to support MOH, CHAM, HUTAP and other partners to increase the quality and number of graduates from pre-service training institutions for laboratory staff in Malawi through the following activities:
• Assisting HUTAP in printing and distribution of the new curriculum.
• Providing technical assistance to integrate the updated laboratory pre-service training curriculum developed in previous fiscal years into the diploma and certificate programs at Malamulo College of Health Sciences, contributing to the number of new health care workers graduating from a pre-service training institution.
Providing training for key staff nationally on implementation of the new curriculum will be supported.
The COM Lab Consortium will also support laboratory management and technical skills of currently deployed

laboratory staff through in-service training, including the following activities:
• Conduct training workshops for implementation of SLMTA laboratory accreditation program.
• After publication of the National Laboratory Quality Manual and National Standardized SOPs, clinical laboratory tutors from Malawi College of Health Sciences and laboratory managers and deputy managers will be trained on the new documents.
• Continuing to implement the technician exchange & rotation programs will continue to be implemented.
o Technicians in the Mentoring Laboratories will exchange benches with technicians working at UNC Project and JHU/COM Research Project, giving MOH and CHAM lab staff the opportunity to experience firsthand of the quality culture and advanced diagnostic techniques offered at these clinical research labs, while the JHU/COM and UNC Project technicians share skills with their colleagues in the Mentoring Laboratories.
• Providing training in inventory control, safety, quality assurance and specimen management for newly selected laboratories.
Through a subgrant to UNC, COM will also support emergency obstetrics training and the development of an Obstetrics Residency Program

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	50,000	0

Narrative:

HIV Testing and Counseling remain an integral part of the HIV response. It provides an entry point into various high impact interventions for HIV and AIDS such as ART, PMTCT and other facility and community-based programs. This mechanism will place significant emphasis on improving the quality of HTC in order to increase the proportion of people who receive accurate test results, and provide those who test HIV-positive with referrals to prevention, care and treatment. This mechanism will: Scale-up and strengthen Provider-Initiated Testing and Counselling (PITC) particularly in ANC settings; improve linkages with both prevention and treatment settings such as PMTCT and ART to promote effective referral of positive clients; strengthen the couples testing initiative including identification of discordant couples in order to provide targeted prevention interventions; strengthen capacity through provision of trainings, and improve quality of services provided through improving the external quality assurance (EQA) process and conducting supportive supervision to HTC sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	700,000	0

Narrative:

COM will support to MOH to develop, implement, and monitor a comprehensive HIV rapid testing quality assurance program for the following PMTCT activities:
• Support for Community Health Sciences Unit (CHSU) to strengthen its national HIV Rapid Testing Proficiency Testing Program, and to strengthen and fully implement its national HIV Rapid Testing sample retesting program.

• *Support to train PMTCT program supervisors in enhanced documentation, reporting, and quality assurance measures at ANC level.*
• *Support the National HIV Reference Laboratory to participate in the Strengthening Laboratory Management towards Accreditation (SLMTA) accreditation program for the laboratory to reach accreditation.*
• *In partnership with Ministry of Health COM will provide PIMA Point of Care CD4 analyzers in district and CHAM hospital PMTCT clinics and supporting operational costs.*
• *Assist the Malawi Ministry of Health with Reproductive Health strategic information needs.*
• *Train active providers of Obstetric services in Emergency Obstetrics (EmOC)*
• *Develop the first post-graduate residency training program in obstetrics and Gynecology in Malawi at COM, with competency in public health measures.*
• *Staff members of QECH and COM will be trained on the new national ART/PMTCT guidelines.*
• *Staff members from health centers involved in the Blantyre ART network will also be trained in the new ART/PMTCT guidelines.*
• *Health centre staff will be organized on an exchange program with the QECH ART clinic on PMTCT issues in an effort to build capacity for health centers and decentralize PMTCT activities.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	300,000	0

Narrative:

COM will strengthen adult treatment at the QECH ART clinic by:
• *Providing General ART training of untrained staff at ART clinic.*
• *Providing training-of-trainers new national ART curriculum in adult treatment.*
• *Providing a training-of-trainer course for QECH ART staff in adult aspects of HIV and ART.*
• *Providing training to staff of Health Centers in adult aspects of HIV and ART.*
• *Developing training materials for Health Centre staff to the QECH ART clinic on new techniques in adult HIV and ART.*
• *Supporting research projects at Umodzi Family Clinic (an academic training institution), as outlined in a joint research policy issued in 2011 by the HIV Department at MOH and NAC.*
• *Providing counseling for ART(including non-adherence, toxicity, nutrition, couple counseling and reproductive health)*
• *Integrating STI management into HIV/ART services through training of health center staff.*
Treatment Scale-up: USD 150,000

Implementing Mechanism Details

Mechanism ID: 12111	Mechanism Name: Supporting implementation of National AIDS Framework through improving

	coverage and quality of HIV and AIDS Services
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health, Malawi	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 2,745,000	
Funding Source	**Funding Amount**
GHP-State	2,745,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: This PEPFAR investment is critical to the national PMTCT (including EID) and HIV treatment program, and also lays the foundation for the national VMMC program; without this mechanism, Malawi would not have scaled up ART and PMTCT, developing and disseminating guidelines, training health workers, performing quarterly supervision at all health facilities, producing quarterly HIV reports, supporting ongoing mentoring of health workers and the ground level logistics of operationalizing Option B+.

This mechanism also supports evaluations which are critical to understand and improve the national HIV PMTCT and ART program. Implementation and coordination sits in the Planning Department with different operating units within the Ministry conducting specific activities. The overall purpose of this mechanism is to increase access to quality and comprehensive services in areas of: HTC; Care, treatment and support; PMTCT; pre-Antiretroviral Treatment; Antiretroviral Treatment; HIV related laboratory services, palliative care, HIV and Tuberculosis integrated services and strengthening national HIV Monitoring and Evaluation systems.

The specific objectives are: 1)strengthen delivery of HIV services through a continuum of care from prevention to care and support at all levels of health service delivery, 2)expand the scope and quality of PMTCT services through effective implementation of newly adopted WHO recommended guidelines for PMTCT and ART, including strengthening Early Infant Diagnosis (EID), 4)scale up delivery of quality HIV related laboratory services, 5)to support critical surveillance activities pertaining to HIV incidence and drug resistance, 6)support effective implementation of male circumcision, and 7) strengthen HIV monitoring and evaluation systems.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**12111**		
Mechanism Name:	**Supporting implementation of National AIDS Framework through improving coverage and quality of HIV and AIDS Services**		
Prime Partner Name:	**Ministry of Health, Malawi**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	40,000	0
Narrative:			
Provision of Home Based Care (HBC) remains a critical component of the HIV and AIDS response in Malawi. The Ministry of Health has recently developed the Community Home Based Care (CHBC) guidelines in collaboration with partners to ensure effective and efficient implementation of standardized CHBC. These new guidelines recognize the shift of CHBC from primarily a palliative service to a broader community support mechanism for all			

HIV-positive individuals and those with other chronic diseases. MOH will scale up CHBC service delivery to increase access to community services. MOH will also increase demand and acceptability of CHBC services through social mobilisation activities. Activities to promote CHBC adherence to guidelines will also be implemented through conducting supportive supervision visits and providing training for providers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	10,000	0

Narrative:

The challenge of TB and HIV comobirdity remains a significant public health concern, highlighting the need for stronger integration and linkages between HIV and TB service delivery. PEPFAR has supported MOH's efforts to integrate TB and HIV for several years, and significant results are emerging such as increased access to ART for patients accessing TB services. Ministry of Health now plans to roll out TB/HIV integrated services nationwide. The intention is to improve HIV service uptake among eligible TB patients and vice versa. While over 80% of TB patients are testing for HIV, and comorbidity is approximately 70%, less than 50% of HIV-positive TB patients initiate ART. Likewise, TB screening in HIV clinics is inconsistently implemented, and this funding will increase intensive TB case identification among pre-ART and ART clients in order to reduce TB mortality among HIV patients. Joint TB/HIV quarterly supportive supervision will also be provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	50,000	0

Narrative:

A functioning laboratory system is essential for effective delivery and quality assurance of multiple health and HIV-related needs including HIV rapid testing, CD4 cell count, viral load monitoring, and diagnosis of opportunistic infections. MOH will strive to expand access and improve quality of HIV related laboratory services. This mechanism will strengthen the capacity of the central reference laboratory to provide essential diagnostic services for disease monitoring and surveillance, and will support adherence to quality standards in laboratory settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

Through this support the Ministry of Health will continue disease surveillance and drug resistance surveillance studies. The drug resistance study settings will include existing ones and new sites. This funding will also involve

strengthening the Health Management Information System (HMIS) at all levels of service delivery to ensure quality data for decision making. Strategies to achieve this will include review of data standards, institutionalising technical structures for health information and consistent performance reviews of HMIS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	500,000	0

Narrative:

While all of the activities funded under this mechanism have a systems strengthening component, this proportion of the funding for this mechanism approximates the systems strengthening impact. Through this mechanism, MOH will be supported to strengthen organizational and human capacity, to develop new policies and guidelines for the health sector, and to provide supervision and quality assurance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	580,000	0

Narrative:

Current evidence suggests male circumcision is beneficial in risk reduction for Sexually Transmitted Infections including HIV. Because of this, Malawi has formally adopted male circumcision as a key preventive strategy for HIV. To this end, in this COP, specific strategies for establishing medical male circumcision services will be implemented. Considering the early stages of strategy adoption, the focus will continue to be on public awareness, facility preparedness and systems aspects. These address both the demand and supply side of the medical male circumcision program. In this mechanism there will be activities such as: community mobilisation for male circumcision, social mobilisation for male circumcision through trainings and public forums in various social institutions including schools, consistent supportive supervisions to ensure safe and effective implementation of male circumcision services, and trainings for service providers to build capacity in male circumcision service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,000,000	0

Narrative:

HIV Testing and Counseling remain an integral part of the HIV response. It provides an entry point into various high impact interventions for HIV and AIDS such as ART, PMTCT and other facility and community-based programs. This mechanism will place significant emphasis on improving the quality of HTC in order to increase the proportion of people who receive accurate test results, and provide those who test HIV-positive with referrals to prevention, care and treatment. This mechanism will: Scale-up and strengthen Provider-Initiated Testing and

Counselling (PITC) particularly in ANC settings; improve linkages with both prevention and treatment settings such as PMTCT and ART to promote effective referral of positive clients; strengthen the couples testing initiative including identification of discordant couples in order to provide targeted prevention interventions; strengthen capacity through provision of trainings, and improve quality of services provided through improving the external quality assurance (EQA) process and conducting supportive supervision to HTC sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	45,000	0

Narrative:

At present in Malawi, approximately 60% of HIV-infected pregnant women access PMTCT services, reflecting wide gaps in this aspect of the HIV response. Prevention of Mother to Child Transmission of HIV (PMTCT) will continue to be the focus of this mechanism, with the aim of supporting the implementation of the 2011 Malawi Integrated Guidelines for HIV Clinical Care, and improving access to quality PMTCT services so that universal access to PMTCT and progress towards the Elimination of MTCT (EMTCT) can be realised. Among the critical steps to pursue this, this mechanism will adopt a strategy to initiate and strengthen integration between PMTCT and other health services including family planning, ART, and under-5 clinics. This mechanism also intends to support evaluation of PMTCT through a prospective 3.5 year evaluation. Capacity development initiatives for PMTCT service delivery points to effectively deliver services will also be supported in various ways, key among them being: support for the HIV Department management processes, quarterly supportive supervision, training of health workers in emerging information and guidelines and sharing best practices in PMTCT service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	170,000	0

Narrative:

MOH will utilize CDC funding to engage in national coordination activities including TWG support and annual dissemination meetings. Additionally, quarterly supervision of all sites and clinical mentoring will be supported. The latter is a very intense and extensive activity, where each health facility providing ART is reviewed for data quality, adherence to guidelines, stock of supplies, and other criteria. This activity is at the core of the functioning of the national HIV treatment system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	250,000	0

Narrative:

MOH will utilize CDC funding to engage in national coordination activities including TWG support and annual dissemination meetings. Additionally, quarterly supervision of all sites and clinical mentoring will be supported.

MOH will include a pediatric-focused team member on all supportive supervision visits. This support will ensure contined scale-up in pediatric treatment access nationally, and will link to the clinical mentoring program for followup of sites which are underperforming in pediatric ART.

Implementing Mechanism Details

Mechanism ID: 12112	**Mechanism Name: MCHIP (Maternal and Child Health Integrated Project)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In 2009 Malawi made remarkable progress towards the use of Voluntary Medical Male Circumcision as a nationally endorsed HIV prevention intervention by including MC in the National Action Framework and the National Prevention Strategy Operational Plan. This was further strengthened in 2010 when the Malawi National Guidelines for MC were developed. In early 2011, the National AIDS Commission declared that Malawi will adopt MC as part of its comprehensive prevention portfolio. USAID/Malawi is developing a comprehensive set of MC activities as part of its broader prevention portfolio. USAID/Malawi will be operating in 4 high HIV prevalence districts in the south including Blantyre city, involving two service providers who will be responsible for providing immediate MC services to respond to demand of the outreach campaigns (PSI and BLM). MCHIP will support the GOM to provide and sustain MC service delivery by building the capacity of GOM and Christian Health Association of Malawi sites to provide MC services. By strengthening MC service delivery in fixed sites we will build some sustainability into the MC service delivery system and increase access for older men to MC service delivery as it is known that outreach campaigns are not always successful in reaching this target group. MCHIP will

also provide specific support to CHAM for MC specific trainings, facility based and outreach service provision, and strengthening CHAM's M&E systems. USAID/Malawi will procure the essential commodities for all partners, including reusable and disposable MC kits. USAID/Malawi is also ensuring that all partners are supported by our community prevention partners who will develop a 'brand' for the national campaign, raise community awareness, create demand and design communications materials

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Budget Code Information

Mechanism ID:	**12112**		
Mechanism Name:	**MCHIP (Maternal and Child Health Integrated Project)**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	0	0
Narrative:			
This activity will support the implementation of male circumcision services. Malawi is scaling up our male circumcision program. We will have four partners, including MCHIP, provide MC services in five districts (one CDC partner in one district in the central region). MCHIP's MC program will serve two main objectives: to support CHAM (Christian Health Association of Malawi) to implement MC services in one district in Southern Malawi and to build the capacity of fixed-site continous service delivery to target adult males. USG has been			

advised that adult males do no make themselves available to outreach campaigns (which the other three partners will undertake) therefore we would like MCHIP to focus on building the capacity of fixed sites, both government and private, in the four focus districts in the South, and target adult males. *The overarching goal in FY12 will be to increase access to MC services by ensuring that focus districts in the Southern region in Malawi have the training, service delivery models for both youth and adult men, human resources and other systems needed to implement this key intervention as part of the comprehensive HIV prevention portfolio. In 2011, MCHIP spearheaded a successful 4-week pilot VMMC campaign in Mulanje district in Southern Malawi, resulting in 4,348 men circumcised with 98% uptake of HTC. Building off of this success, in FY12 MCHIP will provide support to specific GOM and CHAM sites to strengthen the fixed-site service delivery. Additionally, MCHIP will support CHAM to implement service delivery by training their staff/institutions and building their capacity to do MC service delivery. CHAM provides about 40% of all health services in Malawi and is an important component of the health infrastructure. However, CHAM has limited capacity and budget vis-à-vis MC and need MCHIP's overarching technical support to implement quality services; they will provide about 5000 circumcisions in parts of one district. CHAM/MCHIP will receive commodities from the central USG partner SCMS and will be supported by USAID's social prevention partner, BRIDGE II, which will be responsible for undertaking community mobilization, demand creation and other MC related communications.*

Implementing Mechanism Details

Mechanism ID: 12115	**Mechanism Name: DOD GHAI**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Project Concern International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

JHPIEGO	Lighthouse	Ministry of Health- Swaziland

Overview Narrative

this mechanism will continue as previosly stated to support MDF activites and the communitites they serve
The goal of the collaboration between PCI and the MDF is to enhance the capacity of Malawi's military leadership in leading the response towards reduced HIV prevalence among MDF personnel and their families. The objectives are:
?To engage and strengthen MDF leadership in response to HIV programming, including strategic planning, implementation, monitoring and evaluation focusing on Battalion and Company Commanders, Military Chaplains, and other key actors
To provide technical assistance to the MAMHS HIV & AIDS Program Unit and existing HIV prevention team members, on a range of HIV technical areas.
? o promote information sharing and learning on comprehensive HIV & AIDS programming between the Malawian and Zambian Defense Forces;
DHAPP promotes MDF ownership and leadership through strategic capacity building of human resources for a sustainable program. DHAPP adheres to Malawi's National Action Framework and the PEPFAR country strategy and GHI Partnership Framework as well as the new National Strategic Plan for the government of Malawi. Through partnerships with government, other organizations and the private sector resources will be leveraged to ensure cost efficiency and sustainability. The program will ensure strict adherence to gender considerations through gender analysis and monitoring of appropriate gender indicators

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Military Population
TB

Budget Code Information

Mechanism ID:	**12115**		
Mechanism Name:	**DOD GHAI**		
Prime Partner Name:	**Project Concern International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

MDF/PCI supports PLHIV support groups in three barracks. The program will prioritize formation of additional groups in nine barracks while strengthening existing groups. Training in PwP methodology will continue as new support groups are formed. MDF/PCI will use the PwP manual including updates where applicable. Hands on training with close mentoring will be used to complement the didactic approach in the manual. Master Trainers will be selected based on agreed criteria and in line with MOH standards. PLHIVs who have declared their status will be prioritized and trained to facilitate these groups. The Master Trainers will provide peer education on re-infection risk reduction, correct and consistent condom use, and support effective reproductive health choices with referral for contraceptive services when indicated.

Members of support groups will continue to provide adherence support in collaboration with clinics where PLHIV receive their ARV medication.
PCI will facilitate setting up IGAs at the 12 Military Units. PCI will use its GROW model with these groups. MDF/PCI will promote cross learning among groups to strengthen the weaker ones. PCI will continue to provide mentoring and supervision to facilitators of these support groups by providing targeted support when required.

MDF/PCI plans to introduce Nutritional assessments to facilitates nutrition support. The UNICEF supported program providing plumpy nut to malnourished PLWHA will be expanded to all 12 units of MDF. A cadre of health care workers within MDF will be selected and trained in carrying out nutritional assessments using MOH curricula. Job aids including pocket size charts to support this activity will be reviewed, revised and adopted from existing MOH/DHO materials. MDF/PCI plans to include nutrition information for PLHIV in the audiovisuals that will be produced to promote various interventions to be implemented under the program. Nutritional registers will be used to monitor progress of those receiving nutritional support following assessments. Further, MDF/PCI will collaborate with Baobab Health to implement an ICT based solution to capture data, store and analyze data for tracking recovery progress of those on nutritional support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

MDF/PCI will contribute to Malawi Government's goal of reducing morbidity and mortality due to TB including TB/HIV co-infection. This will include improvements in case detection and treatment outcomes. The program will work closely with the MOHs National TB Control Program to align strategies and activities. This will include planning for HIV test reagents to test TB clients, registers and other data collection tools (such as the ICT based solution from Baobab Health), training guidelines and BCC materials.

In our HIV prevention sensitization activities, we would use similar channels to sensitize the soldiers and their families about the co-infection especially its higher mortality and the need for early detection and treatment of TB in particular but HIV management as well. MDF/PCI will take a rights based approach to TB. The MDF/PCI will produce the audio/visuals with messages on TB prevention, detection and treatment.

MDF/PCI will provide training for peer educators, care givers and clinicians managing HIV clients on sensitizing their clients for TB screening. Training will include sensitization on common symptoms suggestive of TB, locations where for assessment and diagnosis, and the need for treatment adherence in those with confirmed TB. Master trainers will be identified within MDF to serve as a pool for downstream training, supervision and mentoring. We will tap into existing national trainers and use existing training materials and curricula. Where feasible clinicians attending PLHIV should offer TB screening as per national guidelines or refer them for such screening. The mobile CT facilities will also be used to collect sputum for TB screening. Similarly all TB patients should be offered HIV testing. Where MDF health facilities cannot render the service, referral to other facilities will be made. Home based care providers following up especially new TB client would need to facilitate screening of household contacts. Care givers would also facilitate treatment adherence to support compliance and reduce potential for resistance development.

