

RESEARCH DOSSIER: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN MALAWI

This Research Dossier supports the **Report Card on HIV Prevention for Girls and Young Women in Malawi** produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card provides an 'at a glance' summary of the current status of HIV prevention strategies and services for girls and young women ages 15-24 years in Malawi. It focuses on **five cross-cutting prevention components**:

1. Legal provision
2. Policy context
3. Availability of services
4. Accessibility of services
5. Participation and rights

The Report Card also includes background information about the HIV epidemic and key policy, Programmatic and funding **recommendations** to improve and increase action on this issue in Malawi.

This Research Report is divided into two sections:

PART 1: DESK RESEARCH: This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

PART 2: IN-COUNTRY RESEARCH: This documents the participatory in-country research carried out for the Report Card by a local consultant in Malawi. This involved:

- Three **focus group discussions** with: 6 young women (ages 25-35) in an urban area of Zomba district; 9 young women (ages 21–32) in a rural area of Lilongwe district; and 9 girls and young women (aged 14-22) in an urban area of Zomba district. The participants included some girls and young women who are: married/unmarried; in/out of school; living with HIV; widowed; home based care and orphan care volunteers; and peer educators.
- **One-to-one interviews** with 21 representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders included: a Peer Educator and Youth Supervisor at a youth drop-in centre; a Technical Advisor with a Malawian NGO; and a Nurse and VCT Counsellor at a national counselling organisation.
- Additional **fact-finding** to address gaps in the desk research.



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PART 2: IN-COUNTRY RESEARCH

Focus group discussions: 14-22 year olds, 21-32 year olds and 25-35 year olds
One-to-one interview: Peer Educator and Youth Supervisor, youth drop-in-centre
One-to-one interview: Technical Advisor, Malawian NGO
One-to-one interview: Nurse and VCT Counsellor, national counselling organisation

Abbreviations

ABC	Abstain, Be faithful, Use condoms
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CCM	Convention on Consent on Marriage
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CIA	Central Intelligence Agency
CRC	Convention on the Rights of the Child
CT	Counselling and testing
CTX	Cyclophosphamide
HAART	Highly Active Antiretroviral Therapy
ICW	International Community of Women Living with HIV and AIDS
IPPF	International Planned Parenthood Federation
MANASO	Malawi Network of AIDS Service Organisations
MCH	Maternal and Child Health
MDHS	Malawi Demographic Health Survey
NAC	National AIDS Council
NGO	Nongovernmental organisation
PLWHA/PLWA	People living with HIV and AIDS
PMTCT	Prevention of mother to child transmission
RHAP	Regional HIV and AIDS Programme
SP	Sulfadoxine-Pyrimethamine
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing

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PART 1: DESK RESEARCH

COUNTRY PROFILE

- **Size of population:** 13,013,926 (CIA (2006) *The World Factbook* – Malawi - (13 June, 2006) <http://www.odci.gov/cia/publications/factbook/geos/mi.html> (Date accessed 21/06/06))
- **Life expectancy at birth:** total population: 41.7 years , male: 41.93 years, female: 41.45 years (2006 est.),(CIA (2006) *The World Factbook* – , Malawi <http://www.odci.gov/cia/publications/factbook/geos/mz.html>, (Date accessed 21/06/06))
- **% of population under 15 (0 – 14 years):** 46.5% (male 3,056,522/female 3,000,493) (CIA (2006) *The World Factbook* – Malawi, <http://www.odci.gov/cia/publications/factbook/geos/mz.html>, (Date accessed 21/06/06))
- **Population below income poverty line of \$1 per day:** 41.7 % (from 1990-2003) (UNDP (2005) *Human Development Reports 2005: Malawi*, <http://hdr.undp.org/statistics/data/indicators.cfm?x=23&y=1&z=1> (Date accessed 21/06/06))
- **Female youth literacy (ages 15-24)¹:** 54.0 % as estimated by UNESCO in 2003 (UNDP (2005) *Human Development Reports 2005: Malawi*, <http://hdr.undp.org/statistics/data/countries.cfm?c=MWI> (Date accessed 21/06/06))
- **Youth literacy rate (female rate as % of male rate, ages 15-24) between 1995-1999:** 86% (UNDP Human Development Reports (2005), Indicators: Gender Inequality in Education, <http://hdr.undp.org/statistics/data/indicators.cfm?x=246&y=1&z=1> (Date accessed 13/07/06))
- **Median age at first marriage for women (ages 25-49) in 2000:** 17.8 years (Measure DHS website. Country Summary: Malawi, http://www.measuredhs.com/countries/country.cfm?ctry_id=24 (Date accessed 13/07/06))
- **Median age at first sex among females (ages 15-24)² in 2000:** 17 (HIV/AIDS Indicators Country Report: Malawi 1992-2000 website, Malawi Demographic and Health Survey 2000, http://www.measuredhs.com/hivdata/reports/start.cfm?LoadingDisplay=0&Ctry=24&style_id=&ShowIndicators=all&Survey_Pop_Based=&char_type=all&char_urban=0&char_age=0&char_ed=0&report_action=view (Date accessed 13/07/06))
- **Median age at first sex among males (ages 15-24) in 2000:** 16.5 (HIV/AIDS Indicators Country Report: Malawi 1992-2000 website, Malawi Demographic and Health Survey 2000, http://www.measuredhs.com/hivdata/reports/start.cfm?LoadingDisplay=0&Ctry=24&style_id=&ShowIndicators=all&Survey_Pop_Based=&char_type=all&char_urban=0&char_age=0&char_ed=0&report_action=view (Date accessed 13/07/06))
- **Health expenditure per capita in 2002 (International dollars):** \$48 (*2004 Report on the Global AIDS Epidemic: Malawi*, http://www.unaids.org/en/Regions_Countries/Countries/malawi.asp, (Date accessed 21/06/06))
- **Contraceptive prevalence³:** 31% (from 1995-2003) (UNDP (2005) *Human Development Reports 2005: Malawi*, <http://hdr.undp.org/statistics/data/indicators.cfm?x=56&y=1&z=1> (Date accessed 21/06/06))
- **Maternal mortality rate:** 1,100 adjusted ratio per 100,000 live births (1985-2003) (UNDP (2005) *Human Development Reports 2005: Malawi*, <http://hdr.undp.org/statistics/data/countries.cfm?c=MWI> (Date accessed 21/06/06))
- **Ethnic groups:** Chewa, Nyanja, Tumbuka, Yao, Lomwe, Sena, Tonga, Ngoni, Ngonde, Asian, European, (CIA (2006) *The World Factbook* – Malawi, <http://www.odci.gov/cia/publications/factbook/geos/mi.html>, (Date accessed

