Malawi Civil Society Priorities Charter

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria New Funding Model

February 2014

AIDS Accountability International

FORD FOUNDATION
Working with Visionaries on the Frontlines of Social Change Worldwide

#1 Priority - Behaviour Change

Top Priority – Mobilization of Communities with Gender Targeted Messages

Civil society in Malawi has identified the need for gender targeted behaviour change messages as their top priority. Data in Malawi show that men are disproportionately likely to report having more than one sexual partner in the last year (9.2%) compared to women (0.7%) (Malawi Demographic and Health Survey, 2010). To address this, civil society has comparative advantage to implement activities around promoting community dialogue, interpersonal discussions, theatre for development, role models, and working with families, schools and churches. The primary target group for this intervention is men, but girls and young women are also strategically targeted for awareness creation. This should be rolled out primarily in schools and markets in rural and peri-urban areas where the unmet need is the greatest. Southern and Central regions of Malawi should be prioritized as HIV prevalence is higher and the population density is greater. The suggested timeline is in line with the National Strategic Framework for Malawi and the Global Fund's New Funding Model. Organizations that are well placed to implement include FOCUS, NACC, COPRED, CHAM, MANERELA+, YONECO, MANET+, AGREDS, YECE and JONEHA. Civil society intends to measure impact of this activity through increased number of: men testing for HIV, men who seek circumcision, couples testing together and men using condoms.

Secondary Priority –Empowerment of Young Women and Girls

Focusing on the social determinants of behaviour change, poverty greatly affects the ability of young women to make choices about their behaviour. Civil society prioritizes a two-pronged strategy to support young women through both access to information and economic empowerment. These priorities aim to combat issues of early child marriage and gender-based violence and transactional sex, which are all shown to be related to poverty and economic circumstances of young women. Civil society intends to scale up activities of village savings and loans associations for women, paired with intensive M&E to share best practices. Young women are the target group for this intervention, with an especially strong focus on adolescents. Civil society has identified border towns and some lakeshore towns as hot spots where interventions are needed and where impact will be greatest, particularly Mwanza, Liwonde, Salima, Mulanje/Muloza, Chitipa, Dedza, Mangochi, Mchinji, Nkhotakota, Nsanje, Mulanje and Karonga. The suggested timeline is 2014-2016. Organizations that are well placed to implement include MWASO, SWAM, COWLHA, FOCUS, YONECO, Pakachere, SASO, FAST, LUYO, AGREDS and PAOC. Outcomes and impact of this activity will be measured in the short term through the number of women engaged in VSL and fewer child marriages, and in the longer term through bi-laws restricting child marriages.

#2 Priority - Condom & Lubricant Promotion

Top Priority – Attitudes

Evidence shows that 80% of new HIV infections in Malawi occur among partners in stable relationships (NAC, 2012). This can be explained, in part, by negative perceptions about condom use within long-term relationships. Activities to address this should include community mobilization, media reporting, target group discussions, 1-1 sessions, IEC campaigns, role modeling and peer education. Civil society has identified marginalized rural women as their target for this priority, focusing on the issue of gender norms and power imbalances which make it difficult for women to negotiate or introduce condom use within their relationship, especially the female condom. This should be carried out in remote rural areas, as a 3 year programme from May 2014 – May 2017. Organizations that are well placed to implement include FPAM, MANERELA+, YONECO, SWAM, MANASO, Theatre for a Change (for advocacy), Passion for Women and Children, Banja La Mtsogolo (Marie Stopes), PSI and Implementation for Women Dev. Civil society will measure impact of this intervention through monitoring the number of rural women using the female condom.

Secondary Priority – Availability and Accessibility

Evidence shows that condom use is higher in urban areas than it is in rural regions of Malawi (NAC, 2012). This can be partially explained by the fact that distributions centers are not user friendly; health centers and hospitals are some of the only places where condoms can be accessed in rural areas, yet evidence shows that bottle stores are much more popular places for accessing condoms, especially among key populations such as sex workers (FPAM & UNFPA, 2011). Civil society can add complementary value to government efforts by increasing distribution points, raising awareness about the availability, and lobbying different community and religious leaders around acceptability. The target group for this intervention will be marginalized rural women, with a focus again on the availability and accessibility of female condoms to promote gender equality. Other marginalized populations such as people with disabilities need the same level of access. Civil society also prioritizes the pairing of access to condoms with access to lubricants, particularly for key populations such as men who have sex with men (MSM). This should be carried out in remote rural areas, as a 3 year programme from 2014-2017. Organizations that are well placed to implement include FPAM, CHAM, SWAM, MANERELA+, MANASO, Theatre for a Change (for advocacy), Passion for Women and Children, YONECO, Pakachere and Implementation for Women Dev. Civil society will measure impact of this intervention through monitoring the number of rural women using the female condom.