PCI/MDF will collect all data as per GOM guidelines and feed this into the national database through the ICT TB solution from Baobab Health.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

PCI will upgrade laboratories in selected clinics to perform EID, quality control of rapid HIV diagnosis and CD4 assays to support ART patient monitoring. PCI will also develop and disseminate job aides to support quality laboratory services for HIV, TB, STIs and train laboratory technicians in selected clinics for these new roles. PCI will assess the MAHMS laboratories for relevant upgrades including equipment, consumables, etc. Training will be conducted for laboratory technicians in laboratory quality, data management and HIV, TB and STI

diagnosis and support to treatment monitoring. Regular blood donation campaign strategy will be designed to be conducted within the military and surrounding communities to support availability of blood testing.
PCI/MDF will strengthen laboratories within the MAMHS facilities to better enhance diagnosis of HIV, TB, opportunistic infections and STI. PCI will specifically focus on early infant diagnosis using PCR, confirmation of randomly selected samples tested with rapid diagnostics for quality assurance, and expand access to CD4 assessment at the initiation of ART. PCI will also strengthen the capacity of the laboratories for treatment monitoring using viral load as well as testing samples during the planned SABERS.
PCI will in collaboration with the laboratory section of the Ministry of Health assess MAMHS laboratories for relevant upgrades in order to perform these tasks including procurement of new equipment, consumables and safety gear. Laboratory technicians in six clinics based on selection led by the MDF HIV Coordinator will be trained in basic laboratory quality assurance, laboratory safety, and laboratory data management and conducting of specific diagnostic tests for HIV, TB and STI.
PCI will provide technical assistance in the review/development of job aids such as for Dry Blood Spot technique, based on the experience from our India program supporting laboratory quality assurance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

PCI recognizes importance of strengthening strategic information component of MDF's work to effectively generate and utilize data to inform program planning and implementation. As a new initiative, MDF/PCI plans to strengthen epidemiological surveillance and to contribute towards MOH's disease surveillance efforts by partnering with Baobab Health to install state of the art ICT based solutions in 3MDF health facilities. The ICT based solutions will ease data capture, storage analysis and reporting. In addition, the system will link MDF's HMIS with MOH's MIS, providing a channel through which data from MDF health facilities contributes to national disease surveillance efforts (e.g. National TB Control Program). Internally, MDF will use data from the HMIS to understand and explain disease (including HIV&AIDS and TB) transmission dynamics and to design appropriate health promotion interventions. The HMIS will cover areas including ART, HTC, PMTCT, TB, STI, OPD and patient registration. A 4x4 vehicle will be required to support to all sites.
MDF/PCI plans to establish an internet connection in 3 health facilities of the MDF to link the HMIS to MDF Headquarters MIS and MOH's HMIS. The connection will assist in prompt submission of program progress reports. It will also improve communication between program implementation sites and stakeholders ensuring provision of timely support that improves program quality and results.
PCI/MDF will continue to build the capacity of M&E focal point persons at each Military Unit, and peer educators and support groups in the collection, storage, analysis and use of data through onsite trainings and mentorship. Data quality audits will continue on quarterly basis to ensure data activities are undertaken in line with ethical and

quality guidelines. Moreover, MDF/PCI will ensure there is sufficient documentation to support program progress. Data from the program M&E system will feed into the National M&E system for HIV&AIDS and report to PEPFAR, DOD, NAC and stakeholders supporting MDF. Lessons learned from COP2010 show that provision of registers to all sections of the program improves coverage and quality of data. MDF/PCI will procure registers for data activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Training and re-training of unit commanders and unit HIV coordinators will be conducted along with training of spouses of senior officers in mobilization and sensitization of their colleague spouses. The HIV Strategic Plan will be finalized. Exchange visits between camps and with another country will occur. An exchange visit with either PCI Zambia or Botswana will be planned for the MFD to learn about programming in other countries where PCI has Uniformed Services Programs. PCI will conduct a 3-day training for MDF leaders in HIV & AIDS program management for National Technical Area Coordinators, 24 Regional HIV Coordinators and 12 Unit Commanders. A refresher training of mentorship for MDF leaders and HIV/AIDS leadership for 25 Unit Commanders will be conducted along with facilitation of the dissemination of the MDF Strategic Plan and Policy. A bi-annual 4-day workshop for the spouses of 45 senior officers in the sensitization, mobilization of the officers and soldier's wives about HIV prevention, treatment, care and support services will be conducted.

A 3-day quarterly supportive supervisory visit in 12 military units will be conducted along with quarterly joint planning meetings between the MDF and implementing partners and the National AIDS Commission.

A 2-day training in stock management will be conducted with all 24 Unit Coordinators and 24 peer educators. Assessing, upgrading and equipping 6 facilities providing antenatal care, delivery and post natal services will be completed. PCI in partnership with MDF will conduct a review meeting for 24 HIV and AIDS unit Coordinators. The objective of the three-day workshop will be to strengthen the capacity of the focal persons in every unit, so that work plans could be developed and HIV/AIDS information could effectively be disseminated to people in their units. During the meeting, unit-based HIV & AIDS Coordinators will also be updated on HIV/AIDS prevention, treatment, care and support. A review of each unit HIV/AIDS activities will also be conducted. PCI in collaboration with MDF will conduct trainings to improve facilitation skills for PCI and MDF staff. Through a five-day workshop, DHAPP MDF and PCI staff will improve their skills to become better learner-centered and objective facilitators. This will set the foundation for transitioning DHAPP over to MDF, and ensure continued effort from within MDF. PCI will engage a suitably qualified person to build the skill set of selected MDF personnel and PCI staff. PCI will intensify joint field visits and facilitate proactive coordination and collaboration among stakeholders at all of these levels through joint planning including service coordination and referrals, review and monitoring. Clarity of responsibilities through revised job descriptions, scopes of work and reporting channels to avoid duplication will be

intensified within the MDF hierarchy through better dissemination. Quarterly coordination/joint planning meetings will be held between MDF and implementing partners and MDF/PCI will liaise with NAC and actively participate in coordination activities to be abreast with national coordination efforts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

PCI builds on MC efforts initiated in COP2011. Additional three facilities to conduct MC will be identified Site selection will be based on Government of Malawi policy and standards. In order to ensure safe circumcision, relevant staff from the three MDF clinics will be identified and trained in the range of comprehensive components of MC package as recommended by WHO/UNAIDS. This will include safe surgical circumcision including post surgical care, HCT on site or through referral, sexual risk reduction education including promotion of correct and consistent use as well as supply of condoms and STI management.

Trainings will utilize recommended curricula and guidelines adopted by the MOH. Accredited trainers will be used; a core of master trainers will be identified and trained in order to ensure roll out and post training support and supervision. Refurbishments and upgrades of facilities and purchase of equipment will be undertaken in selected MDF clinics where clinicians are trained so they can perform MC in those sites. Where the surgical procedure cannot be done within the MDF facility, clients will be referred to facilities previously identified and prior arrangements with agreed MOU made to access the procedure. Referral tools such as registers and slips with feedback would be used in order to track completion of referrals.

While demand generation for circumcision will target primarily male adults and adolescents, spouses will be secondary targets. The focus of demand generation will be on the benefits of MC, its limited protection and the need to continue using other prevention tools. It will also cover myths and misconceptions and the need for a comprehensive package including HIV testing for index clients and partner(s), condom use and STI management. Approaches such as the use of "Theater for Development" would be used. "Satisfied clients" would be encouraged to provide testimonies to allay fears of prospective clients. MDF/PCI will arrange mass camps to reach large numbers over a short period of time prior to which mass media campaigns will be undertaken. MDF/PCI will facilitate production of a DVD to generate demand for MC that will complement other military specific prevention messaging.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	0	0

Narrative:

PCI will upgrade selected clinics with blood donor rooms, couches and other equipment/consumables to offer blood

banking services. We plan to conduct blood donation campaigns within the MDF camps and surrounding communities. Additional laboratory technicians and clinicians will be trained in blood safety in collaboration with the Malawi Blood Transfusion Service Trust.

In an effort to ensure availability of high quality blood services, PCI/MDF will design regular campaign strategies to be conducted within the military and surrounding communities. In line with the overall BCC strategy, the campaigns will be conducted in the form of drama performances, open days, radio programs, IEC and school talks. MDF will also develop a directory of blood donors from the soldiers.

MDF/PCI in collaboration with Malawi Blood Transfusion Service Trust (MBTST) will also train an additional 10 laboratory technicians and 40 clinicians and nurses from all the health facilities in blood safety. The week-long training will be facilitated by MBTST using national guidelines derived from the World Health Organization (WHO). The training content will include blood typing, screening for HIV and Hepatitis, cross match, blood transportation, cold chain for blood and blood products and quality control.

PCI will renovate health facilities at units such as Chilumba Garrison, Mvera Support Battalion, and Malawi Armed Forces Colleges, to create laboratory departments with donor rooms, blood bank and receptions. Renovations will be done to existing structures.

PCI will also procure laboratory equipment. These include blood banks, couches, furniture, and polymerase chain reaction (PCR) machines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

MDF/PCI will implement HVAB activities that encourage risk reduction and promote HIV prevention through abstinence/be faithful in monogamous relationships. PCI will facilitate capacity building and technical assistance to MDF to strengthen implementation of behavior change strategies for the prevention of Sexually Transmitted Infections (STI) and HIV. PCI will work with the MDF to inform, inspire, and challenge the youth (age 14-30) to negotiate and refrain from sex before marriage, or otherwise delay debut of sexual activity by targeting in and out of school youth in communities surrounding the camps, as well as new recruits and unmarried military personnel, while promoting fidelity among married couples.

MDF/PCI will continue to support chaplains and peer educators to communicate AB messages through True Love Waits (TLW) for youth and True Love Stays (TLS) for married couples in all 12 Military Units. TLW challenges the youth to follow a principled plan for sex and marriage, build positive relationships with members of opposite sex, and save intercourse for a monogamous relationship. TLS encourages couples to remain faithful and avoid the dangers of multiple sexual partners. The TLW methodology is one of several used within the Peer Education Network that promote delayed sexual debut and abstinence. MDF/PCI will conduct quarterly quality assurance checks to ensure the peer education network is communicating accurate messages and sessions that conform to

guidelines, using tools developed in the previous year. MDF/PCI will conduct joint supervisory and monitoring visits to carry out quality assurance checks.

The peer education network plays a key role in dissemination of AB messages on MDF bases and in surrounding communities. MDF/PCI will partner with Theatre For A Change (TfaC) to train 36 Master Peer Educators in an innovative approach using participant developed drama, monitoring & supportive visits that builds on earlier training conducted by TfaC with MDF. Interactive theatre techniques are used to assist participants make correct choices and behavior change. Many facilitators are former sex workers and PLHIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Although Malawi's HIV counseling and testing strategy (HCT) is first and foremost about prevention, there are barriers to uptake of HCT, including stigma, loss of employment, low awareness of psychosocial and health benefits and access to trusted services. PCI will support MDF to increase uptake of HCT services by extending mobile HTC from six MDF military Units included in COP2011 to all 12 Units. Scale up of mobile HTC services will require a Land Cruiser vehicle.

MDF/PCI will continue to support home based HTC rolled out (COP2011) by training additional 60 volunteers to effectively reach soldier homes in the 12 bases and homes of surrounding civilian populations. MDF/PCI will procure 60 bicycles for the volunteers for home based HTC and maintain 60 bicycles for volunteers identified and trained in COP2011. Additionally, we will continue strengthening linkages between CT services and national entities to ensure procurement of adequate medical supplies. The success of the scale up of HTC services depends on availability of testing reagents in sufficient quantities at all times. MDF/PCI will work with MOH through DHOs to ensure HTC sites and mobile HTC (piloted in COP2011) facilities including home based HTC volunteers are provided with adequate quantities of test kits. MDF/PCI will procure 1500 kits to supplement those from MOH when bottlenecks arise.

MDF/PCI will continue to strengthen the improved referral system between HTC and CD4 testing, and collaborate with a number of stakeholders including MOH and CHAM to facilitate the establishment of links to central, district hospitals and mission hospitals for CD4 testing as part of overall strengthening of referral networks between HIV&AIDS services including mobile and static services, peer education, support groups, home-based care, and chaplaincy. Provision of onsite technical assistance and quality assurance for HTC services will continue in FY2012 that will use quality assurance tools recently adopted from MOH. MDF/PCI will constantly liaise with MOH to ensure recent developments in quality guidelines for HTC are reflected in the tools for joint supervision and quality assurance to national/international standards and requirements for HTC services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

PCI and the MDF recognize the urgency to link sexual prevention initiatives of the Extended National Action Framework, to the PEPFAR priorities as outlined in the Five Year Partnership Framework and the MDF Action Plan priorities. One common cross-cutting strategy identified in each of these documents is sexual prevention using evidence-based. Strengthening the capacity of MDF to be an effective partner in the implementation of the National Action Framework is therefore the goal of the PCI collaboration with MDF.
MDF/PCI will use FY2012 PEPFAR funding to conduct quarterly quality assurance assessments including HTC, PMTCT, ART, and HBC to ensure two-way referrals and outcomes are documented and Peer education, PMTCT, HTC,HIV/TB, MC and M&E networks are active. Further MDF/PCI will facilitate condom availability in all project settings and distribution channels including clinics, youth centers, and the peer education network and support groups. Moreover, MDF/PCI will address stigma and discrimination by engaging PLHA in the program. PCI will draw on internal expertise to build skill sets in a new approach called Participatory Video making. The approach aids greater control over decisions and precipitates change. In addition, Story Workshop and Pa Kachere will provide media collaborative support. PCI will also work with the MDF to integrate messages on alcohol abuse into all HIV prevention messages delivered by CT providers, peer educators and other relevant caregivers.
Target
Population Approx Dollar Amount Coverage – number to be reached by each intervention component Activity
*Military population ******* All 12 MDF Military Units Conduct quality assurance assessments of all HIV&AIDS activities*
Military population 0 Condom distribution in all project settings and distribution channels reaching 10000 individuals
Facilitate distribution of condoms through outlets in MDF.
*Military population ******* Participatory video development in 12 Units Participatory Video Development in MDF in collaboration with Story Workshop and Pa Kachere disseminating information and catalyzing change to reduce HIV&AIDS risk, increase positive living with their peers, nutrition, PMTCT, TB and gender equity, STI prevention*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

MDF/PCI will continue to support implementation of PMTCT activities that are aligned with the Malawi National Action Framework and other national strategic plan documents. With infrastructural upgrades undertaken with COP '11 funds, PCI will build the capacity of MDF facility health workers to provide quality clinical and

community promotion of PMTCT services. MDF/PCI will provide ongoing supportive supervision and mentoring to enhance provision of quality services including conducting periodic program and data quality assessments. *At community level, PCI will support the MDF to intensify testing and counseling among adult and adolescents, including promotion of couple testing and counseling through static, door to door and mobile CT services, and increase male involvement in health facility and community based behavior change and communication (BCC) PMTCT services, through small group reflective discussions, and promote group actions that address issues identified during discussions. Further MDF/PCI will integrate antenatal, safe delivery and postnatal care, child health/infant feeding including referral for early infant diagnosis of HIV, family planning (FP), and gender information and messages in provider training and community based HIV prevention activities including drama. In addition MDF/PCI will intensify re-testing of pregnant and breastfeeding mothers and spouses and strengthen referral networks between communities and MDF health facilities, and between communities and collaborative service providers. MDF/PCI will promote PMTCT audiovisual messages produced in partnership with Pa Kachere and Story Workshop. The two partners will also support development of information, education and communication materials. PCI/MDF will train 200 health care workers in PMTCT and other core areas of maternal and child health, reproductive health and family planning.* *The male peer educators will reach out to men with PMTCT messages including reducing gender based violence.* *MDF/PCI plans to refurbish 6 MDF facilities (in addition to the 6 facilities refurbished in COP2011) and train 200 health care workers in PMTCT using MOH curricula.*

Implementing Mechanism Details

Mechanism ID: 12116	**Mechanism Name: ASGF/State for Ambassadors Small Grant for HIV/AIDS**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 90,000	
Funding Source	**Funding Amount**

GHP-State	90,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Summary: Malawi launched the Ambassadors Small Grants Fund for HIV/AIDS (ASGF) through USAID with FY 2006 PEPFAR funds in August of 2007. The initiative is now run from State with a mandate to obtain greater USG complimentarity with other DOS support. This initiative serves as an opportunity to engage small indigenous organizations the Malawi PEPFAR program may miss through its prime partners. The ASGF serves to address pressing interventions particularly for HIV/AIDS prevention and care and support to orphans and vulnerable children (OVC's). BACKGROUND: In FY 2006, ASGF funds were part of the USAID health team budget, obligated under the FY 2006 SOAG, but not implemented until FY 2007. In FY 2008, the HCT agreed that the burden on USAID was significant and the capability existed at State to move management of the program fully to the Department of State. The Public Affairs Officer is warranted to serve as the contracting officer for the small grants and agreed to sasume fiscal oversight of the program. The PEPFAR office at State monitors progress through written reports and spur of the moment site visits. The management of this program requires additional support through a program assistant to the PEPFAR Coordinator, a request USG Malawi filled in August, 2009. In FY 2011, a call for proposals was announced and over 500 applicants were received.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	10,000
Gender: Gender Equality	40,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**12116**		
Mechanism Name:	**ASGF/State for Ambassadors Small Grant for HIV/AIDS**		
Prime Partner Name:	**U.S. Department of State**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	70,000	0
Narrative:			
Activity 1: Call for Proposals: This activity is a TBD and will be reprogrammed into the relevant program areas once the grants are awarded. Proposals funded in FY 11 included four projects specifically targeting OVC's in areas ranging from school fees to, programs targeting school dropouts, to funds for chicken rearing to create income to pay school fees for vulnerable children.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	20,000	0
Narrative:			
Activity 1: Call for Proposals: This activity is a TBD and will be reprogrammed into the relevant program areas once the grants are awarded. Proposals funded in FY 11 included two projects that targeted the deaf community and provided them with money for sign language training for health care workers and written HIV/AIDS prevention materials. Small grant funds were also used to fund several other projects with prevention activities ranging from child defliement, to providing training and supplies for nurses.			

Implementing Mechanism Details

Mechanism ID: 12118	**Mechanism Name: BLM CIRC GHAI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Banja La Mtsogolo	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: No	Managing Agency:

Total Funding: 710,562	
Funding Source	**Funding Amount**
GHP-State	710,562

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Banja La Mtsogolo (BLM) is an NGO operating nationwide to provide sexual reproductive health services through 31 static clinics and outreach services. BLM will implement an innovative, integrated voluntary medical circumcision (VMMC), HIV testing and counseling (HTC) and family planning (FP) program through a tented outreach service delivery model. Over 4 years, the program will provide 59,100 VMMC, 50,235 HTC services and 75,600 FP services (funded by USG FP funds) in three high prevalence Southern districts. VMMC scale up is a key evidence-based prevention strategy in accordance with our PFIP and the National Action Framework.

Leveraging FP services, MC implementation will build on existing community health workers and communications activities to generate demand for FP services, including couples HTC. The platform will provide feedback on service uptake, potentially reducing discontinuation rates among FP acceptors and assisting men to adhere to post MC abstinence instructions. Utilizing elements of the MOVE model to optimize efficiency will include pre-packed consumable kits, multiple beds, increased task shifting of the services to nursing cadres, use of diathermy, increased surgical stations, and close collaboration with community based communications partners for steady demand at service sites. In later years, BLM will engage partners to pilot and integrate neonatal circumcision into the national Maternal and Neonatal Health program.

Alongside MOH, BLM will collect routine VMMC information, thus feeding into measuring progress and informing program strategy. BLM will undertake studies to look at post circumcision sexual activity and complications rates to further inform program quality.

BLM is requesting no vehicles FY12.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	25,000
Human Resources for Health	42,634
Motor Vehicles: Purchased	28,806

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Family Planning

Budget Code Information

Mechanism ID:	**12118**		
Mechanism Name:	**BLM CIRC GHAI**		
Prime Partner Name:	**Banja La Mtsogolo**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	710,562	0

Narrative:

Banja La Mtsogolo (BLM) will use FY12 resources to continue implementing an integrated VMMC, HTC and FP program, through expanded partnerships, for seasonal campaigns to reach an additional 21,000 circumcisions.
In FY11, BLM will deliver 9,880 VMMCs using five outreach teams in Mulanje, Phalombe and Thyolo, working in close partnership with BRIDGE II to do targeted community mobilization and demand creation. Key activities in year one include efficient and cost-effective procurement, recruiting qualified staff, providing a thorough induction and project orientation, delivering quality training, robust clinical supervision and project monitoring, and effective logistical support. The training will comprise: core skills, namely client focus, infection prevention and emergency preparedness; VMMC; and HTC and community mobilization.
BLM will work closely with other public and private VMMC providers, such as Christian Health Association of Malawi, Jhpiego, Population Services International and the Government of Malawi, to achieve the saturation goals set out in Malawi's VMMC implementation plan in high HIV prevalence districts. Additionally, BLM will draw from its experience working with private sector healthcare providers in the BlueStar social franchise to further strengthen the human resource commitment to MC scale-up in Malawi. BLM will pilot an approach to utilize skills found amongst franchisees to offer MC in line with WHO minimum standards to further increase human resource capacity of outreach teams during campaign seasons allowing surgical volumes to increase without the need to

employ additional staff on a full time basis.

Implementing Mechanism Details

Mechanism ID: 12119	**Mechanism Name: Building the Nursing Workforce and Nursing Training Capacity in Malawi**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Global AIDS Interfaith Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 344,943	
Funding Source	**Funding Amount**
GHP-State	344,943

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Global AIDS Interfaith Alliance (GAIA) is a 5-year agreement aimed at strengthening Malawi's HIV/AIDS and women's health programs by bolstering the national Malawian nursing workforce through pre-service nursing scholarships.

GAIA will add 130 new Bachelor of Science in Nursing (BSN) students. GAIA will provide BSN students with the necessary assistance for academic success, including supplementary academic assistance and clinical precepting. The project will enhance the pedagogical skills of nursing faculty and practicing nurses in antiretroviral therapy (ART), basic emergency obstetrical and neonatal care (BEmONC), and triage. Scholarships will also be provided to 4 graduate nurses to complete a master's degree in nursing.

The project serves key objectives of the GOM's national plan for training of health care personnel. Specifically, it supports Goal IV: Cross Cutting Systems Strengthening of the Malawi PFIP and the Global Health Initiative's (GHI) priority of providing quality care to reduce maternal, neonatal and child mortality and morbidity, and reducing new HIV infections through health systems strengthening approaches.

Increasing quality human resources to deliver health care is essential. As more faculty are prepared to train others

in ART, BEmONC, and triage, the cost of delivering key skills to students and providers will decrease. Over time, the personnel trained will impart the skills learned to others under a training-of-trainers model.
M&E will be achieved through monitoring of key indicators, such as the progress of students receiving scholarships, the number of faculty trained through data collected by in-country program monitoring, and analysis of data by GAIA's Monitoring and Evaluation Officer. One vehicle will be purchased in FY13.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	344,943

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**12119** **Building the Nursing Workforce and Nursing Training Capacity in Malawi** **Global AIDS Interfaith Alliance**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	344,943	0

Narrative:
The Ministry of Health (MoH) identified understaffing and low skill development as critical priority areas for PEPFAR assistance. There is a serious need to increase health personnel's skills to provide antiretroviral therapy (ART), child survival, and safe motherhood through basic emergency obstetrical and neonatal care (BeMONC). Additional training in triage will strengthen health personnel's skills to prioritize patients for care, train and oversee para-professionals to assist at over-stretched health centers. *Through USAID and matched funds, GAIA supports a pre-service program to train nurses at the Bachelor of Science (BSN) and diploma levels in Malawi. FY11 funds supported enrollment of 130 BSN students and 4 Master's students. Activities also support an in-service training program of 400 nurse faculty and practicing nurses in key skills of ART provision, BeMONC, and triage. Trainings leverage resources from different partners -- Ministry of Health resources support in-service training on the new ART regimen, leveraged JHPIEGO resources support BeMONC, and funds leveraged from MoH and Kamuzu College of Nursing (KCN) will support triage.* *Using FY12 funds, GAIA will also enroll an additioanl 253 Nurse Midwife Technicians (NMTs) in order to reach and 10 additional BSN students in training by 2014-2015 based on MoH's released establishment needs. The 253 NMT students will be educated through 4 CHAM schools selected due to reputation and feasibility of monitoring. Students will enter in cohorts of 21 in each of the four schools over three years (84 additional students supported in year one); the first graduates will be done by 2015 and monitored for two years bonded service after. Funds will support University of California San Francisco faculty consultation with CHAM to develop clinical training skills through simulation lab training, teaching skills using new methodologies, and curriculum review for midwifery, pediatrics and psychiatric nursing and develop hospital-based clinical preceptors*

Implementing Mechanism Details

Mechanism ID: 12120	**Mechanism Name: C-SEP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Save the Children US	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 264,926	
Funding Source	**Funding Amount**

GHP-State	264,926

Sub Partner Name(s)

(No data provided.)

Overview Narrative

C-SEP is a three year cooperative agreement implemented by Save the Children. Its goal is to help orphans and other vulnerable children (OVC) realize their full potential by strengthening participation in quality early childhood development (ECD) and psychosocial support (PSS). C-SEP will accomplish this goal by increasing access to and quality of ECD and PSS programs; improving household and community capacity to promote ECD and PSS; and strengthening policies and capacities in ECD and PSS. These activities support the "Impact Mitigation" goal of the Malawi Partnership Framework.

C-SEP is being implemented in 3 districts (Blantyre, Chiradzulu and Zomba), and works with the Ministries of Gender, Children and Community Development (MoGCCD), Health, and Education at the district level. In addition to the ministries, C-SEP works with the ECD network and community structures to ensure government-led collaboration and networking to identify opportunities for leveraging community resources to support the delivery of ECD and PSS. To ensure cost effectiveness in its implementation, C-SEP undertook a community resource mapping to identify leveraging opportunities and identified low-cost solutions to ensuring long-term availability of services at community level including the involvement of volunteers to deliver ECD and PSS services, strengthening parenting practices, and home-to-center linkages. Working through district level structures, and building the capacity of various actors and developing joint transitional plans for OVC graduating from ECD to primary schools, C-SEP ensures that over time local players will have capacity to deliver ECD and PSS. Monitoring and evaluation plans include joint supervision, quarterly reviews, baseline and reporting against set indicators.

Cross-Cutting Budget Attribution(s)

Education	264,926

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**12120**		
Mechanism Name:	**C-SEP**		
Prime Partner Name:	**Save the Children US**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	264,926	0

Narrative:

C-SEP is implemented by Save the Children. Its goal is to help orphans and other vulnerable children (OVC) realize their full potential by strengthening OVC participation in quality early childhood development (ECD) and psychosocial support (PSS). The key objectives are increasing access to and quality of ECD and PSS; improving local capacity to promote ECD and PSS; and strengthening ECD and PSS policies. This activity furthers PEPFAR's objectives by strengthening families as primary care givers of children and supporting communities to create and support protective environments for children 0-5 years of age.

By raising awareness of the importance of ECD and working with and building the capacity of local actors – government structures, community volunteers and caregivers at the household level – C-SEP ensures increased availability and promotion of and capacity to provide PSS and ECD services now and beyond C-SEP's period of performance. C-SEP ensures that OVCs have access to education at an earlier age and have an equal start in schooling. By conducting a baseline, review meetings and data collection, C-SEP will create evidence that ECD is critical for OVCs.

C-SEP was successful in supporting the establishment of 68 community-based child care centers (CBCCs) and children's corners (CCs), and trained 285 caregivers. During 2010/11, 4,672 OVCs were in enrolled at CBCCs, and by end of 2011, C-SEP had transitioned 850 children to 41 centers in primary schools. C-SEP's accomplishments also include training 30 officials in the "Journey of Life" series and 284 Children Counselors to support the CCs, and 7,938 children participating in the CCs.

Low education and literacy levels affected caregiver selection and training as extra attention was given to people with low education levels. Malawi has set a minimum education level at primary school completion and this seems to address the challenge. Fuel scarcity has affected C-SEP and the project is looking at ways of ensuring constant fuel availability through bulk buying.

Implementing Mechanism Details

Mechanism ID: 12125	**Mechanism Name: Scaling Up Palliative Care Services in Malawi**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: African Palliative Care Association	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 134,455	
Funding Source	**Funding Amount**
GHP-State	134,455

Sub Partner Name(s)

Palliative Care Association of Malawi		

Overview Narrative

African Palliative Care Association's (APCA) goal is to scale-up palliative care (PC) services in Malawi. The project's key objectives are to strengthen the human and institutional capacity of Palliative Care Association of Malawi (PACAM) to effectively coordinate PC development in Malawi; promote linkages and sharing of knowledge between and among PC providers; advocate for the availability of essential drugs required for provision of PC; and coordinate and facilitate PC education, training, standards and mentorship for NGOs, FBOs and government facilities to enhance the integration and provision of comprehensive PC within existing services. The target population is people with life-threatening and life-limiting conditions and their families.

APCA's objectives directly contribute to Malawi's PFIP goals by strengthening advocacy for the integration of PC services into existing health systems and national policies, improving drug availability and access for pain and symptom control, and improving the knowledge and skill base of providers of health care in the components of PC. APCA also supports GHI goals of developing human resources for health and supporting strengthening of the supply chain and management system for delivery of drugs.

Cost effectiveness will be achieved by integrating activities into existing health services, building the capacity of PACAM to write proposals, fundraise, and manage projects, and training staff within the health system will build sustainability within the project's activities so that local institutions will ultimately be able to provide PC. A results

framework with clear indicators has been developed. PACAM is collecting the data, and APCA is providing mentoring in monitoring and evaluation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12125**		
Mechanism Name:	**Scaling Up Palliative Care Services in Malawi**		
Prime Partner Name:	**African Palliative Care Association**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	134,455	0

Narrative:

HIV positive patients can experience pain due to opportunistic infections and HIV-related cancer. The lack of a national palliative care (PC) policy and standards are key impediments to expanding access to effective assessment of pain and its management.

APCA promotes linkages and sharing of knowledge between and among PC providers within Malawi, and by coordinating and facilitating PC education, training, standards and mentorship for non-governmental organizations (NGOs). PACAM will continue to work with faith-based organizations (FBOs) and government facilities to enhance the integration and provision of comprehensive PC within existing services in 3 regions of Malawi. Activities include adapting a curriculum for training male caregivers, and conducting PC training for religious leaders, social workers, traditional healers and community volunteers.

Previously, PACAM supported the Ministry of Health (MOH) to develop a national referral form for PC services for HIV/AIDS patients. In FY12, PACAM will train facilities on using the referral form. A review will be conducted to ascertain the extent to which the form is being used and that people who need it are being referred for PC. *To promote linkages among providers, 3 PC meetings will be held to provide an update on advances and share lessons learned. PACAM will also update the mapping of home-based care programs which have integrated PC and identify any gaps for targeting further development of referrals.* *A national task force will be established to present the draft national policy at 3 regional stakeholder meetings; the final version will be presented to the government for approval and dissemination. Advocacy activities will target the adoption of the Opioid Dosing Guidelines as a national document, including the completion of a standards audit to ensure the quality of care. A prescriber's curriculum – focusing on morphine storage, records keeping and reporting systems – will also be written and piloted with 10 doctors.* *Basic program monitoring data will be collected by PACAM with continued mentorship and guidance from APCA's M&E Manager. Indicators and targets have been set for each of the activities.*

Implementing Mechanism Details

Mechanism ID: 12126	**Mechanism Name: Feed/OVC/GHAI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Feed the Children	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,360,521	
Funding Source	**Funding Amount**
GHP-State	1,360,521

Sub Partner Name(s)

Orphan Support Africa	Total Land Care	World Relief Corporation

Overview Narrative

Tiwalere is a five year project that takes a comprehensive approach to food security, nutrition education, income generation, and water and sanitation improvement. Tiwalere's goal is to ensure improved well-being of OVCs in

15 districts, targeting 73,051 children and 39,261 households. This goal will be achieved through three strategic objectives which support the impact impact mitigation goal of the PFIP. The first objective is to improve the health and nutrition status of children aged 0-59 months. This is done through activities such as provision of fortified corn-soy flour to children attending community-based child care centers and through nutrition education to parents and caregivers. The second objective aims at sustainable improvements to food security by promoting new farming methods and improved crop varieties. Income generating activities increase incomes of beneficiaries. The third objective is to enhance the capacity of households caring for OVC.
Tiwalere strengthens linkages with key government ministries and other NGOs at the national, district and community levels through participation in their regular meetings, and by supporting capacity building activities. Performance monitoring is an on-going process that allows Tiwalere to determine whether or not the project is making progress towards its intended results. The project is implementing a strong community based behavior change program which promotes health, nutrition, and wash interventions, which empower communities to take ownership of health issues which affect them. In addition, economic strengthening activities, such as village and savings loan schemes will create a virtuous cycle that will improve household income, food security and health and nutritional status.

Cross-Cutting Budget Attribution(s)

Construction	20,136
Economic Strengthening	81,664
Education	174,242
Food and Nutrition: Commodities	46,219
Food and Nutrition: Policy, Tools, and Service Delivery	52,051
Water	4,169

TBD Details

(No data provided.)

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID:	12126		
Mechanism Name:	Feed/OVC/GHAI		
Prime Partner Name:	Feed the Children		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,360,521	0

Narrative:

The Tiwalere project is implemented by a U.S.-based NGO, supported by four subpartners. The goal of this activity is to improve the wellbeing of Orphans and Vulnerable Children (OVC) in 15 districts of central and northern Malawi. Most of the project activities are evidence-based – meaning they have been tested before. Vitameal will be monitored and recorded to see if its usage would contribute to improvements in the nutritional status of under-five children. Key activities include distribution of corn soy blend to children enrolled in CBCCs and their surrounding communities, and health and nutrition education to households with children under the age of five through the care group model. To improve access to safe water, Tiwalere will repair and install wells and boreholes in CBCCs, and will distribute water purification products to CBCCs and surrounding communities. Interventions to improve food security include promotion of sustainable agriculture practices, as well as economic strengthening of CBCCs and OVC households. One of the successes to date includes distributing critical food supplements to children in CBCCs, reaching nearly 50,000 children in 603 CBCCs. Another success was the training of District Social Welfare Office (DSWO) staff in GIS and CBCC data mapping. As a result of this training, DSWO are now able to map Early Childhood Development (ECD) services in their districts. The major challenge encountered is the high demand for transport to the projects vast and remote sites which has heavily exceeded the current supply of project vehicles. Feed the Children Inc. Malawi Office has requested FTC HQ for extra vehicles. The other major challenge is that only 70% of project sites will receive the full package of project interventions due to project design and budget constraints. However , the Tiwalere project is on target to meet all it's original targets.

Implementing Mechanism Details

Mechanism ID: 12130	**Mechanism Name: Baylor College of Medicine**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Baylor College of Medicine Children's Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,065,984	
Funding Source	**Funding Amount**
GHP-State	1,065,984

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The primary goal of Baylor College of Medicine-Children's Foundation Malawi (BCM-CFM) is to expand the scope and reach of its Tingathe outreach program, which provides comprehensive PMTCT and Early Infant Diagnosis (EID) services to mothers and infants at participating facilities and facilitates prompt entry of infected infants and mothers into a continuum of care for optimal treatment outcomes. Tingathe strengthens systems to improve the quality and utilization of PMTCT, EID, and pediatric HIV care services thereby contributing to the reduction of maternal, neonatal and child mortality and morbidity and, ultimately, the reduction of new HIV infections. These targeted interventions are priority areas of USG support under the Malawi Partnership Framework and the Global Health Initiative (GHI) Strategy.

Currently, Tingathe operates in four sites in Lilongwe district, with plans to expand to four new sites in FY 2012. Additional activities under Tingathe include conducting operational research to identify service-delivery barriers and to develop strategies to overcome them. Addressing such obstacles will strengthen coordination and linkages between services to help ensure provision of comprehensive medical care and improve the quality of existing services and their capacity to absorb increased patient load via training, mentorship, and supervision of Ministry of Health (MOH) staff.

Through its robust monitoring and evaluation system Tingathe will improve adherence supervision and defaulter tracking activities (patient retention in care). BCM-CFM plans to procure one vehicle to assist program expansion outside of Lilongwe.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	319,500
Human Resources for Health	73,108
Motor Vehicles: Purchased	150,663

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12130**		
Mechanism Name:	**Baylor College of Medicine**		
Prime Partner Name:	**Baylor College of Medicine Children's Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	106,598	0

Narrative:

In COP13, Baylor Tingathe project will implement priority TB/HIV interventions in six high burden sites with a primary focus on HIV exposed/infected children and HIV positive pregnant women. The six sites include two urban health centres, one rural and four District hospitals in the Central region of Malawi. As part of its TB/HIV interventions, the project will strengthen intensified case finding, provision of IPT, and infection control practices. To improve TB case finding the project will adopt two main strategies. The first, called primary case finding, will integrate TB case finding into the project's existing HIV testing, PMTCT, pre-ART and ART interventions. The second strategy, called secondary case finding, will focus on secondary household contact tracing/case finding investigations in all cases identified through primary screening. Tingathe will provide training and clinical

mentorship to strengthen the clinical competency of service providers on the diagnosis and management of TB/HIV and establish good infection control practices that minimize TB transmission in health facilities.
In Malawi, provision of IPT is still in its early stages. The first (large scale) distribution of isoniazid and pyridoxine for the HIV programs reached ART sites during July 2012. In the last quarter of FY12, 27% of pre-ART patients were on IPT. A further increase in IPT implementation is expected in the coming months and year. Tingathe will support health facilities and providers in the roll out of the IPT program. Tingathe's support will include training, mentorship, supportive supervision and provision of job aids.
At community level, community Health Workers (counselors) will incorporate a TB symptom and history-based screening tool into all HIV testing. Patients who screen positive (for TB) will be referred for formal evaluation at the nearest health centre. The project Counselors will follow these cases through the entire process of diagnostic evaluation and treatment (if indicated). At Health facility level, counselors and clinical mentors will collaborate with MOH staff to routinely and formally integrate TB screening into patient encounters for HIV-infected and exposed patients enrolled in the Tingathe program. At high burden sites, a Counselor will administer a TB screening questionnaire while the patient is waiting to see the clinician. This screening process will help identify patients eligible for Isoniazid Preventive Therapy (IPT) versus those who need a full TB treatment.
Depending on need (e.g. staff turnover, programmatic changes), Tingathe will train/re-train additional health facility and community staff to make sure service providers have the knowledge and clinical competence they need to fully implement TB/HIV services.
Tingathe will implement a monitoring and evaluation plan that is harmonized with the national M&E framework. In COP13, the project will begin tracking and reporting on key indicators including coverage of TB screening, initiation of TB treatment among pre-ART and ART patients and provision of IPT.
All Tingathe interventions are in line with the national TB program strategy and MOH's HIV/AIDS guideline. The project will coordinate with the national TB program and other key partners including the USG funded TBCARE II project.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	159,898	0

Narrative:

In partnership with the Ministry of Health (MOH), BCM-CFM aims to scale up the provision of comprehensive pediatric HIV care at antiretroviral therapy (ART) clinics across the country through the pediatric HIV outreach and training program. BCM-CFM has developed a systematic approach and comprehensive training package for on-site training and clinical mentorship of MOH providers in PMTCT, EID, and pediatric HIV care and treatment. BCM-CFM clinicians and nurses work with hospital and health center systems to ensure better linkage between departments, identification of high-risk patients, and help the health facilities set up PITC systems. These activities have contributed to the improved capacity of ART clinics and providers to offer quality care and increase the enrollment of HIV-infected and exposed children. To ensure the quality of care remains consistent, MOH providers

will be trained and supervised so all sites participating in the program will be able to offer this minimum package of services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	639,590	0

Narrative:

BCM's Tingathe program focuses on using community health workers (CHWs) to bridge clinical services, improve linkages between programs and providers, ensure proper follow-up, and increase access to services for HIV+ children and their families. The goal is to create a decentralized, complete continuum of care for mother-infant pairs between ANC, PMTCT, ART, EID, and pediatric HIV care and treatment. CHWs follow clients to their homes and health center, from initial diagnosis until final negative diagnosis, or successful enrollment of HIV+ infants into care. HIV+ infants are followed to ensure they are receiving appropriate services.