#3 Priority - Key Populations

Top Priority – Improve Policy and Legal Environment

There are structural barriers for service uptake as well as policy and legal issues which create a hostile environment for the health of key populations in Malawi. The UNDP HIV legal environment assessment (2012) is a key piece of evidence for this. Civil society has a key role to play in engaging policy makers to translate policy into action and orienting service providers so key populations can access friendly services. Civil society proposes the establishment of a technical working group - a legal advocacy task force. Target groups for this intervention are health care workers and traditional and religious leaders at the community level, especially in neglected rural areas in the North (though recognizing that the population there is sparse and HIV prevalence is lower). Targeting policy makers at the district level is also identified as a strategic entry point. Civil society recognizes that this priority is a long-term advocacy issue. Organizations that are well placed to implement include CEDEP, MANERELA+, MACRO, Paradiso TB Patients Trust, CHAM, YONECO, Banja La Mtsogolo (Marie Stopes) and the National Sex Workers Alliance. The outcome will measured through equal access and availability of health services for key populations.

Secondary Priority – Demand Creation and Uptake of Health Services

There are existing isolated interventions being implemented, but there is a need to scale up those programmes targeting key populations. Civil society highlights that creating demand for health services among key populations is a high priority because data show that HIV prevalence among sex workers in Malawi is 70.7% (NAC, 2012) and 15.4% among MSM ("HIV among men who have sex with men in Malawi" Wirtz et al., 2013). Civil society has comparative advantage to access these groups of people to do peer education, capacity building and outreach work and creating IEC materials. The target group will be primarily MSM and sex workers, though prisoners are also identified as a key population in this context, especially in connection to their TB vulnerability. People with disabilities and refugees were also identified. Urban and peri-urban areas will be targeted, and to a lesser extent rural areas, although this will be determined by the outcomes of studies which identify number of key populations by geographical location. This should be carried out from 2015-2017 by organizations such as CEDEP, Paradiso, MANERELA+, FPAM, YONECO, TFAC, CHRR, Ladder for Rural Development, COWLA, SWAM, COPRED, NACC, MHRYN, FEDOMA, MANASO, in partnership with Pact and PSI. The outcome will be measured by reductions in HIV prevalence and increases in health seeking behaviour among key populations.

#4 Priority - Treatment, Care and Support

Top Priority – Community Systems Strengthening (CSS) to Support Affected Populations to Self-Advocate

For a sustainable response, civil society prioritizes the empowerment of communities to advocate for themselves for the issues that affect them directly. CSS in general has been neglected and should be prioritised just as highly as Health Systems Strengthening (HSS); HSS without CSS will not be effective in increasing the uptake of HIV/TB services. This includes building the capacity of communities and individuals to make demands of government for their rights to treatment. Civil society's value proposition is to strengthening existing structures, such as support groups and CBOs in rural areas, working through these existing structures to train them on advocacy and M&E. The target groups are people living with HIV, community care givers, TAs, religious leaders, CBOs and FBOs. Rural areas are prioritized for implementation, especially churches and health centers. This should be carried out from 2015-2018. Activities should be implemented by organizations working with people at the grassroots, such as MANASO, AGREDS, EAM, SAT, Oxfam, Pact, Plan (for social accountability), MANET+, CHAM, NAPHAM, JONEHA, MANERELA+ and MIAA. Outcomes will be measured through the increased demand and advocacy for health services.

Secondary Priority – Improve Coordination of CSOs in Research, Advocacy and Watchdogging

There is a need for civil society to place coordinated pressure on governments in order for CSOs to be taken seriously so that advocacy can be improved. Oftentimes, civil society organizations – particularly those based outside Lilongwe - lack access to vital information on national policies and guidelines. This gap in information needs to be closed. Without information, duty bearers cannot be held to account. Civil society has articulated their skillset to collect the experiences and evidence of grassroots realities, scale up social accountability approaches and make sure advocacy is evidence based. Civil society organizations – particularly FBOs and CBOs – are an important part of this response, with the ability to establish a platform to strengthen skills of members and monitor performance. There are various strategic levels for this activity, including national, regional and district level entry points. This should be carried out from 2015-2018. Organizations that are well-placed to implement include MANASO, MANERELA+ and MANET+. Malaria and TB organizations are also critical; there has been little mobilization by civil society on these two diseases and it is a big gap that needs urgently addressing.

#5 Priority - Male Circumcision

Top Priority – Awareness Creation

There are many misconceptions and cultural norms around male circumcision (MC) that need to be addressed, especially towards demand creation as well as follow-ups and dual protection. Civil society emphasizes that MC can reduce HIV transmission by about 60%, but that evidence in Malawi shows only 22% MC coverage (Malawi Demographic & Health Survey, 2010; "Situation Analysis of Male Circumcision in Malawi", NAC, 2010). Radio and theatre for development will be the strategic method for civil society to raise awareness since 90% of the population absorbs these media. Target groups include both men (especially youth) and women (for driving demand). Community leaders also need to be targeted since they are the custodians of cultural traditions. Awareness activities should be rolled out in schools, churches (especially for targeting youth), police stations and military bases. The North and Central regions of Malawi should be prioritized because there is low MC uptake and the need is highest due to ethnic and cultural barriers. These activities should be implemented by organizations such as Story Workshop, CHAM, MANERELA+, YONECO, JournAIDS and Pakachere. To measure outcomes, civil society suggests using proxy indicators along with those from the National Strategic Framework and the Global Fund i.e. Number of men aged 15-49 circumcised by 2016 and HIV incidence rates.