Tingathe continues to make major contributions to scaling-up PMTCT programs in Malawi through the expansion of geographic coverage from the current four sites in Lilongwe, which has 1,946 active and enrolled clients, to 10 sites in four districts in the central region by end of FY12. By end of FY13, the target is to reach 3,900 mother-infant pairs. Tingathe will continue to track progress toward targets through patient registers, database, and monthly reports from the sites.

Tingathe is involved in community sensitization and education through daily health talks at health centers, regular meetings with teachers and village leaders, and large-scale sensitization events. Tingathe works with Feed the Children to provide Vitameal to all pregnant mothers and infants, and links clients with acute malnutrition to outpatient therapeutic programs.

Tingathe estimates $200 per patient/unit receiving PMTCT. To help decrease cost and increase efficiency, the program is planning to utilize patient groups as piloted by MSF in Mozambique and fostering more involvement of Ministry of Health (MOH) staff in the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	159,898	0

Narrative:

Currently, children make up only 9% of PLHIV that are alive and on treatment. In COP13, pediatric ART will be one of the major areas of support to the national HIV/AIDS program. The current national guideline stipulates universal ART for HIV-positive children less than 2 years, and HIV-exposed infants with Presumed Severe HIV Disease. The project will use clinical mentorship, supportive supervision, and in-service training to build the skills of health providers in Pediatric ART, including timely initiation, provision of appropriate regimen and dosage, clinical and lab monitoring of ART, and caregiver counseling.

In addition to improving the quality of pediatric ART services, the project will focus on optimizing the identification of HIV-infected children, and facilitate their enrollment and retention in care/treatment. Tingathe has a team of

community health workers that facilitate the smooth progression of clients (HIV positive women, HIV exposed infants, HIV positive children) through the PMTCT – Pediatric Care/Treatment continuum. The Community Health Workers play a key role in making sure HIV-exposed infants are enrolled into the EID program (immediately after birth), HIV positive infants are enrolled in care/treatment, and liaising with HSAs for the tracing of exposed infants who miss their EID schedules or HIV positive children who miss their ART schedules. *Tingathe will train/mentor health workers in the proper application and use of the national monitoring and evaluation tools. Project staff will particularly emphasize the need to capture complete maternal and infant information on the heath passport and master cards.*

Implementing Mechanism Details

Mechanism ID: 12131	**Mechanism Name: Christian Health Association of Malawi**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Christian Health Association of Malawi	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 700,001	
Funding Source	**Funding Amount**
GHP-State	700,001

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: (A) Scale-up high quality HIV treatment and PMTCT through Malawi's Christian hospitals and (B) and support access to HIV services through training new health workers. The Christian Health Association of Malawi (CHAM) is an ecumenical, non-profit umbrella organization for church-owned health facilities providing health care to 40% of all Malawians. It has 41 hospitals and 132 health centers across Malawi, 90% located in rural hard-to-reach areas. CHAM also has 12 training colleges producing 77% of all new nurses in Malawi.

CHAM's national response against HIV was limited by weak staffing and funding historically. Under PEPFAR it set-up comprehensive HIV services in four key hospitals in FY09, and scaled up to six more (ten total) the next year. Hospitals were selected based on disease burden and gap needs for HIV/TB services, in districts with high burden. Coordination, scale-up and monitoring for services in the faith-based sector is strengthened in this partnership, which also develops management capacity in CHAM for further scale-up in its network. Another core objective is to support the training of front-line health workers for Malawi's health system and national HIV response. PEPFAR now supports 550 students to become nurses, clinicians, pharmacy and lab professionals through CHAM colleges, linked to strengthening the nurse colleges through other programs including I-TECH, GAIA and ICAP. In COP 12 and 13 CHAM will scale-up the HIV service program to another 20 sites, focusing on highest burden communities, and support an intake of an additional 250-300 health professional students (most nurses), to assist in closing Malawi's large deficit in frontline health workers delivering HIV and essential health services in the public sector nationally.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**12131**		
Mechanism Name:	**Christian Health Association of Malawi**		
Prime Partner Name:	**Christian Health Association of Malawi**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	5,000	0

Narrative:

Impact: Deliver a comprehensive family-centered HIV care package according to MOH guidelines, including pre-ART and primary care services, in all target facilities and community settings.

A standard package of integrated care components are specified under the new national HIV program guidance under the umbrella HIV Care Clinic (HCC) concept. This model promotes integration of services to facilitate access for clinical monitoring, preventive services and ART for family members affected by HIV. In this family-centered approach, clinic services are offered at the same time and in the same clinic for ART, follow-up of HIV-exposed infants, and pre-ART follow-up for children and adults. Pre-ART, in particular, is critical to establish an effective continuum of care for HIV-affected patients and families and to assure that individuals are transitioned to HIV treatment early and without being lost to follow-up.

Reorganizing clinic operations to support an integrated HCC service delivery, promoting male involvement, and scaling up pre-ART services under this new national guidance are among the key approaches for supporting effective HIV care at the PEPFAR supported CHAM hospital sites. Supporting high quality treatment and care for HIV-exposed and infected children, including Early Infant Diagnosis (EID) services and follow-up for exposed infants, facilitated by efficient specimen transportation networks, is another. Integral in this service model are the preventive services (see below) such as PHDP, family planning, and STI services, which are at the core of primary health services delivered under this approach. Effective TB screening and treatment is also supported by the Pre-ART and HCC programs.

CHAM will lead its facilities under PEPFAR support to adopt these more effective, integrated care models consistent with MOH guidelines, through facility improvements, program funding and support, technical assistance, trainings, and supportive supervision. In some hospitals with very remote, rural catchments, the program funding will also support community outreach with clinical treatment and care as well as prevention services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVTB	5,000	0

Narrative:

Impact: Provide effective TB and HIV services consistent with national guidelines to co-infected patients, through promoting TB and HIV service integration and delivering stronger services in the "three I's" model, including intensified case finding (ICF), isoniazid preventive therapy (IPT), and infection control (IC).

Integrated TB and HIV prevention, diagnosis, and management services will be provided in all targeted facilities with higher TB and HIV case burdens, according to national program guidance. Particular attention will focus on reducing delays in ART treatment initiation for TB-HIV co-infected patients and promoting simultaneous enrollment in TB and HIV chemotherapy, with strong clinical and program support. HTC counselors will conduct routine TB screening using a standardized checklist. Routine PITC will be provided for all TB patients and referral systems will be established to facilitate access to ART services, in locations where they are not fully integrated. CPT and IPT shall be provided to eligible TB-HIV patients in addition to other components of the HCC care model. In facilities, CHAM will support the establishment and implementation of effective IC guidelines and practices, in cooperation with the MOH. At district-level, CHAM will support the decentralization of TB registration sites and other initiatives in order to fill gaps and expand access under the National TB Program (NTP) strategic plan. At community level, peer education and "edu-tainment" will be conducted to raise awareness, increase community-based case finding and emphasize TB infection control principles. CHAM will collaborate with local organizations and DHO initiatives to establish and strengthen sputum collection sites at community level, to operationalize community-based case finding. Finally, key CHAM facilities will engage, through cooperative support of other PEPFAR partners, to strengthen laboratory-based diagnostic services for TB case finding, including optimization of fluorescent LED microscopy or other novel diagnostic approaches.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	400,001	0

Narrative:

Impact: Support the intake of an additional 250-300 new nursing and other health professions students in CHAM training colleges and build stronger capacity for human resources for health (HRH) to support Malawi's HIV response and broader health sector needs.

Malawi's substantial deficit of health professionals to staff its public sector (MOH and CHAM) facilities is recognized as one of the nation's greatest challenges in health. Ten CHAM colleges train health workers for Malawi, and a total of 450 new health care workers graduate each year. CHAM nursing colleges train more than 70% of Nursing Midwife Technicians (NMTs) and graduates fill critical staffing needs in 80–90% of MOH and CHAM rural health facilities. In 2006, the MOH asked CHAM to rapidly scale up their training programs, and to

double their intake of new students within one year. To support the national human resource for health (HRH) plan to increase output of critical health workers and alleviate the HRH crisis resulting from a chronic shortage of health professionals, 550 students in CHAM colleges are being provided with bursaries through PEPFAR funding currently, and will serve in the rural areas upon graduation, as part of their bonding agreement. Bursaries support 300 NMTs, 50 clinical officers, 50 laboratory technicians, 20 pharmacy technicians, 100 medical assistants, 30 pharmacy assistants. In addition, bursary support is being provided for the training of 21 nurse-tutors at Masters level, to ensure appropriate tutor- student ratios are maintained through the rapid scale-up of training institutions' outputs. This also supports the delivery of health services defined in Malawi's Essential Health Package (EHP), including the reduction of maternal mortality. Starting with COP FY12, additional intakes of NMT students will be supported by PEPFAR on an annual basis. This support may be expanded to other priority health worker cadres. Between 250 and 300 students will be funded for one year of study with this budget amount in COP12 (prior student intakes will continue to be funded by PEPFAR budget sources from prior years, for their 2nd and 3rd years of study). Support for bursaries complements a strategic mix of technical assistance in collaboration with other partners supported by PEPFAR-Malawi (I-TECH, GAIA, NEPI ICAP, etc.) to increase training institution outputs and improve the quality of pre-service education of health care workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	15,000	0

Narrative:

Impact: Identify and enroll HIV+ children in services, through aggressive PITC among children in medical and nutrition clinics and wards, and expand access to HIV services for vulnerable populations through improved HTC and prevention services.

Under-diagnosis of HIV in children in Malawi is well documented and is a priority focus for PEPFAR under COP 12. PITC will be aggressively for children presenting in both clinical and nutrition units, and identified HIV+ children will be immediately linked in to pre-ART and staging for ART under the national family-care model. Uptake will be supported by program mentors supported by PEPFAR. PITC will also be integrated in STI and TB clinics in all facilities, following successful program models implemented in Malawi and consistent with national program guidelines. HTC services are provided free of charge at CHAM facilities and given the rural location of most facilities, this will support national efforts to attain universal access to HIV testing in hard to reach areas. Access to HIV services will be further enhanced as CHAM will continue to conduct sensitization campaigns and provide door to door counseling and testing in rural communities. In addition, CHAM will support programs to address testing and counseling needs of special groups including health service providers in line with HIV work place policy, and at risk populations, such as prisoners and seasonal fishermen. HIV testing services for the youth and couple counseling will also be implemented. In order to support those tested, post test clubs and PLWHs support groups will be established to support individuals living positively with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	0

Narrative:

Impact: Contribute to national scale-up of integrated treatment and PMTCT through increased coverage and effectiveness of PMTCT services in CHAM health facilities, supporting the elimination of MTCT of HIV in Malawi.

CHAM facilities form part of the public sector HIV strategic plan and response, alongside MOH facilities. In line with the new national HIV integrated guidelines, CHAM has implemented ''test and treat'' for all HIV-positive pregnant and lactating women (Option B+) since September 2011. All antenatal clinics (ANC) in CHAM offer PMTCT and have become ART expansion sites. Integration of HIV services with ANC, maternity, postpartum, under-5 and family planning will be fostered in this program and scaled up, consistent with the MOH integrated program guidance and a family-centered model based on covering the entire continuum of care. This is consistent with the HIV program model which was implemented in ten CHAM hospitals during the first two years of the PEPFAR cooperation, and which was designed specifically to anticipate the integration and program expansion underway currently in Malawi. In COP FY 2012 and 2013, the programmatic gains implemented and proven in those first ten sites will be scaled out to twenty additional CHAM facilities across Malawi. Additional clinical program support will be added through mentoring, aligned with and supporting Malawi's national HIV mentoring program, to increase the quality and uptake of PMTCT, treatment and care objectives, including pediatrics.

While the new program offers promise and a better approach for comprehensively reaching HIV-positive pregnant women with effective means of both prevention and treatment, the outcomes leading up to this period suggest that many women have been missing crucial PMTCT interventions. Loss to follow-up occurs associated with poor access to health services (distance) and stigma. Access will be facilitated through expanded implementation of community outreach clinics providing integrated ANC and ART services in some remote and rural catchments, and following-up patients actively using cell phones. Community based approaches and linkages to health facilities will be achieved scaling up peer support interventions to new sites. This will include sensitization and psychosocial peer support for eligible women to support adherence to ART, strategies to reduce stigma and the active promotion of male involvement. Couple counseling will be implemented through community support groups with the use of 'Couple to Couple' mentors.

The program approach will also support the mother-infant-pair (MIP) to assure that essential clinical program elements of the PMTCT are delivered. This will include tracking patients to prevent loss to follow up and support adherence to therapy, and assuring that timely EID testing is completed with result returned for patient management. It will also include provision of associated essential services (or linked community referrals) for core components of primary care services for HIV+ women and their infants, including family planning, PLWHD, nutrition, and malaria prevention.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	100,000	0

Narrative:

Impact: CHAM hospitals serving communities with poor access to HIV services will increase the reach, uptake and quality of HIV treatment through strongly-performing programs delivering integrated HIV services under the MOH family-centered model.

PEPFAR has supported CHAM to implement and scale-out more effective HIV treatment, care and PMTCT services at its priority, higher-burden hospitals across Malawi, by support the development of holistic and integrated services under the family-centered HIV care model now being rolled out nationally in Malawi. With the implementation of Malawi's new guidelines and B+ approach for PMTCT in September 2011, there is strong opportunity to build on capacity developed over the past 2 years with PEPFAR support, and maximize the reach of HIV treatment and care within their catchments. CHAM hospitals are developing effective models of outreach and rural-based program scale up, to expand access to high-quality clinical programs to people in the most remote regions of Malawi. Treatment support will be expanded from ten key CHAM facilities (in FY11) to twenty additional rural CHAM hospitals under COP12 and 13. PEPFAR support will help CHAM to share experiences and best practices across facilities and regions, and consolidate guidance for most effective approaches. CHAM will also add clinical and program mentoring to the capacity building support provided to sites with PEPFAR support, as part of the national MOH mentoring program which is accompanying and supporting the uptake of integrated HIV services nationally. CHAM and facility staff will participate with MOH in conducting the national quarterly site supervision (M&E) exercise, and will leverage that experience back into program improvement at their home facilities.

Other aspects of quality and access will be emphasized in the CHAM program approach to adult treatment and care. Importantly, increased access to CD4 testing will be assured at all CHAM supported sites, which linked to pre-ART services, will assure that effective staging and timely initiation of ART is completed. As viral load (VL) capacity is also developed in Malawi, through PEPFAR support, in FY12 and 13, patients being followed in the CHAM sites will also be linked in to higher quality treatment monitoring.

CHAM will strengthen its capacity in program M&E by establishing a standardized monitoring system for member health units to ensure accurate data collection, analysis and utilization for information driven decision making. An electronic data system (EDS) will be established across the participating facilities in collaboration with Baobab, strengthening patient management and program M&E alike. Tools and modules will be piloted and adopted for routine programs and databases will be developed at the CHAM Secretariat. Capacity building will be conducted for all program staff in data recording, analysis, and the appropriate utilization of program data at both facility and CHAM Secretariat-levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	125,000	0

Narrative:

Impact: CHAM hospitals serving communities with poor access to HIV services will increase the reach, uptake and quality of HIV treatment for infants and children, through effective programs delivering integrated HIV services under the MOH family-centered model.

Pediatric treatment and care in Malawi is characterized by poor access and quality outside of urban centers, contributing to under-representation of children in programs nationally and a very low percent coverage of ART (30%) compared to need for children. Clearly part of the weak performance is due to failure to test and identify HIV+ children. PEPFAR will support CHAM to take an aggressive approach to PITC for children presenting to clinic and nutrition centers, and support strong program gains for EID in CHAM facilities, in order to better identify infants and children requiring enrollment in pre-ART and ART programs. Community outreach will also be used to increase the reach of HIV testing to children. The availability of HIV test kits for diagnosis, and of CD4 tests for staging of HIV+ children, will be prioritized. If necessary, PEPFAR funds will be used to ensure that test kit supplies are maintained and prioritized for key strategic needs, such as testing in ANC and PITC for children.

Capacity building for treatment of infants and children will be supported through training of clinical providers, backed up by program and clinical mentoring. PEPFAR will support the addition of a clinical mentor to the CHAM team, who will participate in the MOH's coordinated national HIV mentoring program, working to support building capacity for program quality and effectiveness both at the level of zonal and district mentoring teams, and through those teams, with the CHAM facilities and providers themselves. Capacity to deliver high quality pediatric treatment and care, consistent with the national guidelines and program model, will be developed through this approach over time. Mentoring will be coordinated with the MOH quarterly site supervision process, to complete a real time evaluation and feedback loop leading to improved performance. Pediatric ART enrollment and pre-ART are expected to be bolstered through this approach and the technical support of the PEPFAR team.

Implementing Mechanism Details

Mechanism ID: 12638	**Mechanism Name: Support for Service Delivery-Excellence**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 7,309,352	
Funding Source	**Funding Amount**
GHP-State	3,516,040
GHP-USAID	3,793,312

Sub Partner Name(s)

Care International	PLAN International	Save the Children US

Overview Narrative

The Support for Service Delivery Excellence (SSD-E) project will reach 6.5 million Malawians with Essential Health Package (EHP) services, including PMTCT and other HIV services. SSD-E will implement an integrated service delivery program that will ensure expansion and improved quality of priority EHP services at the community and referral (health centers and district hospitals) levels. All actors in the household-to-facility continuum of care (i.e., women, men, youth, community leaders, HSAs, clinical providers, and district managers)will be empowered to play their part in increasing access, utilization, quality, and demand for health services. SSD-E's strategy will "reach the un-reached" by tracking individuals along the life cycle to ensure continuity of care, and other strategies such as engaging in catchment area mapping to enlist target households. Specific HIV interventions will include PMTCT, HCT, infection prevention, parent-infant pair follow-up for HIV-positive mothers and/or fathers and exposed infants, nutrition and HIV care support groups.

The project activities will be implemented in 11 out of 28 districts and will contribute to the PFIP goals of reducing new HIV infections, improving quality of care and strengthening health systems. The project's M&E will enable effective tracking of project implementation and results. SSD-E will strengthen the capacity of its local partners with the aims of fostering a sustainable HIV response. Some examples of capacity building efforts include clinical skill transfer through mentoring, infrastructure improvement, monthly supportive supervision to health facilities and districts for M&E, and sub-granting to community-based organizations along with technical support on financial management.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	350,000

Human Resources for Health	2,366,710
Renovation	30,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**12638**		
Mechanism Name:	**Support for Service Delivery-Excellence**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	790,993	0

Narrative:

This project will support a wide array of HIV/AIDS care and support services in six districts of Malawi. The project's interventions will primarily be facility-based and target people living with HIV. The project will aim to increase availability of key services and improve the quality of service delivery. Based on the package of services defined in the national clinical care guideline and the program components outlined in the COP technical considerations, the key areas of focus will include diagnosis and management of opportunistic infections, provision of CPT, family planning, adherence counseling, and assessment of and linkage to ART. In order to improve the quality of services, the project will support the implementation of the national clinical mentorship program in the

six districts and provide technical and financial support for the training/re-training of health providers. In COP 13, SSDI-services will collaborate with the District Health Office and community-based partners to strengthen the community-health facility continuum. This will involve establishing support groups, strengthening bidirectional referral systems, tracing of defaulters, etc. The project will also seek to enhance access to non-clinical care and support services by creating/updating service directories (food support, IGA, etc.), working closely with stakeholders outside of the health sector (e.g. food security activities), and implementing efficient referral mechanisms. The project will monitor the effectiveness of its interventions by tracking key indicators such as CPT coverage, CD4 monitoring of pre-ART patients, completeness of referrals and LTFU rate. The project will implement Performance Quality Improvement (PQI) methods to help health facilities learn from their implementation and improve their performance continuously. The project will undertake operations research in order to understand specific patient- and program-level challenges that may influence attainment of project goals and desired health outcomes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	374,886	0

Narrative:

In COP13, SSDI-services will implement priority TB/HIV interventions in six districts of Malawi. These interventions are in line with the national TB strategy and MOH's HIV/AIDS guideline. The project will coordinate its activities with the national TB program and other key partners including the USG funded TBCARE II project.
At the health facility level, SSDI-services will provide in-service training and mentorship to TB and HIV service providers with a focus on regular screening of TB patients for HIV and vice versa, timely initiation of co-infected patients on ART, provision of IPT, and appropriate implementation of DOTS. Based on need and availability of resources, the project will undertake renovation of TB and HIV clinics, as well as in-patient wards, to minimize the risk of TB transmission within the clinical setting and create space for a one-stop shop TB/HIV services. Depending on need (e.g. staff turnover, programmatic changes), SSDI will train/re-train additional staff to make sure they possess the knowledge and clinical competence they need to fully implement TB/HIV services.
In Malawi, provision of IPT is still in its early stages. The first (large scale) distribution of isoniazid and pyridoxine for the HIV programs reached ART sites during July 2012. In the last quarter of FY12, 27% of pre-ART patients were on IPT. A further increase in IPT implementation is expected in the coming months and year. SSDI will support health facilities and providers in the roll out of the IPT program. SSDI's support will include training, mentorship, supportive supervision and provision of job aids.
At the community level, the project will establish sputum collection points and facilitate the transportation of samples and results to and from diagnostic labs. . The project will identify community volunteers and train them to ensure they have the required skill to manage a sputum collection site and a sample/result transportation network. The project will also implement effective referral mechanisms and link TB patients to health facilities for further work up and treatment. Through its Community-based family planning Distribution Agents, which also conduct

door-to-door HIV testing, the project will avail HIV counseling and testing services to individuals suspected of TB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	374,886	0

Narrative:

SSDI will strengthen the provision of key pediatric HIV services including early infant diagnosis, prevention and management of OIs, and timely initiation of ART. As an integrated platform (i.e. HIV and other health programs including MCH), the project is well positioned to influence a broad range of basic child health services that will synergize with the work done through PEPFAR. Nutritional counseling, assessment and support interventions will be integrated into pre-ART and ART clinics through in-service training, mentoring, provision of job aids, etc. HIV-exposed and infected children with malnutrition will be linked to nutritional rehabilitation units and their caregivers referred to community-based nutrition/food security programs.

To enable timely identification of HIV positive children and enrollment into care, SSDI will support collection and transportation of EID samples/results, provide training, procure EID kits, and develop SOPs for sample and result transportation. Additionally, health providers in under-five clinics, in-patient wards, and nutritional rehabilitation units will be trained on provider-initiated testing counseling, and linkage to other HIV and MCH services. The project will support the Ministry of Health to develop a 5 year EID scale up plan.

The project will coordinate with OVC programs to establish effective linkages that meet the health and HIV needs of OVC, as well as the social, economic, legal, and educational needs of HIV-exposed and infected children and adolescents. Health Surveillance Assistants will serve as the critical link between health facility services and community-based programs. Additionally, the project will help establish facility – and community-based support groups for exposed infants, HIV infected children, adolescents, and their families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	374,886	0

Narrative:

In targeted facilities, SSDI-services will strengthen the diagnostic capacity of laboratories to conduct key clinical laboratory tests. This will be accomplished through procurement of CD4 machines, development and/or operationalization of QA/QC systems, mentorship of laboratory technicians, etc. A recent HTC review revealed gaps in the quality of HIV testing. One of the major priorities for this year will be improving the quality of HIV testing conducted at various points within the health facility. Additionally, SSDI-services will support the collection and transportation of samples (sputum, EID, CD4 and VL) as well as timely return of results. The project will collaborate with MOH and USG lab partners to align its support with the national strategy for sample transportation. The project will also explore/adopt innovative technologies that will shorten the turnaround time for lab results such as CD4 and DNA PCR. PEPFAR standard indicators will be used for the regular monitoring of

project interventions and measure progress the labs are making. SSDI-services will work with USG lab partners on accreditation of labs through the SLMTA process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	174,886	0

Narrative:

SSDI-services will train and mentor health providers and data clerks on the national monitoring and evaluation tools (registers, reporting forms). The project will ensure regular availability of registers and reporting forms. The project will also facilitate monthly performance reviews that will enable managers and service providers to reflect on their achievements, identify bottlenecks and implement corrective actions.
SSDI-services will provide financial support for the deployment of the electronic data system (EDS) in high volume sites. EDS will support patient care and facilitate routine data management for monitoring and evaluation.
In order to enhance the quality of data generated at the health facility, SSDI-services will assist health facilities and district health offices to implement data quality assurance mechanisms, and conduct periodic data quality assessments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	174,886	0

Narrative:

Most health facilities in Malawi face numerous health systems challenges (poor infrastructure, shortage of skilled HRH, etc.) that affect the effective delivery of HIV/AIDS services. In FY14, SSDI-services will undertake renovation in selected health facilities. These renovations will improve the quality of service delivery by facilitating patient flow, creating a good working environment for providers, reducing risks of nosocomial infection (such as TB), and creating secure spaces for key commodities such as ARVs and test kits. Through in-service training and regular clinical mentoring, SSDI-services will facilitate the appropriate implementation of the national HIV/AIDS guidelines. The project will also assist health facilities develop and implement tools that will enable regular monitoring of key commodities such as rapid test kits and ARVs. Standard Operating Procedures will be developed that will guide linkage between various service delivery points within a health facility.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	749,772	0

Narrative:

HIV testing and counseling is a key HIV prevention tool and an entry point to HIV/AIDS care and treatment

services. In order to expand access to HTC, SSD will train and mentor HCWs on HIV counseling and testing. In addition to health facility HTC, the project will implement door-to-door HTC that is integrated with counseling on and provision of family planning commodities. In total, it's expected that SSD will facilitate the counseling and testing of 149,400 individuals including pregnant women.
SSD will also strengthen provider-initiated testing and counseling in multiple points within the health facility, including immunization clinics, cervical cancer screening programs, STI and post-abortion care clinics.
SSD will maximize the benefit of increasing access to HTC by establishing effective referral systems for HIV positive individuals both in health facilities and communities. The program will also promote couples counseling and testing and improve healthcare worker skills in couples counseling.
SSD, in collaboration with USG lab partners, will assist District Health Offices (DHOs) and health facilities to establish an External Quality Assurance (EQA) for HIV tests.
The project has established a robust monitoring and evaluation system that will enable effective tracking of HTC activities and results including number tested, test result, couples testing, client-initiated/provider-initiated HTC, etc.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,215,240	0

Narrative:

SSD will support implementation of the national PMTCT program through both facility- and community-based approaches to establish ART/PMTCT mentoring programs in 50% of health facilities in 11 districts and will ascertain the HIV status of 124,500 pregnant women. At the facility level, SSD will assist the Ministry of Health (MOH) and districts to improve access to and quality of PMTCT services by training health workers, supporting integrated clinical mentoring, and improvement of infrastructure. These interventions will aid successful application of Malawi's new integrated ART/PMTCT guidelines adopted in July 2011. Through its life-cycle approach, SSD will foster provision of integrated services for HIV positive pregnant and breastfeeding women including FP, MCH, and ART. In order to promote continuous quality improvement in service delivery, SSD will implement Performance and Quality Improvement (PQI) initiatives using its Standards Based Management and Reward (SBM-R) approach. SSD will work with District Health Management Teams (DHMTs) and communities during action planning to identify areas where dilapidated or insufficient infrastructure creates barriers to effective integration and might be remedied through a simple intervention (e.g., modifying a health facility structure through the construction of a wall enclosure that create conditions for counseling to take place with privacy and confidentiality). SSD will establish mother-infant pair (MIP) follow-up programs in the facilities and communities it targets. The MIP follow up will improve adherence to ART, early access to EID and linkage to pediatric care and treatment services. As part of its community MNCH package, SSD will deploy community health workers who will engage the community with the aim of increasing utilization of key health services including HTC, ANC early in pregnancy, and institutional delivery. Its community volunteers will provide door-to-door HIV testing and

counseling and link HIV positive individuals with facilities for pre-ART or ART services. The program will champion male involvement in PMTCT and other health needs of the community. Finally, SSD will work with HPSS to strengthen district and health center leadership capacity.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,704,031	0

Narrative:

COP 13 is the first time this project is implementing HIV treatment services (i.e. outside of the PMTCT context). SSDI-services will facilitate in-service training and clinical mentoring, and support DHMT's to conduct supportive supervisions in Kasungu, Nkhotakota, Dowa, Salima, Chikwawa, Nsanje. These interventions aim to build the clinical skills of ART providers, and ensure proper application of the current national guideline. Some key services provided at the ART clinic include: family planning, screening for TB, cotrimoxazole prophylaxis, and viral load monitoring. The project will also work with the health facilities and district health offices (DHO) to identify the closest, or most logical, viral load center, and develop a sample transportation system around it.

The project will establish support groups at the health facility level where ART clients will receive, among many other services, adherence and risk reduction counseling, and support for disclosure. SSDI-services will strengthen the coordination between ART providers and Health Surveillance Assistants to foster effective defaulter tracing within communities.

In each of these 6 districts, the project will assess current distribution of ART sites, and analyze the accessibility of these sites to the community. If significant gaps exist, the project will assist MOH and DHOs to open new ART sites; which may involve training of staff, renovation, and provision of basic equipment and furniture.

The project will use key indicators such as new enrollment, 12 month survival, early mortality, loss to follow up rate, etc., to measure program performance. The project will implement Performance Quality Improvement (PQI) methods to help health facilities learn from their implementation and improve their performance continuously.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	374,886	0

Narrative:

COP 13 is the first time this project is implementing ART activities. Pediatric ART will be one of the major areas of support to the national program beginning FY14. The current national guideline stipulates universal ART for HIV-positive children less than 2 years, and HIV-exposed infants with Presumed Severe HIV Disease. The project will use clinical mentorship, supportive supervision, and in-service training to build the skills of health providers in Pediatric ART, including timely initiation, provision of appropriate regimen and dosage, clinical and lab monitoring of ART, and caregiver counseling. Currently, children make up only 9% of PLHIV that are alive and on treatment. In COP 13 SSDI-services will aim to increase the pediatric coverage by expanding pediatric care and treatment interventions including EID.

In addition to improving the quality of pediatric ART services, the project will focus on optimizing the identification of HIV-infected children, and facilitate their enrollment and retention in care/treatment. The project will help establish facility– and community-based support groups for exposed infants, HIV-infected children, adolescents, and their families. Facilitators of the health facility support groups will play a key role in making sure HIV-exposed infants are enrolled into the EID program (immediately after birth) and liaise with HSAs and/or community support group facilitators for the tracing of exposed infants who miss their EID schedules. See PDCS for activities related to expansion of PITC capacity in health facilities. SSDI-services will support District Health Offices to conduct regular supportive supervision and quarterly program reviews. The project will also implement Performance Quality Improvement (PQI) methods to help health facilities learn from their implementation and improve their performance continuously.

Implementing Mechanism Details

Mechanism ID: 13027	**Mechanism Name: Preventive Technologies Agreement - Behavioral Surveillance Survey**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Strong SI capacity and systems are essential for effective planning and implementation of national HIV/AIDS responses. Knowing what drives the epidemic is a critical prerequisite to setting priorities and ensuring efficient use of resources. Behavioral Surveillance Survey (BSS) is implemented in many countries across the world with the aim of understanding HIV/AIDS-related behaviors and sero-prevalence among high-risk population groups. The findings of the BSS will be vital in making programmatic decisions around HIV prevention priorities and

determining effective ways of reducing new HIV infections, a critical goal in Malawi's Partnership Framework Implementation Plan.
The BSS survey will be done at a national scale using representative samples from the target population. The cost of designing and implementing this survey will be covered by multiple stakeholders including USG and the National AIDS Commission (NAC). NAC is the Principal Recipient of the all HIV GF grants in Malawi. The implementing mechanism will work closely with local counterparts (NSO and NAC) to provide technical assistance, build staff capacity, and assist in coordination of the survey.
The implementing mechanism will update the USG team on its progress through quarterly reports. The USG team will also closely follow project implementation through participation in the BSS technical working group and holding regular meetings with the implementers.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Military Population
Mobile Population

Budget Code Information

Mechanism ID:	**13027**		
Mechanism Name:	**Preventive Technologies Agreement - Behavioral Surveillance Survey**		
Prime Partner Name:	**FHI 360**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and	HVSI	100,000	0

Systems			

Narrative:

In 2006, Malawi conducted a Behavioral Surveillance Survey (BSS) which informed the national HIV prevention programming. The National AIDS Commission (NAC) is planning to conduct another round of BSS and some work has already started in 2011. This latest round of BSS is being funded by multiple development partners, including USG (through COP 2011). To date, a series of meetings has been held with the participation of relevant stakeholders to identify target groups, define the scope of the survey, and develop the appropriate methodology. The survey protocol has been finalized and is currently being reviewed by the national ethics committee. The requested COP12 funds will be used to continue supporting this initiative and fill the funding gap encountered for the actual survey implementation.

Implementing Mechanism Details

Mechanism ID: 13101	**Mechanism Name: ASSIST (former Health Care Improvement) Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 225,000	
Funding Source	**Funding Amount**
GHP-USAID	225,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Health Care Improvement (HCI) project has been collaborating with the Ministry of Gender, Children and Community Development (MoGCCD) and key stakeholders in Malawi since 2011. The project's key objective is to build consensus on the need for Quality Improvement (QI) and Orphans and Vulnerable Children (OVC) service standards and to collaborate to build a community of practice. This activity is aligned with the Malawi PFIP's

"Impact Mitigation" goal that identified the development, piloting, finalization and implementation of national quality improvement standards for OVC programs as critical to addressing children's issues in Malawi.
This activity focuses on building the capacity of MoGCCD officers to be QI champions and provides targeted technical assistance to build MoGCCD's capacity to plan, coordinate and provide leadership for QI OVC activities in Malawi. By anchoring the QI initiative under the ambit of the MoGCCD and working through existing decentralized structures at the district level, the HCI project ensures that all efforts are anchored within the GOM thus achieving cost efficiency and sustainability.
HCI has built the capacities of QI coaches; provided technical input in the participatory development of draft service standards across the range of OVC program areas (ie. education, protection, shelter and care, economic strengthening etc) and developed draft service standards. FY12 activities will focus on finalizing the service standards, disseminating and communicating the standards with the districts, providing on-going coaching in QI, promoting best practices and gathering evidence on the draft standards to support their finalization, and developing a scale up strategy to disseminate the OVC service standards and QI methods widely across Malawi.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	32,143
Education	32,143
Food and Nutrition: Commodities	32,143
Gender: GBV	34,143

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13101**

Mechanism Name:	ASSIST (former Health Care Improvement) Project		
Prime Partner Name:	University Research Corporation, LLC		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	225,000	0

Narrative:

The URC/HC activity is aligned with PEPFAR's goal of working with the GOM to build the capacity of service providers to deliver high quality critical services to orphans and vulnerable children in ways that reduce their vulnerability and ensure that communities are engaged in the coordination of service delivery and employ strategies for ensuring continuum of care for children infected and affected by HIV/AIDS.
By working through the MoGCCD and community structures to draft and pilot OVC service standards and community partners, this activity will collect evidence on the extent to which OVC well-being is improved and facilitate finalization and implementation of the standards. To date, HCI has built consensus on the importance of developing a system to improve and manage quality of services, developed draft standards and provided technical support to four international organizations. In addition, HCI has identified five local non-governmental organizations (LNGOs) and community-based organizations (CBOs) to lead the piloting of the draft OVC service standards. A main challenge faced during implementation has been the slow buy-in of some organizations due to the recent restructuring of the Child Welfare Department at the MoGCCD. The establishment of a newly strengthened Child Protection Technical Working Group (TWG) will address OVC issues with succinct and targeted direction provided by the MoGCCD to ensure roll out and buy-in across all stakeholders.

Implementing Mechanism Details

Mechanism ID: 14113	**Mechanism Name: District Health System Strengthening and Quality Improvement for Service Delivery in Malawi under PEPFAR**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,445,936	

Funding Source	Funding Amount
GHP-State	2,445,936

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: This mechanism is designed to directly scale up high quality HIV treatment and PMTCT services at the facility level, through filling service delivery gaps to remove bottlenecks to effective service delivery. This mechanism will be critical to the effective delivery of services, especially focusing on the new Option B+ at the operational level. The expected reduction in new HIV infections and general morbidity and mortality will be realized through increasing the effectiveness, sustainability, equity and efficiency of district-based planning, budgeting and implementation processes in selected districts in Malawi, and supporting evidence-based prevention, care and treatment interventions at the facility level. This program will be fully aligned with district health service and budget planning processes to ensure full harmonization and district level ownership. Elements of this program include increasing alignment with government, and mutual accountability through directly funding zones or districts through sub-grants, while carefully monitoring performance, providing direct financial and technical support to strengthen planning, budgeting, financial and expenditure processes, and integrating strategic information more effectively and directly in district planning. This mechanism will directly deliver needed HIV services, develop or adapt performance-based financing at district and facility levels, promoting the provision of improved health services by strengthening leadership and governance, the health workforce, information systems, laboratory and other health system components at district level by supporting specific critical health services across multiple disease areas consistent with priorities identified in Malawi's Health Sector and HIV Strategic Plans.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	22,000
Motor Vehicles: Purchased	300,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**14113**		
Mechanism Name:	**District Health System Strengthening and Quality Improvement for Service Delivery in Malawi under PEPFAR**		
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	101,000	0
Narrative:			
This implementing mechanism will support HIV programs in strengthening their approaches to linking communities and facilities, ensuring that each facility and provider has a community support services directory, and working with Community Health Committees to maximize bidirectional referrals and retention in HIV care.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	50,000	0
Narrative:			
For Treatment Scale-Up. *Strengthen laboratory capacity in TB/HIV. USD 200,000 in CDC COP 12 money will be allocated to:* • *Improve quality and access to fundamental laboratory services necessary for diagnosis, staging and treatment in children and adults, including viral load, POC CD4 and improved TB diagnosis, including scaling up access to LED microscopy and GeneXpert. Additional funding will also be used to support the national scale up of specimen transportation networks for VL, EID and CD4.*			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	0	0
Narrative:			

Through strengthened PITC and Health Information Systems, this partner will ensure that HIV-exposed infants are identified early, enrolled into the Family HIV Care Clinic using appropriate M&E tools, provided with CPT from six weeks of age, and that DNA PCR testing is expanded to support early diagnosis where feasible. This partner will maximize the MOH concept of the Family HIV Care Clinic to ensure HIV-exposed infants and their siblings are appropriately enrolled and followed in care as a family, reducing the number of individual visits the family makes to the facility.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	76,000	0

Narrative:

CDC Malawi was informed in late August that $576,000 of the COP 13 proposed State/RPSO funds was not approved. Because of this, CDC Malawi would like to request for permission from OGAC to move these funds to previously identified priorities based on weaknesses in support to laboratory strengthening, as also identified during the COP13 review. These funds would go to MoH ($500,000) and EGPAF ($76,000) to support a national laboratory supervision system, laboratory information management system, and central reference laboratory strengthening. These changes have been discussed with and agreed to by the PEPFAR Malawi interagency team.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	50,000	0