Secondary Priority – Advocacy for Scaled-Up Service Provision

Civil society has a key role to play in advocating for increased availability of MC services. Those who are trained in this technique are in short supply, especially those who know about new technologies such as PrePex™. Civil society prioritizes lobbying meetings and roundtable discussions with key players around service delivery. This can be done through radio debates that target civil society and other service providers. Documenting success stories, case studies and best practice needs to be implemented as well, since civil society identifies that Malawi does not document progress well enough. Target groups include the Ministry of Health, Ministry of Finance, National AIDS Commission, CCMs and the donor community (engaging donors to fund the scale up this work). Parliament itself needs to be engaged with as well, along with the various sub-technical working groups. This should be implemented in 2014 and be ongoing, with targets for 2016 to align with the NSF. Organizations that are well placed to implement include SAT Malawi, MANASO, JournAIDS, Story Workshop Educational Trust, MIAA, MANERELA+, MANET+, MBCA and Pakachere. Outcomes will be measured by counting the number of institutions supporting MC by 2016.

#6 Priority – PMTCT

Top Priority – Community Systems Strengthening

Civil society has prioritized PMTCT as a lower priority than the others in this Charter because of the recognition that the situation is improving in Malawi, citing the fact that there is 88% coverage of testing for pregnant women (Malawi Demographic and Health Survey, 2010; Integrated HIV Programme Report, Malawi Ministry of Health, 2012). While this is a comparatively lower priority than the others highlighted in this Charter, civil society sees there is a need for efficiency improvements since domestic resources in Malawi are only sufficient to cover 30% of the AIDS response (UNAIDS, 2013). There are logistical issues to do with chain management and commodities. Guidelines and policies may exist, but they need to be disseminated and utilized at community level. Training and capacity building of service providers at all levels is needed, especially volunteer management since they are the key implementers upon whom success hinges. The target group should be local NGOs, CBOs and community leaders (for sustainability reasons). This should be rolled out from 2015-2020 (to meet Malawi's "Vision 2020") by well-placed organizations such as Partners in Hope, MANASO, M2M, EGPAF, NAPHAM & FPAM, with technical support from organizations like Pact. The outcome of improved community systems will result in improved domestic resource allocation as well as a positive spillover effect to strengthen health systems.

Secondary Priority – Service Delivery

This priority is particularly interlinked with the above, focusing on community mobilization to increase awareness within communities to access PMTCT services. Issues of male involvement need to be taken on board. Early infant diagnosis and drug adherence are key areas to mobilize communities around. Testing among pregnant women at clinic level is important, but support services afterwards are a higher priority for civil society. Currently, PMTCT coverage in Malawi is 60% (UNAIDS, 2013), but national requirements suggest it should be higher. Civil society intends to conduct community mapping to identify gaps on the ground. Through this analysis, capacity building will take place with service providers at all levels. Women in rural areas are more vulnerable and should be strategically targeted, since they have high rates of illiteracy and limited access to facilities. Health seeking behavior is also a problem in rural areas. Townships are a target location for implementing these activities. Existing efforts should be intensified, extending to 2020 ("Vision 2020"). Organizations well-placed to implement include Baylor College of Medicine, M2M, MaiKhanda, MaiMwana, NASO, MACRO and JONEHA. Outcomes will be measured by the percentage of women accessing PMTCT services, the number of exposed infants testing positive, the number of women who have initiated on ART and the number of women defaulting on ART.

Partner Organizations

ActionAid

AoG Relief and Development Services

Baylor College of Medicine

Centre for the Development of People (CEDEP)

Clinton Health Access Initiative (CHAI)

Coalition for Prevention of Unsafe Abortion

Face to Face AIDS Project

Family Planning Association of Malawi (FPAM)

FOCUS

Health Care Workers Living Positively (HECAWLP)

Jhpiego

Jointed Hands Welfare Organization

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Journalists Association Against AIDS (JournAIDS)

Key Correspondent for Aidspan and International HIV/AIDS Alliance

Ladder for Rural Development

Malawi AIDS Counselling and Resource Organisation (MACRO)

Malawi Global Fund Coordinating Committee (MGFCC)

Malawi Network of AIDS Service Organizations (MANASO)

The Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+)

The Malawi Network of People Living with HIV and AIDS (MANET+)

Mlazi Community Initiative for Development

Mothers2Mothers

Médecins Sans Frontières/Doctors Without Borders (MSF)

Network of Journalists Living with HIV (JONEHA)

Nkhotakota AIDS Service Organisation in Nkhotakota (NASO)

Oxfam

Pact

Paradiso TB Patients Trust

Passion For Women and Children

Scout Association of Malawi (SAM)

Southern African AIDS Trust (SAT)

Story Workshop Educational Trust

Society for Women and AIDS in Malawi (SWAM)

University of Malawi, College of Medicine

The Centre for Youth Empowerment and Civic Education (YECE)

YouthNet and Counselling (YONECO)