Narrative:

This implementing mechanism will work with districts to ensure that data collected is utilized to support decision-making. Referrals and linkages between community and facility will be strengthened to ensure adherence and retention in PMTCT and other HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	22,000	0

Narrative:

This partner will strengthen the district health planning, financial management, implementation and monitoring processes to achieve a robust and effective district level health sector response; Districts will have a comprehensive annual health plan; Zonal Health Offices will annually review DIP's for completeness and quality as per central MOH guidance; Districts will effectively implement and monitor the activities in the annual health plan with quarterly reviews. Additionally, data use for program planning and monitoring will be improved to

ensure that district implementation plans clearly cite rationale for approach and source credible data
Treatment Scale-up: USD 250,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	24,936	0

Narrative:

EGPAF will provide support to Malawi's newest HIV prevention strategy: Voluntary Medical Male Circumcision (VMMC). EGPAF will provide direct service delivery support to scale up MC in targeted districts. This effort will utilize multiple service delivery models including high volume outreach sites, low volume static sites, and high volume static sites. These efforts will be in collaboration with other CDC partners including MOH and CHAM.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	50,000	0

Narrative:

This partner will strengthen HTC at facility and district level through improving QA: ensuring national HTC protocols are implemented; increasing the number of providers available to provide PITC, and ensuring all high risk patients have access to HTC, including those in ANC, Maternity, TB, NRUs and STI clinics. This partner will also support quarterly supervision visits to facilities from district level.
Treatment Scale-up: USD 250,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	0

Narrative:

This partner will support and provide comprehensive PMTCT services in districts, including integration of FP into ART settings; identification of HIV-infected pregnant women and their partners, improved male participation in HTC at the first ANC visit; early initiation on ART as per the MOH guidelines, strengthened linkages into community and clinical care programs, improved maternal and neonatal clinical service provision in maternity, and improved follow-up of mother-infant pairs. This partner will support improved electronic and paper health information systems to ensure better identification, referral, and retainment of HIV-infected pregnant women and their exposed infants throughout the PMTCT continuum of care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,000,000	

Narrative:

This partner will support the national ART program through multiple approaches including: Referral of

HIV-positive patients to ART clinic; integration of ART into ANC clinics; quarterly supportive supervision, and direct provsion of treatment services at the facility level. *Treatment Scale-up: USD 1,300,000*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	22,000	0

Narrative:

Through strengthened PITC and Health Information Systems, this partner will ensure that HIV-infected infants are identified early, referred appropriately and inifiated and maintained on treatment. This mechanism will also directly support the provision of treatment services to chlidren.
Treatment Scale-up: USD 300,000

Implementing Mechanism Details

Mechanism ID: 14246	**Mechanism Name: Abt Associates: HPSS, SSDI-Systems (IM# 12550)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: Both	
G2G: No	Managing Agency:

Total Funding: 592,024	
Funding Source	**Funding Amount**
GHP-State	592,024

Sub Partner Name(s)

Salephera Condulting, Ltd	TBD	

Overview Narrative

The Health Policy and Systems Strengthening (HPSS) project is designed to provide technical assistance to Malawi's Ministry of Health (MOH) in support of improved health policies, management, leadership, and fiscal

responsibility to strengthen Malawi's health care system. Working in close collaboration with the Support for Service Delivery (SSD) project to coordinate and strengthen service delivery, HPSS will enable Malawi to more effectively and efficiently meet PEPFAR goals related to prevention, care and treatment, while strengthening broader health system. The goals of HPSS directly address two of the three health systems priorities identified in the Malawi Global Health Initiative strategy: human resources for health; and leadership, governance, management and accountability.

HPSS will provide intensive support to the MOH at the central and zonal levels, as well as focused support in 12 priority districts centered on improving supervision, financial management, planning, HR and decentralized management of service delivery, and health information systems. Through direct technical assistance, training, coaching and mentoring, HPSS addresses both short-term challenges and build human capacity, while institutionalizing systems and processes to build long-term system capacity. Better capacity to plan and direct human, financial, and physical resources to more efficient uses within the health system will result in stronger service delivery. A key focus of the project is to improve the use of health information for evidence-based decision-making at all levels through investments in monitoring & evaluation (M&E) and health information systems, and tying improved data and analysis to MOH planning processes. No vehicle purchases are anticipated with FY12 funds.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**14246**		
Mechanism Name:	**Abt Associates: HPSS, SSDI-Systems (IM# 12550)**		
Prime Partner Name:	**Abt Associates**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	292,024	0

Narrative:

Malawi faces a number of barriers to achieving greater efficiency and quality in the delivery of health services, ranging from shortages of human resources for health to ineffective deployment, monitoring, supervision, and support. At all levels, there is a lack of non-clinical staff with effective management and leadership skills, overlapping and/or outdated national health policies, and incomplete decentralization. The Ministry of Health has strong leadership at the most senior levels, but its corps of health managers lacks depth in terms of both numbers and management and leadership skills. HPSS will support the MOH to build the capacity of health managers and systems at the central, zonal, and district levels, leveraging other USG resources for malaria, FP/RH, nutrition, and MCH. A key focus is to build capacity for evidence-based planning and policy development, starting with rationalization of policies for implementing the national Health Sector Strategic Plan. HPSS will build MOH capacity for strategic leadership and management through pre-service and in-service training, and expanded use of HMIS data for planning and decision-making. HPSS will support the MOH to update the national HRH strategy and related policies, and support expansion of the staff performance appraisal system. HPSS will also strengthen zonal supervision structures for clinical and management functions. Strengthening institutional capacity of DHMTs will be a central focus, including to more efficiently and transparently develop annual District Implementation Plans. HPSS will strengthen health financing mechanisms, financial planning, and budget execution capability at the national, zonal and district levels through coaching, training and technical assistance. HPSS will support development of a national health financing strategy, institutionalize National Health Accounting, and support design and piloting of a performance-based financing scheme.

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	300,000	0

Narrative:

The continued success Malawi's adult HIV treatment program will be impossible without continued funding from Global Fund (GF). As part of the Phase II renewal decision from the GF for Malawi's HIV grant, the Global Fund

imposed more than 19 conditions with benchmarks that Malawi must meet to keep in compliance with the grant, many of which are related to PSM issues and general stewardship and management of GF resources. Given the postponement of GF Round 11, Malawi's ability to be fully responsive to GF grant terms and conditions is especially essential for the future of the national treatment program. Furthermore, when additional opportunities arise to compete for GF funding through a future Round 11, it is imperative that Malawi develop a competitive application with buy-in and support from all essential stakeholders. *Resources requested in COP12 will expand support under the HPSS project for capacity-building, training, mentorship support, and related technical assistance to the National AIDS Commission (NAC), which is the Principal Recipient, and MOH, which is the main SR under NAC. TA will also be provided to Country Coordinating Mechanism (CCM) and its Secretariat to strengthen Malawi's responsiveness to GF requirements and funding opportunities. Priorities for COP12 funds include direct support to help Malawi respond to GF grant requirements through strategy development and planning, support to strengthen the role of the CCM Secretariat as a point of coordination and support to the GOM and development partners on GF issues, and to provide support for developing high-quality proposals and reports to GF. This builds on HPSS' existing role as a provider of comprehensive technical and strategic assistance to the GOM for health systems strengthening at the central, zonal and district level.*

Implementing Mechanism Details

Mechanism ID: 14249	**Mechanism Name: Integrated (HIV effect) Mitigation and Positive Action for Community Transformation (IMPACT)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,795,999	
Funding Source	**Funding Amount**
GHP-State	2,377,054
GHP-USAID	418,945

Sub Partner Name(s)

Africare	Chikwawa Catholic Health Commission	Dedza Catholic Health Commission
D-Tree International	Emmanuel International	Lilongwe Catholic Health Commission
National Association of People Living with HIV/AIDS in Malawi	Opportunity International Bank of Malawi	Project Concern International
Save the Children US	World Vision International	Zomba Catholic Health Commission

Overview Narrative

The Integrated HIV Effect Mitigation and Positive Action for Community Transformation (IMPACT) project is expected to improve the wellbeing of 58,017 OVC and 41,505 people living with HIV (PLHIV) in nine districts in central and southern Malawi. Catholic Relief Services brings private sector, information technology and faith-based partners to the Title II-supported Wellness and Agriculture for Life Advancement (WALA) consortium. This alliance mobilizes expertise, cash and in-kind resources to expand access to care and treatment services OVC and PLHIV. IMPACT's implements through existing structures thus enhancing sustainability, country ownership, and active participation of beneficiaries. GOM's heavy involvement in the program at all levels has provided an optimal environment for implementation and coordination of services with various departments and other programs.
In FY12, IMPACT will target 31,000 OVC and 20,000 PLHIV with services largely provided through community-based mechanisms. A small fraction will be supported through facility-based programs in collaboration with MoH. IMPACT has established a robust monitoring and evaluation system that includes use of unique identifiers to track beneficiary and program performance. The management information system (MIS) used to capture and report service data is expected to significantly improve data quality and reporting. 27 motorcycles have been purchased on behalf of 10 consortium partners. Motorcycles are used by supervisors supporting an area equivalent to a traditional authority, as well as district coordinators assisting support groups for people living with HIV. IMPACT anticipates purchasing 2 additional motorcycles to continue support to support groups and to equip supervisors for all operational areas.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	1,800,000
Gender: GBV	297,177
Gender: Gender Equality	279,600

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**14249**		
Mechanism Name:	**Integrated (HIV effect) Mitigation and Positive Action for Community Transformation (IMPACT)**		
Prime Partner Name:	**Catholic Relief Services**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	615,120	0

Narrative:

IMPACT will collaborate with the MOH, PEPFAR partners (Dignitas and BRIDGE II), and other stakeholders to implement various community-based activities aimed at enhancing access to care and treatment for at least 20,000 PLHIV in nine districts. IMPACT will support the MoH to expand pre-ART services and the retention of PLHIV in longitudinal care and the implementation of a newly developed referral mechanism expected to enhance early diagnosis, access to and retention of clients in care. The referral mechanism was developed by the National HIV task force under the leadership of IMPACT and MOH, and will be piloted, finalized and rolled out nationally in FY12. To increase early diagnosis of HIV, IMPACT will work with MOH and other stakeholders to conduct

community health days, during which health services including HIV testing will be conducted. Both adults and children who test positive during these events will be linked to health services through the referral mechanism described above. Mother Infant Pairs (MIPs) will be referred to ensure they receive appropriate care and will be followed up by community health volunteers. To reduce the loss of follow up of clients, IMPACT plans to train and deploy at least 160 expert clients at selected MOH health facilities to work with both facility-based and community-based care providers to address health care needs of clients. An additional 350 community health volunteers, including Health Surveillance Assistants (HSAs), will be oriented on pre-ART, ART, and PMTCT concepts to support identification of clients in need of health services and their retention in care. IMPACT will establish and strengthen 225 support groups whose members will be trained to mobilize local communities to access HIV testing and counseling (HTC) services and promote treatment adherence. This cadre of community health workers is a key link between health facilities and the community. In support of the national PMTCT strategy, IMPACT will orient staff and volunteers on key PMTCT concepts and promote prevention activities. All activities will be monitored and reported using the Management Information System (MIS).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,845,359	0

Narrative:

IMPACT will support at least 31,000 OVC through enhanced access and participation in a variety of care and support services, including nutrition, education, economic strengthening, legal and social protection, emotional and psychosocial support, among others, in Balaka, Chikwawa, Chiradzulu, Lilongwe, Machinga, Mulanje, Ntcheu, Thyolo and Zomba. These will be implemented by nine IMPACT partners, in collaboration with government ministries and existing HIV/AIDS programs implemented by other PEPFAR partners (Dignitas and BRIDGE II) and donors (CHAI).

To improve the wellbeing of OVCs in targeted communities, IMPACT will implement four major interventions. The care group model, a globally recognized approach for enhancing health, food security and nutritional status in poor communities, will be applied in all sites by trained care group leaders. At least 15,000, including 5,000 new households, will be targeted with specific skills to promote positive health behaviors. In addition, complementary feeding and learning sessions focusing on food preparation and availability will be conducted twice in each community. The innovative community-integrated management of childhood illnesses approach will be implemented in collaboration with the MOH to increase access to 60 community-based health services. To protect children from abuse and exploitation, IMPACT will support birth registration for at least 20,000 OVC and strengthen capacity of over 3,200 OVC committee members to effectively handle cases of abuse and exploitation. In recognition of the serious challenges faced by OVC in education, IMPACT, in partnership with the Ministry of Education and other education stakeholders, will sponsor at least 900 secondary students. Tutoring and other academic support will be offered to at least 1,200 academically weak primary and secondary students at 30 drop-in centers supported by the program. Performance improvement plans will be developed for each academically weak child and monitored

closely by school teachers, drop-in center mentors and family care volunteers (FCV) to improve student performance. Saving accounts and VSL will be promoted.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	335,520	0

Narrative:

One of IMPACT's key intermediate results is the reduction of loss-to-follow-up of PLHIV on ART and PMTCT. To date, IMPACT has contributed to the development and piloting of the HIV referral network, in consultation with the GOM and other key stakeholders, through a GOM-led task force that was given the mandate to conduct a situational analysis of current HIV referral mechanisms, as well as work with expert clients. The task force presented the findings to the joint technical working group (TWG) in July 2011, and IMPACT was granted permission to proceed with piloting the integrated referral model, which uses a closed feedback loop, and to work with expert clients. The pilot will continue mid-way through FY12, at which point experiences will be shared via the TWG and consultative meeting with stakeholders. Over 274 expert clients were trained during FY11 and will begin placements early in FY12, pending approval from the Ministry of Health of the service agreement. By working through both community and facility platforms, IMPACT will continue to mobilize and create demand for couples counseling and male involvement in order to increase PMTCT uptake.

Implementing Mechanism Details

Mechanism ID: 14432	**Mechanism Name: support to MDF**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the collaboration between PCI and the MDF is to enhance the capacity of Malawi's military leadership in leading the response towards reduced HIV prevalence among MDF personnel and their families. The objectives are:

? To engage and strengthen MDF leadership in response to HIV programming, including strategic planning, implementation, monitoring and evaluation focusing on Battalion and Company Commanders, Military Chaplains, and other key actors

? To provide technical assistance to the MAMHS HIV & AIDS Program Unit and existing HIV prevention team members, on a range of HIV technical areas.

? To promote information sharing and learning on comprehensive HIV & AIDS programming between the Malawian and Zambian Defense Forces;

DHAPP promotes MDF ownership and leadership through strategic capacity building of human resources for a sustainable program. DHAPP adheres to Malawi's National Action Framework and the PEPFAR country strategy and GHI Partnership Framework. Through partnerships with government, other organizations and the private sector resources will be leveraged to ensure cost efficiency and sustainability. The program will ensure strict adherence to gender considerations through gender analysis and monitoring of appropriate gender indicators. The program will be implemented in 12 MDF units across Malawi and targets 30,000 soldiers and their families including the surrounding civilian populations. Joint MDF/PCI teams will monitor activities and conduct periodic data quality audits to enhance data quality. New approaches for BCC and peer education will be introduced to make behavior change communication more effective. 1 vehicle is include for support ot moblie VCT activities

Cross-Cutting Budget Attribution(s)

Human Resources for Health	65,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Military Population

Budget Code Information

Mechanism ID:	**14432**		
Mechanism Name:	**support to MDF**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	300,000	0

Narrative:

Jhpiego will support MDF facilities in the implementation of this project through capacity building, system strengthening, VMMC promotional activities, training of providers, provision of VMMC services, and standardized, supportive supervision to ensure quality of services. Jhpiego uses a competency-based training approach, which will provide the MDF with health care providers who have the knowledge, skills and attitudes to adequately provide high-quality clinical VMMC services. Jhpiego will work closely with MDF and partners, primarily Project Concern International (PCI), in supporting the STI and HIV counseling and testing (HCT) programs to ensure that the minimum package for VMMC services is fulfilled, as well as to ensure that referrals from HCT/STI clinics to VMMC services are strengthened, and vice versa. DOD, PCI and Jhpiego have an agreement that mandates PCI to do all the communications and demand creation for the VMMC program. Jhpiego will also ensure that the trained providers will have the necessary supervision and coaching needed to establish services. Jhpiego will then build the capacity of selected providers and develop them to become trainers, thus enabling the MDF to sustainably address its own human resource needs in the future. Jhpiego will also implement proven monitoring and evaluation methods to ensure timely and accurate reporting and provide data for decision-making. Under Phase 1, Jhpiego will work with MDF and DOD to develop a comprehensive VMMC scale up plan to circumcise 5000 men in MDF clinics. The first six months will focus on developing a comprehensive plan, conducting site assessments, and orienting staff at five barracks to VMMC. The second six months will focus on equipping and strengthening five VMMC static sites; training clinicians in safe clinical VMMC, nurses in post-operative VMMC service, and HTC counselors in VMMC counseling; adapting communication materials to raise awareness; generating demand; and conducting one intensive VMMC campaign. Under Phase 2, Jhpiego will continue to provide technical support through mentoring and supportive supervision to the 5 barracks serving as static sites from phase 1 and add 3 additional barracks to these static sites. More clinicians and nurses will be trained in safe clinical VMMC and post-operative VMMC service and HTC counselors in VMMC counseling. The project will conduct 3 intensive campaigns. The target is to have 1500 VMMCs performed in MDF clinics. Under Phase 3, Jhpiego will continue to provide technical support through mentoring and supportive supervision to 8 barracks serving as static sites. The project will also oversee 2 intensive campaigns, with a target of 3500 VMMCs.

Implementing Mechanism Details

Mechanism ID: 14441	**Mechanism Name: Lighthouse**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Lighthouse	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 1,787,325	
Funding Source	**Funding Amount**
GHP-State	1,787,325

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: This mechanism is designed to directly scale up high quality and innovative HIV treatment services at Lighthouse, and through demonstrating new service delivery and integration models, is also designed to improve the quality and efficiency of HIV treatment services nationally. The Lighthouse is the largest indigenous trust providing integrated HIV services provider in Malawi, supporting over 22,000 PLHIV of which over 17,000 are on ART. It provides referral level services to ART sites in the Central region. Two Lighthouse clinic sites at KCH and Martin Preuss Centre at Bwaila hospital were established in collaboration with the Ministry of Health. MPC integrates ART with TB service delivery at the largest TB treatment site in Malawi and is supporting the pilot of integrated ART- PMTCT services and the Bwaila maternity unit, which has the highest volume nationally of ANC visits and deliveries. It has been designated a national training center by the MOH and certifies providers in HIV testing and counseling (HTC), palliative care and ART. Lighthouse program models inform the national policy and support operational guidance to improve the quality and efficiency of integrated treatment, care and support for HIV service delivery and facility and community level. The partner collaboratively pioneered the development of patient electronic data (EDS) approaches, which are now being rolled out at higher-burden sites nationally. It has also launched an innovative program aimed at reducing defaulters and improving long-term retention in ART treatment through active follow-up. Lighthouse plans to procure one vehicle for outreach clinics and mentoring of facilities for ART scaleup.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000
Motor Vehicles: Purchased	50,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

TB

Family Planning

Budget Code Information

Mechanism ID:	**14441**		
Mechanism Name:	**Lighthouse**		
Prime Partner Name:	**Lighthouse**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	134,525	0

Narrative:

Models for integrating reproductive health services, including family planning, STI and cervical cancer screening, into the pre-ART and ART clinic at the partner's high burden sites will be piloted and results disseminated to other stakeholders. This includes implementation of appropriate cervical cancer screening interventions for resource limited settings, such as visual inspection using acetic acid (VIA). Insecticide treated nets (ITNs) and Water Guard Technology distribution will be incorporated in the service package at facility and community level, targeting pregnant and lactating women and children <15 years. This will be a joint effort of the clinic team and the

home-based care programs, and will strengthen the linkage with Bwaila ANC and ART adolescent clubs.

The national ART guidelines recommend quarterly pre-ART follow-up which will improve patient follow-up and initiation on ART. Notification strategies using SMS and phone calls will be piloted to communicate with eligible pre-ART patients once the results of CD4 testing have been obtained at the ART clinic. This will assist patient tracking and reduce the time to ART initiation. This will entail data collection through the development, piloting and revision of tools and integration of data sets in the EDS. Proven approaches to involve the community in the support of ART patients through Community Volunteers will be employed to promote psychosocial support, treatment adherence, early referral, and positive living. These will include the partner's existing strong network linking facility and community based services through community volunteers, and a trained cadre of volunteers and nurses engaged in home-based care. In 2012-2013, the use of volunteers in the partner's Back to Care (B2C) program will be piloted and evaluated to assess impact on tracing defaulters. It is expected that the volunteers at community level will be more effective and cost-efficient in encouraging patients not to not miss appointments or default from treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	211,300	0

Narrative:

The partner's TB and HIV services are integrated from screening and diagnosis through treatment initiation and follow up. All ART and pre-ART patients are screened for TB at each visit, supported by prompts in the EDS at the point of clinical care. If a patient is suspected of TB, an in-house referral to the 'chronic cough' unit is made. If TB diagnosis is confirmed, the patient is initiated on TB treatment concurrent with ART in the HIV clinic setting at KCH, and at MPC where Malawi's highest volume TB clinic is co-located with ART, HIV treatment is routinely initiated in the TB clinic setting. Pre-ART patients diagnosed with TB start TB and HIV treatment simultaneously. In 2012-2013 TB diagnosis will be strengthened through use of novel diagnostics (Gene Xpert) as well as improved fluorescent smear microscopy, consistent with WHO guidance. Intensified case finding (ICF) will be realized through these innovations.

Eligibility for TB- HIV co-infected patients to initiate ART immediately will reduce loss to follow-up. Active patient follow-up needs to be strengthened to reduce delays in ART initiation and improve treatment outcomes. Only 65% of TB-HIV co-infected patients at MPC start ART within the first few weeks of TB therapy, largely because some TB treatment initiators quickly decentralize out to community sites for follow up and miss the integrated ART initiation. The partner will pilot approaches to integrate service delivery and support early initiation such as data collection of locator information from all TB-HIV co-infected patients at registration, tracking of patients to B2C program, through the use of appropriate technology (SMS-text and phone call) with patient consent (see HBHC narrative).

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HLAB	126,300	0

Narrative:

Treatment Scale-up: USD 150,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	76,300	0

Narrative:

The partner will provide HTC services as a component of a facility based HIV prevention strategy at its two high-burden facility sites (KCH and Bwaila MPC), as well as HTC and PITC at KCH's STI clinic and medical wards and at Bwaila Maternity's ANC. Beyond these hospitals and clinics, the partner will continue to provide HTC services at Maula Prison and at the community level throughout urban Lilongwe. Program innovation in this area has resulted in PITC for STI clients increasing from 43% to 99% after the partner led service integration in this area. The partner will continue to improve the HTC program through intensified STI and TB screening and referrals delivered in an integrated package with routine HTC counseling. In FY 2010 integrating PITC in STI and TB services resulted in over 95% of STI clients at KCH and Bwaila and over 65% of TB suspects at MPC knowing their HIV status. PITC will also be initiated in the short stay ward at KCH as an entry point for medical patients to access ART. Routine supportive supervision will be conducted in collaboration with the District Health Office (DHO) using the national HTC supervision check list to support quality assurance through data quality checks. Capacity building will be conducted through standardized on-the-job training and mentoring for counselors. Best practices will be documented and disseminated to stakeholders.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	81,300	0

Narrative:

Positive Health Dignity and Prevention (PHDP) interventions will include capacity building of health workers and community members and implementation of behavioral change interventions to reinforce the key messages at facility and community level. Information, education and communication (IEC) materials will be piloted and revised using a participatory approach with PLWHA. Innovative methods for low literacy audiences such as songs and skits will be adapted to enable PLWHA trained in PHDP interventions to conduct community based IEC. A model will be developed for community based PHDP training methods (training of facilitators and community volunteers) and evaluation of knowledge transfer.

In the facility setting and in MOH sites supported by the partner with mentoring, PHDP interventions will be integrated consistent with MOH guidelines in the family-centered HIV integrated care package, encompassing

services focused on pre-ART patients, mother-infant-pairs and others in standard ART. Delivering PHDP services particularly in the setting of discordant couples will be part of a standard and uniform care approach.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	81,300	0

Narrative:

The partner at MPC will support Bwaila Hospital – with the largest maternity service in Malawi - to strengthen ART provision and retention for women who start ART while pregnant or lactating. Bwaila recently implemented the national "Option B+" program in cooperation with MPC, initiating all pregnant and lactating HIV+ women on lifelong ART. Bwaila ANC operates as an ART outreach clinic under MPC. The partner will take an active role in mentoring, supervision and monitoring to help Bwaila implement high quality services, and support ART initiation, retention, transfer and tracing, assuring that the continuum of care for these women is as strong as possible. It will work cooperatively with fellow PEPFAR partner Lilongwe Medical Relief Trust Fund (LRMTF), Mothers to Mothers (M2M) and the District Health Office (DHO) to reduce defaults among women who start ART through active tracing using SMS, phone, and home visits.

Currently, HIV-positive infants are identified at either Bwaila Maternity or at MPC through EID testing. Under new Malawi guidelines, exposed infants receive CPT from 6 weeks and remain closely followed in care for two years. With Bwaila's constrained health staff, the partner will take a proactive role to follow up exposed infants from both Bwaila and MPC, facilitated by an expanded electronic patient data system (EDS) which will link patients and mother-infant-pairs (MIPs) across HIV, ANC, maternity and under-5 clinics. The EDS will facilitate substantially enhanced EID tracking. The partner will support Bwaila maternity staff to effectively use its new EDS system completely and consistently, in its move from paper to electronic patient records beginning in 2012. It will also train and mentor its Bwaila ANC partners to better follow-up with infants during the postnatal period through 12 months, and will actively provide HIV treatment and care for women and infants who formally transfer in to MPC. It will also collaborate to trace patients lost to follow-up (LTFU); in partnership with M2M and DHO, the partner will reach and return 80% of LTFU infants within its Lilongwe urban catchment back to care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,000,000	

Narrative:

Implementation of new national ART guidelines, with active pre-ART, test-and-treat for pregnant and breastfeeding women, and early treatment initiation otherwise (CD4<350 cells/mm3), will result in a significant increase in case loads in ART clinics and HIV related services. The partner operates two super-high burden treatment sites (more than 15,000 patients actively on treatment) and serves as a center of excellence and referral site for Malawi's Central Region. Its service model encourages decentralization of stable patients on treatment out to community

level MOH facilities for long-term follow up. PEPFAR funding will continue to support the partner's core service delivery as a leading ART provider in Malawi.

Service delivery models promoting integration and continuum of HIV care in resource limited settings will be supported by the partner with capacity building interventions, including clinical and health systems mentoring and supervision, in the Lilongwe urban area. To support the scale up of ART sites and the success of Malawi's new integrated HIV program approach, with high quality outcomes, experienced ART clinicians will provide out-reach services and mentorship at MOH facilities to enable the attainment of certification as independent ART sites. In addition, referral systems will be piloted to strengthen PMTCT and TB service linkages with MOH health centers, and establish a continuum of care. The partner will collaborate with other PEPFAR-supported programs operating in Lilongwe district in order to provide coordinated support under MOH and DHO management. The partner will support Baobab and MOH in the national scale-up of an electronic data system (EDS) aimed at improving data quality and patient management. New modules to support integrated HIV service delivery will be piloted, monitored and evaluated by the partner. This innovation will allow the routine collection of complete patient information on ART and TB, to enable optimal patient monitoring, integrated program monitoring and evaluation, and to minimize LTFU of co-infected patients. Lessons learned during implementation will be documented to strengthen EDS systems and integrated program management. Best practices will be disseminated through publications and presentations at the national and international level forums.

The partner will also be supported to continue and expand didactic, on-the-job, and skills-based trainings for MOH and partner organizations to certify providers of HIV testing and counseling (HTC), palliative care and ART throughout Malawi. In 2012-2013, trainings will be expanded to include PITC, couples and child testing and counseling and electronic learning modules on HIV treatment and care.

Treatment Scale-up: USD 450,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	76,300	0

Narrative:

Treatment Scale-up: USD 100,000

Implementing Mechanism Details

Mechanism ID: 14442	**Mechanism Name: Improving Quality of Care and Health Impact through Sustainable, Integrated, Innovative Information System Technologies in Malawi under PEPFAR**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: BAOBAB Health Partnership	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,750,000	
Funding Source	**Funding Amount**
GHP-State	2,750,000

Sub Partner Name(s)

Luke International Norway		

Overview Narrative

IMPACT: This mechanis is designed to directly scale up high quality HIV treatment and PMTCT services through assisting health care workers to more easily and accurately record patient medical information using a system which ensures adherence to clinical guidelines. MOH HIV Quarterly Report covering April to June 2011 indicates that about 510,000 clients were tested and counseled for HIV within second quarter, and about 277,000 patients are alive and on ART in Malawi. An innovative electronic medical information system is deployed in high burden sites and it is managing health records of 24% of people alive and on ART. This mechanism is supporting scale up and strengthens health information systems capacity at facility level to collect patient level demographic, diagnostic and service delivery information to assist in management of individual patient care and improve quality of service delivery of 33% of people on national treatment and care by 2012 as indicated in HSSP. The same ART information system is expanding to strengthen a comprehensive country-level HMIS that integrates separate health information systems, including patient management, laboratory services, logistics management, and program indicators to improve capacity to collect facility, district and country-level information to assist with clinic and program management and to inform national and sub-national program and policy development. The information platform will create and Improve capacity to exchange standardized health information among public and private sector health facilities, care providers and information systems strengthen national surveillance to detect, track, identify, control and prevent diseases. The partner will purchase 3 vehicles for deployment, supporting EDS in facilities.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
Motor Vehicles: Purchased	200,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**14442**
Mechanism Name:	**Improving Quality of Care and Health Impact through Sustainable, Integrated, Innovative Information System Technologies in Malawi under PEPFAR**
Prime Partner Name:	**BAOBAB Health Partnership**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	

Narrative:

Tuberculosis is the most important cause of death amongst persons living with HIV. Consequently, integration of TB and HIV is important because of the close linkages between the two diseases. Successful integration of TB and HIV is the first step in ensuring that both TB and HIV responses are fully integrated into the wider health system. This program will support further development of integrated TB and HIV information system and procurement of equipment to rollout to high burden implementing integrated TB-HIV within TB clinical settings. In addition to support TB-HIV service delivery better screening, diagnosis and clinical management and monitoring and evaluation, it also strongly facilitates and ensures co-infected patients get appropriate treatment at the same time and are not lost to follow-up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HVSI	1,100,000	0

Narrative:

the Malawi HSSP 2011 -2016 states that data for program planning and development is not being used at points where data is generated. The participation of the private sector and central hospitals in HMIS data reporting is limited, leading to under-estimation and under-reporting. Further challenges include limited interface between facility and community information systems, limited analysis of HMIS data, and the limited utilization of data for policy and advocacy at all levels. The report further found that the MOH does not have adequate capacity in core health information sciences including epidemiology, demographics, statistics and Information Technology. A TBD partner will strengthen comprehensive country-level HMIS that integrates separate health information systems, including patient management, laboratory services, logistics management, and program indicators. Activities include:

1)Support routine HMIS and strengthen data use to improve quality of care and treatment services by helping to reduce patient loss-to-follow up and provide better information to health care providers and managers. 2) Achieve interoperability across EDS and HMIS systems – this requires making disparate information systems conform to agreed-upon data norms and information exchange standards that promote transparency and accountability within an open architecture. 3) Strengthen connectivity across EDS systems, including District Hospitals, and the Central Repository. 4) Strengthen national surveillance to detect, track, identify, control and prevent diseases and address health concerns that may directly or indirectly have an impact on Malawi's population. 5) Provide leadership and technical expertise to ensure surveillance efforts are timely, evidence-based, data-driven, internationally shared and actionable to inform public health policies and decision-making.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	

Narrative:

Treatment Scale-up: USD 250,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	660,000	0

Narrative:

The new 2010 Ministry of Health and WHO PMTCT guidelines prioritize urgent treatment for eligible mothers for their own health, and to expand the duration of prophylaxis throughout the period of exposure, from early pregnancy throughout breast-feeding. Successful implementation of this approach will depend on high retention of mothers and babies across the entire PMTCT continuum of services.

Broader PMTCT services will result in fewer pediatric HIV infections and fewer HIV-related pediatric deaths.

Earlier treatment of mothers will result in fewer pediatric HIV infections and fewer maternal and child deaths.

The MNCH care continuum historically refers to the continuity of individual care, be it the care of the mother, the infant, or the child. These continuums need to be interlinked to follow and retain both mother and baby across time and place. To date, both PMTCT and MNCH programs have been facility-based and focused on patients who present for care. A comprehensive information system is needed to support integration of antenatal, maternity, under 5 services (AMU5), PMTCT/ART and EID with capabilities of tracking mothers through babies and vice versa. Under this program, A TBD partner will continue to develop and roll out electronic data systems to improve capacity to collect patient level demographic, diagnostic and service delivery information to assist in management of individual patient care, Strengthen connectivity across sites with electronic data systems, including District Hospitals, and the Central Data Repository, support interconnection of electronic medical information system in facilities within the same catchment area and district and to enable patient tracking, follow-up and referrals across facilities and services. A TBD partner will support connectivity of information systems, rollout of integrated electronic medical records systems, develop additional modules required to build comprehensive health information to strengthen integrated PMTCT/ART and MNCH service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	800,000	0

Narrative:

Well-managed and coordinated health information systems are critical to the provision of life-saving, disease-reducing public health interventions, and especially for monitoring performance and planning. Under this program, A TBD partner will continue to develop and roll out electronic data systems to improve capacity to collect patient level demographic, diagnostic and service delivery information to assist in the management of patient care, Strengthen connectivity across sites with electronic data systems, including District Hospitals, and the Central Data Repository, support interconnection of electronic medical information system in facilities within the same catchment area and district and to enable patient tracking, follow-up and referrals across facilities and services.
Treatment Scale-up: USD 250,000

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	190,000	0

Narrative:

Well-managed and coordinated health information systems are critical to the provision of life-saving, disease-reducing public health interventions, and especially for monitoring performance and planning. Under this program, an integrated system with all modules including Antenatal, Maternity, Under 5 Clinic, PMTCT, HTC, ART and Pre-ART, and EID will be deployed to facilities in catchment area of major referral hospitals to uniquely track, follow-up, link patients to services and manage individual records across facilities using unique patient

identifiers. A TBD partner will develop and roll out electronic data systems to improve capacity to collect patient level demographic, diagnostic and service delivery information to assist in the management of patient care, support interconnection of electronic medical information system in facilities within the same catchment area and district and to enable patient tracking, follow-up and referrals across facilities and services.

Implementing Mechanism Details

Mechanism ID: 14443	**Mechanism Name: Strengthening District Health Planning and Strategic Information to Improve Maternal and Child Health**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: This investment is focused on establishing the systems and capacity to scale up HIV treatment and PMTCT services at the district level, with the most alignment with district systems and efficiency and equity of service delivery. This mechanism will increase host country ownership, effectiveness and sustainability of district-based planning, budgeting and implementation processes in selected districts in Malawi, with a specific focus on achieving greater health impact in reducing mother to child transmission of HIV and overall maternal and child mortality. This mechanism will also support multilateral engagement and a corresponding approach to district-level systems strengthening. UNICEF has extensive experience working in Malawi to support districts as part of an established wider UN-Malawi program designed in coordination with the Government of Malawi. PEFPAR funds will support increasing mutual accountability through directly funding districts, while carefully

monitoring performance, providing direct financial and technical support to strengthen planning, budgeting, financial and expenditure processes, and integrating specific strategic information activities directly into the district planning process. A key element of this activity is to assist districts in coordinating all organizations working within the district to become integrated within and to assist with the existing district planning process, including development of the actual Annual Investment Plan and District Implementation Plan. The partner will purchase 2 Vehicles to support for project implementation in districts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Child Survival Activities

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**14443** **Strengthening District Health Planning and Strategic Information to Improve Maternal and Child Health** **United Nations Children's Fund**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	250,000	0
Narrative:			
UNICEF has worked closely with the Government of Malawi and Development Partners, including UNAIDS and PEPFAR, to help lead the development of the Malawi strategy to eliminate new HIV infections among children and			

keep their mothers alive. Through this mechanism, UNICEF will support District Health Management Team planning, budgeting and monitoring processes that support PMTCT and maternal and child mortality interventions. Specific barriers to reducing MTCT will be identified and addressed through these processes. Lessons learned from these districts will be taken to the corresponding national technical working groups for consideration during national policy development and for use in other districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	100,000	0

Narrative:

This mechanism will focus on district health systems strengthening, with a special emphasis on building the capacity of district health teams to develop evidence-based, district-specific investment plans for HIV treatment and integrated maternal, newborn and child survival interventions. UNICEF will support district health teams to generate evidence to inform both their own planning and national level financing. UNICEF will support districts in analyzing: implementation bottlenecks; equity of access to quality services; and anticipated and current mortality impacts based on planned and actual intervention coverage. UNICEF will support districts to develop routine processes to use the results of these analyses in developing and modifying district plans, and to strengthen district level monitoring of HIV treatment, PMTCT and MNCH program performance. UNICEF will also support district governments to collect, analyze and use data to identify disparities across geographical areas, age, sex, wealth and educational background in order to develop specific targets for use in district planning, implementation and monitoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	50,000	0

Narrative:

This mechanism will focus on district health systems strengthening, with a special emphasis on building the capacity of district health teams to develop evidence-based, district-specific investment plans for HIV treatment and integrated maternal, newborn and child survival interventions, including identification of HIV-infected children and referral to care and treatment. UNICEF will support district health teams to generate evidence to inform both their own planning and national level financing. UNICEF will support districts in analyzing: implementation bottlenecks; equity of access to quality services; and anticipated and current mortality impacts based on planned and actual intervention coverage. UNICEF will support districts to develop routine processes to use the results of these analyses in developing and modifying district plans, and to strengthen district level monitoring of HIV treatment, PMTCT and MNCH program performance. UNICEF will also support district governments to collect, analyze and use data to identify disparities across geographical areas, age, sex, wealth and educational background in order to develop specific targets for use in district planning, implementation and monitoring.

Implementing Mechanism Details

Mechanism ID: 14448	**Mechanism Name: SCMS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,153,776	
Funding Source	**Funding Amount**
GHP-State	2,153,776

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USG is ramping up the biomedical response to HIV in Malawi through scaling up male circumcision service delivery efforts. We have 4 service delivery partners – namely BLM, PSI, MCHIP and ITECH- who will be responsible for providing MC services in four districts in southern Malawi, including Blantyre, and in Lilongwe in the Central region in Malawi. USG will utilize the centrally-based SCMS project's procurement function to procure MC commodities, including reusable and disposable MC kits, HIV test kits, and STI drugs for all USAID and CDC MC service delivery providers. We hope to achieve cost efficiencies by procuring all commodities centrally for our partners. Social and biomedical prevention is a primary goal of the Malawi PFIP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14448**
Mechanism Name:	**SCMS**
Prime Partner Name:	**Partnership for Supply Chain Management**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	2,153,776	0

Narrative:

USG is ramping up the biomedical response to HIV in Malawi through scaling up male circumcision service delivery efforts. We have 4 service delivery partners – namely BLM, PSI, MCHIP and ITECH- who will be responsible for providing MC services in four districts in southern Malawi, including Blantyre, and in Lilongwe in the Central region in Malawi. USG will utilize the centrally-based SCMS project's procurement function to procure MC commodities, including reusable and disposable MC kits, HIV test kits, and STI drugs for all USAID and CDC MC service delivery providers. We hope to achieve cost efficiencies by procuring all commodities centrally for our partners. Social and biomedical prevention is a primary goal of the Malawi PFIP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Treatment Scale up purchase of RTKs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Treatment Scale - up purchase of ARVs

Implementing Mechanism Details

Mechanism ID: 15888	**Mechanism Name: Strengthening the National**

	OVC Program
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 579,514	
Funding Source	**Funding Amount**
GHP-State	579,514

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: GBV	202,829
Gender: Gender Equality	115,902

TBD Details

(No data provided.)

Key Issues

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**15888**		
Mechanism Name:	**Strengthening the National OVC Program**		
Prime Partner Name:	**United Nations Children's Fund**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	579,514	0

Narrative:

The UNICEF/USAID OVC collaboration is focused on systems support to the Ministry of Gender, Children and Social Welfare (MoGCSW). With USAID support, UNICEF has supported the ministry to undertake an Impact Evaluation of the 2005-2009/2010-2011 National Plan of Action (NPA) for OVC, is undertaking a Situation Analysis of OVC that will inform the development of a new costed NPA for the period 2014-2018 and a M & E framework to support the NPA.Through this project, USAID will focus its support in three specific areas: (i). Social Cash Transfer program; (ii). The Child Protection System with a focus on 10 districts, (iii) support to critical events that support the implementation of the National Plan of Action for 2014-2018. Through these efforts, MoGCSW's capacity will be strengthened to provide the requisite leadership at national and district level in coordinating the national response for OVC.

HKID funds will be used for a USAID/UNICEF collaboration to support the Ministry of Gender, Children and Social Welfare (MoGCSW) with a focus on three key system strengthening elements that impact on OVC and households looking after OVC.
The first key element will focus on strengthening district level processes that support that support the National Cash Transfer Program, including but not limited to (i). Strengthening the Social Cash Transfer Program's linkages with other sectors such as education and other social services at the district level, (ii). Reinforcing information and communication on the Cash Transfer program on a continuous basis for caregivers so that health needs and feeding practices of OVC are met (iii). Strengthening referral systems at the district level so that issues at the household level are flagged to extension workers and Health Surveillance Assistants, and (iv). Strengthening district level coordination including the use of technology such as GIS and (v). Increasing the engagement of local CBOs and CSOs in monitoring and supporting the implementation of the Social Cash Transfer program.HKID funds will also be used to support Malawi's Child Protection System with specific activities that focus on (i). Testing and operationalization of a comprehensive child protection system in 10 target districts; (ii). Case management of abuse incidences in the target districts. The third element of this support will include Policy level engagement and support to critical events including but not limited to sector level review processes etc in support of

the new Plan of Action for OVC that USAID is currently supporting.

Implementing Mechanism Details

Mechanism ID: 16487	**Mechanism Name: Health Policy Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

$304,030 to Futures Group to support the Ministry of Gender, Children and Community Development in the development of a ministry-wide policy and strategic plan.

Cross-Cutting Budget Attribution(s)

Gender: GBV	100,000
Gender: Gender Equality	300,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16487		
Mechanism Name:	Health Policy Project		
Prime Partner Name:	Futures Group		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	400,000	0

Narrative:

In COP 13, USG will seek to optimize sustainability of HIV/AIDS interventions, through investments which will support the broader context of Malawi's health system. The HIV/AIDS pandemic in Malawi has had a devastating effect on the population and as such the pandemic has also created approximately half a million HIV/AIDS orphans in Malawi. In addition, the socio-cultural and economic situation of Malawi has enhanced gender inequalities. HIV/AIDS continues to exacerbate this gender inequity by affecting the health and social support systems, particularly for women. In Malawi, the Ministry of Gender Children and Social Welfare (MoGCSW) is mandated to provide services through its five priority technical areas of Gender affairs, Social Welfare, Child Development, Adult Literacy, and Community Development. The Ministry however faces critical capacity weaknesses and is largely unable to effectively deliver and execute its mandated services and roles. A weak policy direction coupled with weak leadership and governance skills and weak institutional capacity building strategies has crippled the MoGCSW's performance over the past decade. However, the new leadership which has recently been brought in is keen to reverse this trend and this presents a tremendous opportunity for USG to support, rebuild and revitalize the operations of this key Ministry. In FY 12, the Health Policy Project (HPP) is supporting the MoGCSW to conduct a Ministry wide participatory strategic review process which will result in development of a new national strategic plan for the MoGCSW. Most crucial, availability and implementation of the new strategy will enable the MoGCSW to reposition itself in Malawi's development arena and reclaim its roles as leader and coordinating body for community work and gender programming in Malawi, which the Ministry had slowly lost over the past decade.

While supporting development of the strategy is a first crucial step, ensuring the strategy is implemented and that the MoGCSW has capacity to do so are the crucial follow on steps. Therefore in COP 13, HPP will utilize OHSS funds to follow up its initial support to the MoGCSW, with Technical Assistance support to institutionalize the new

MoGCSW national strategy. *In COP 13, HPP will be positioned to provide tailored TA to strengthen institutional capacity of the MoGCSW to effectively lead the Gender, Child Development, Social Welfare and Community Development portfolios of the Ministry. HPP will provide on-site mentoring, coaching and training of key Ministry staff and Ministry leadership to build their capacities in Leadership, Governance and technical skills across these key portfolios. This focused and tailored capacity building resource will in turn aid the MoGCSW to translate its new strategic plan into action.* *This activity will be implemented at national level and is a focused intervention for USG since it is utilizing HIV/AIDS funds to address 'system' gaps such as institutional capacity development of the Ministry, which when addressed, will benefit several of the USG's HIV/AIDS portfolios such as Gender, OVC and HIV/AIDS community care. The activity will also yield secondary benefits for USG since it will utilize HIV/AIDS funds to support systems strengthening interventions that will benefit non HIV elements of the system such as community development and adult literacy. See Document in Library for additional Overview Narrative.*

Implementing Mechanism Details

Mechanism ID: 16624	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16625	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16678	**Mechanism Name: District Health System Strengthening and Quality Improvement for Service Delivery in Malawi under PEPFAR**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 4,968,543	
Funding Source	**Funding Amount**
GHP-State	4,968,543

Sub Partner Name(s)

(No data provided.)

Overview Narrative

IMPACT: This mechanism is designed to directly scale up high quality HIV treatment and PMTCT services at the facility level, through filling service delivery gaps to remove bottlenecks to effective service delivery. This mechanism will be critical to the effective delivery of services, especially focusing on the new Option B+ at the operational level. The expected reduction in new HIV infections and general morbidity and mortality will be realized through increasing the effectiveness, sustainability, equity and efficiency of district-based planning, budgeting and implementation processes in selected districts in Malawi, and supporting evidence-based prevention, care and treatment interventions at the facility level. This program will be fully aligned with district health service and budget planning processes to ensure full harmonization and district level ownership. Elements of this program include increasing alignment with government, and mutual accountability through directly funding zones or districts through sub-grants, while carefully monitoring performance, providing direct financial and technical support to strengthen planning, budgeting, financial and expenditure processes, and integrating strategic information more effectively and directly in district planning. This mechanism will directly deliver needed HIV services, develop or adapt performance-based financing at district and facility levels, promoting the provision of improved health services by strengthening leadership and governance, the health workforce, information systems, laboratory and other health system components at district level by supporting specific critical health services across multiple disease areas consistent with priorities identified in Malawi's Health Sector and HIV Strategic Plans.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
Motor Vehicles: Purchased	400,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**16678**		
Mechanism Name:	**District Health System Strengthening and Quality Improvement for Service Delivery in Malawi under PEPFAR**		
Prime Partner Name:	**Management Sciences for Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	200,000	0
Narrative:			
This implementing mechanism will support HIV programs in strengthening their approaches to linking communities and facilities, ensuring that each facility and provider has a community support services directory, and working with Community Health Committees to maximize bidirectional referrals and retention in HIV care.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	200,000	0
Narrative:			
For Treatment Scale-Up. Strengthen laboratory capacity in TB/HIV. USD 200,000 in CDC COP 12 money will be allocated to: • Improve quality and access to fundamental laboratory services necessary for diagnosis, staging and			

treatment in children and adults, including viral load, POC CD4 and improved TB diagnosis, including scaling up access to LED microscopy and GeneXpert. Additional funding will also be used to support the national scale up of specimen transportation networks for VL, EID and CD4.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	300,000	0

Narrative:

This implementing mechanism will work with districts to ensure that data collected is utilized to support decision-making. Referrals and linkages between community and facility will be strengthened to ensure adherence and retention in PMTCT and other HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	101,000	0

Narrative:

This partner will strengthen the district health planning, financial management, implementation and monitoring processes to achieve a robust and effective district level health sector response; Districts will have a comprehensive annual health plan; Zonal Health Offices will annually review DIP's for completeness and quality as per central MOH guidance; Districts will effectively implement and monitor the activities in the annual health plan with quarterly reviews. Additionally, data use for program planning and monitoring will be improved to ensure that district implementation plans clearly cite rationale for approach and source credible data

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	200,000	0

Narrative:

MSH will provide support to Malawi's newest HIV prevention strategy: Voluntary Medical Male Circumcision (VMMC). MSH will provide direct service delivery support to scale up MC in targeted districts. This effort will utilize multiple service delivery models including high volume outreach sites, low volume static sites, and high volume static sites. These efforts will be in collaboration with other CDC partners including MOH and CHAM.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

This partner will strengthen HTC at facility and district level through improving QA: ensuring national HTC protocols are implemented; increasing the number of providers available to provide PITC, and ensuring all high risk patients have access to HTC, including those in ANC, Maternity, TB, NRUs and STI clinics. This partner will also support quarterly supervision visits to facilities from district level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,800,000	0

Narrative:

This partner will support and provide comprehensive PMTCT services in districts, including integration of FP into ART settings; identification of HIV-infected pregnant women and their partners, improved male participation in HTC at the first ANC visit; early initiation on ART as per the MOH guidelines, strengthened linkages into community and clinical care programs, improved maternal and neonatal clinical service provision in maternity, and improved follow-up of mother-infant pairs. This partner will support improved electronic and paper health information systems to ensure better identification, referral, and retainment of HIV-infected pregnant women and their exposed infants throughout the PMTCT continuum of care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	867,543	0

Narrative:

This partner will support the national ART program through multiple approaches including: Referral of HIV-positive patients to ART clinic; integration of ART into ANC clinics; quarterly supportive supervision, and direct provsion of treatment services at the facility level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	100,000	0

Narrative:

Through strengthened PITC and Health Information Systems, this partner will ensure that HIV-infected infants are identified early, referred appropriately and inifiated and maintained on treatment. This mechanism will also directly support the provision of treatment services to chlidren.

Implementing Mechanism Details

Mechanism ID: 16704	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16706	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16707	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16716	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16764	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16794	**Mechanism Name: Maternal an Child Health Integrated Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In line with WAD targets, SANKHANI "Smart Choice" will contribute toward reducing the risk of HIV through expansion of VMMC services for 15-49 year old males. The activity will work in 10 districts over five years and provide 131,660 circumcisions. In FY12, MCHIP conducted a successful demonstration campaign in Mulanje circumcising 4,348 males in one month. Reprogrammed funds in FY12 were used to provide technical assistance to World Learning/CHAM in Thyolo District through training, provision of supplies, accreditation of 3 sites, and oversight for a 3-week VMMC campaign circumcising 230 men. Under this new Leader with Associate Award, reprogrammed funds will allow SANKHANI to provide a comprehensive 5 year support to scale up VMMC services in the four PEPFAR focus districts (Phalombe, Thyolo, Mulanje and Blantyre) as well as phased expansion to prioritized SSDI districts (based on MC impact modeling) with GOM agreement.

Key approaches of SANKHANI will include: 1) support to the MOH and partners to strengthen national-level VMMC programming through development of national operational plan, standardized training and quality assurance (QA) packages; 2) efficient and effective scale up of VMMC services to increase access and availability of quality VMMC services via multiple mechanisms including fixed and outreach sites, high-volume campaigns and 3) build capacity of MOH and partners to enhance VMMC monitoring, evaluation and research with a focus on utilization of data to drive efficient programming and decision-making.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	300,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Budget Code Information

Mechanism ID:	16794		
Mechanism Name:	Maternal an Child Health Integrated Program		
Prime Partner Name:	JHPIEGO		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	1,000,000	0

Narrative:

In FY13 SANKHANI will conduct a Gap Analysis to identify key gaps and barriers in VMMC programming that are affecting service delivery, coordination between implementing partners, communication, and demand creation. Findings will feed into the recommendations and guidelines to be included in the VMMC operational plan to be developed by MOH and partners with technical support from SANKHANI. SANKHANI will work with the VMMC subgroup to develop a plan that will lay the foundation for national standardization of VMMC service delivery approaches by describing three critical tasks needed to effectively deliver services: 1) Identifying key implementation approaches, technical considerations and target setting; 2) Costing identified approaches based on available funding and commitments from MOH, USAID and other donors; and 3) Tracking progress toward targets and expected results.

In FY13 SANKHANI will develop a comprehensive training plan to train VMMC providers from the four USAID focus districts as well as new districts. SANKHANI will train 60 service providers and 10 additional master trainers to be added to the pool of VMMC service providers in FY13 and additional 90 providers in FY14. To ensure that an adequate number of HTC counselors can be rapidly deployed to meet demand during outreach and campaigns, SANKHANI will train 60 counselors in FY13 and additional 120 counselors in FY14. In FY13 SANKHANI will work with the MOH to revise the National VMMC Training package to ensure trainings teach the latest skills and practices. The new training package will ensure

that MOVE principles, the use of diathermy and different modes of service delivery are included.

SANKHANI will work with MOH and CHAM at district and facility levels to rapidly roll out VMMC service provision as part of a comprehensive prevention package. This will include identification, strengthening and supportive supervision of fixed and outreach VMMC sites. The program will ensure that VMMC services provide linkages with HIV care and treatment services for men who test positive, providing immediate STI treatment, and ensuring adherence to VMMC minimum standards. In FY13 19,000 MCs will be done while 26,000 MCs will be done in FY14. SANKHANI will also ensure that all VMMC sites have emergency kits on site.

USAID will continue to pool procurement of basic VMMC commodities through the Supply Chain Management System (SCMS). SANKHANI will play a coordinating role for VMMC commodities by forecasting, placing orders, following up deliveries of commodities and quality control. SANKHANI will liaise with the National AIDS Commission and MOH in coordinating World Bank procured commodities to ensure there is no duplication of efforts and/or opportunities for efficient resource allocation for PEPFAR funded partner activities.

SANKHANI will reproduce and distribute VMMC communication materials developed by the BRIDGE in line with the national VMMC Communications Strategy. In FY13 SANKHANI will liaise with BRIDGE II in planning demand creation activities within the four USAID focus districts. In the other districts SANKHANI will use its community mobilizers in liaison with district health education staff. In FY14 SANKHANI in collaboration with PSI will take lead on demand creation. With the rapid scale up of VMMC, there will be increased generation of medical waste. Therefore, in the last half of FY13 SANKHANI will develop a waste management plan to be rolled out in FY14.

Implementing Mechanism Details

Mechanism ID: 16902	**Mechanism Name: CDC Information Management Services (CIMS)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: Northrup Grumman	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	

G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

During this year, PEPFAR Malawi will begin monitoring expenditures on the PROMIS (PEPFAR Records and Organization Management Information System) platform. As the PEPFAR Malawi portfolio grows, there is an increasing need to also upgrade our Monitoring and Evaluation Systems. PEPFAR Malawi is seeking to install and operate the PROMIS SI system that would allow implementing partners to upload results directly into the tracking system. Moreover, PROMIS would provide GOM counterparts with access to USG data to inform planning and decision making processes. This system, piloted in Tanzania, will greatly improve overall program data collection, reporting and analysis for country teams and our partners. Discussions have already taken place with the OGAC SI TWG as well as Northrup Grumman, the contractor which will do the installation and customization. The amount budgeted for comes from the Management and Program Analysis officer at OGAC.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16902		
Mechanism Name:	CDC Information Management Services (CIMS)		
Prime Partner Name:	Northrup Grumman		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	100,000	0

Narrative:

The PROMIS system will be tailor made for PEPFAR Malawi by the contractor. Detailed information on the implementing partners, district level mapping of locations and facilities, and the services provided will be migrated into the system. Training on how to operate and manage the system, as well at TOT for partner participation. The contractor will provide virtual on going support and technical assistance as the system gets up and running.

Implementing Mechanism Details

Mechanism ID: 17097	**TBD: Yes**
REDACTED	

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business
U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services			162,592	162,592
ICASS			457,023	457,023
Management Meetings/Professional Developement		75,352	959,060	1,034,412
Non-ICASS Administrative Costs			216,424	216,424
Staff Program Travel		102,379	332,906	435,285
USG Renovation			25,000	25,000
USG Staff Salaries and Benefits		118,508	2,283,381	2,401,889
Total	**0**	**296,239**	**4,436,386**	**4,732,625**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-USAID		162,592
ICASS		GHP-USAID		457,023
Management Meetings/Professional Developement		GHP-State		75,352
Management		GHP-USAID		959,060

Meetings/Professional Developement				
Non-ICASS Administrative Costs		GHP-USAID	Communications, utilities and miscellaneous charges (44,090); other services (18,734); operations and maintenace of facilities (29,970); operations and maintenance of equipment and storage of goods (31,690); supplies and materials (28,577); equipment (63,363)	216,424
USG Renovation		GHP-USAID	USAID plans to undertake minor office and housing renovations in FY2013. Renovations will include: finishing ongoing works on the creation of a safe-haven in the USAID/Malawi office building. There are also plans to renovate two houses occupied by PEPFAR-funded staff. These will be routine make-ready type renovations, as	25,000

			PEPFAR funded positions turn over.	

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		5,000		5,000
ICASS		30,000		30,000
Management Meetings/Professional Developement		5,000		5,000
Non-ICASS Administrative Costs		10,000		10,000
Staff Program Travel		20,000		20,000
USG Staff Salaries and Benefits		50,000		50,000
Total	**0**	**120,000**	**0**	**120,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		5,000
ICASS		GHP-State		30,000
Management Meetings/Professional Developement		GHP-State		5,000
Non-ICASS Administrative Costs		GHP-State	$1200 for phone bills, $6000 for vehicle running and maintenance, $2800 for office supplies	10,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		266,000		266,000
Computers/IT Services		30,000		30,000
ICASS		890,000		890,000
Management Meetings/Professional Developement		216,000		216,000
Non-ICASS Administrative Costs		504,180		504,180
Staff Program Travel	0	194,890		194,890
USG Staff Salaries and Benefits	1,486,541	1,302,579		2,789,120
Total	**1,486,541**	**3,403,649**	**0**	**4,890,190**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHP-State		266,000
Computers/IT Services		GHP-State		30,000
ICASS		GHP-State		890,000
Management Meetings/Professional Developement		GHP-State		216,000
Non-ICASS Administrative Costs		GHP-State	Leadership Training ($13,600), Transportation of Supplies ($4,000), Communication	504,180

			($83,890), Office Utilities ($12,100), Office Rent ($54,100), Communications Contract ($148,740), Vehicle Maintenance & Running Costs ($27,500), Contractual Services ($11,300), Training for Grantees ($54,000), Supplies ($65,500), IT Equipment ($29,450).	

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		7,000		7,000
ICASS		65,000		65,000
Management Meetings/Professional Developement		34,000		34,000
Staff Program Travel		18,000		18,000
USG Staff Salaries and Benefits		301,950		301,950
Total	**0**	**425,950**	**0**	**425,950**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT		GHP-State		7,000

Services				
ICASS		GHP-State		65,000
Management Meetings/Professional Developement		GHP-State		34,000

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		18,053		18,053
Non-ICASS Administrative Costs		386,022		386,022
Peace Corps Volunteer Costs	0	849,463	0	849,463
Staff Program Travel		46,645		46,645
USG Staff Salaries and Benefits		134,993		134,993
Total	**0**	**1,435,176**	**0**	**1,435,176**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		18,053
Non-ICASS Administrative Costs		GHP-State	Contractual Services ($338,558); vehicle maintenance and running costs ($6,897); equipment ($40,567)	386,022