¹ The percentage of people ages 15-24 who can, with understanding, both read and write a short, simple statement related to their everyday life.

² The age by which one half of young people ages 15-24 have had penetrative sex (median age).

³ The percentage of married women (including women in union) ages 15–49 who are using, or whose partners are using, any form of contraception, whether modern or traditional.

- 21/06/06))
- **Religions:** Christian 79.9%, Muslim 12.8%, other 3%, none 4.3% (1998 census) (CIA (2006) *The World Factbook* – Malawi, <http://www.odci.gov/cia/publications/factbook/geos/mi.html> (Date accessed 21/06/06))
 - **Languages:** Chichewa 57.2% (official), Chinyanja 12.8%, Chiyao 10.1%, Chitumbuka 9.5%, Chisena 2.7%, Chilomwe 2.4%, Chitonga 1.7%, other 3.6% (1998 census), (CIA (2006) *The World Factbook* – Malawi, <http://www.odci.gov/cia/publications/factbook/geos/mi.html> (Date accessed 21/06/06))
 - **Adult (ages 15-49) HIV prevalence rate in 2005:** 14.1% (UNAIDS (2006) *Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 21/06/06))
 - **HIV prevalence rate in females (ages 15-24) in 2005:** 9.6% (UNAIDS (2006) *Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 16.6.06))
 - **HIV prevalence in males (ages 15-24) in 2005:** 3.4% (UNAIDS (2006) *Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 16/06/06))
 - **Number of women (ages 15-49) living with HIV in 2005:** 500,000 (UNAIDS (2006) *Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 21/06/06))
 - **Number of children (ages 0-14 years) living with HIV in 2005:** 91,000 (UNAIDS (2006) *Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 21/06/06))
 - **Number of deaths due to AIDS (adults and children) in 2005:** 78,000 (UNAIDS (2006) *Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 21/06/06))
 - **Estimated number of orphans (ages 0-17) in 2005:** 550,000 (UNAIDS (2006) *Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 21/06/06))

PREVENTION COMPONENT 1: LEGAL PROVISION (national laws, regulations, etc)

Key questions

1. What is the minimum legal age for marriage?

- *“The minimum age of marriage is 18 years for all persons. The Constitution further requires that persons between the age of 15 and 18 years should only marry with the consent of parents or guardians.”* (UNFPA <http://www.unfpa.org/adolescents/opportunities/malawi/malawi-npr.html> (Date accessed 22/04/06))

2. What is the minimum legal age for having an HIV test without parental and partner consent?

- *“The Malawi National HIV/AIDS Policy (July 2003) promotes the provision of youth friendly Voluntary Counselling and Testing (VCT) services that are accessible, attractive and appropriate for young men and women. Adolescents aged 13 and above are entitled to access VCT without the consent of a guardian or other adult.”* (UNFPA <http://www.unfpa.org/adolescents/opportunities/malawi/malawi->

3. What is the minimum legal age for accessing SRH services without parental and partner consent?

- There is no official minimum age of consent for accessing SRH services, although, for VCT services, the legal age is 13. (www.aidsmalawi.org. Information provided from Ministry of Health by in-country consultant)
- *“Government and partners shall ensure that children and young people have access to youth friendly sexual and reproductive health information and education, including HIV/AIDS/STI information, appropriate to their age and needs, to equip them with knowledge and skills to protect themselves from HIV and other STIs. Government shall incorporate reproductive and sexual health education, including life skills and peer education, into the school curriculum as subjects of continuous assessment and ensure that similar reproductive and sexual education is made accessible to youth out of school to protect them from HIV and other STIs.”* (Malawi National AIDS Policy (2003) <http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))
- *“The Malawi National HIV/AIDS Policy (July 2003) promotes the provision of youth friendly Voluntary Counselling and Testing (VCT) services that are accessible, attractive and appropriate for young men and women. Adolescents aged 13 and above are entitled to access VCT without the consent of a guardian or other adult.”* (UNFPA <http://www.unfpa.org/adolescents/opportunities/malawi/malawinpr.html> (Date accessed 22/04/06))

4. What is the minimum legal age for accessing abortions without parental and partner consent?

- *“Under the Malawi Penal Code of 1930 (Sections 149-151), the performance of abortions is generally illegal. A person who unlawfully uses any means with intent to procure an abortion is subject to 14 years’ imprisonment. A pregnant woman who unlawfully uses any means or permits the use of such means with intent to procure her own abortion is subject to seven years’ imprisonment. A person who unlawfully supplies or procures any thing whatever, knowing that it is intended to be unlawfully used to procure an abortion, is subject to three years’ imprisonment.*

Nonetheless, abortions can be legally performed in Malawi to save the life of the pregnant woman. Section 243 of the Penal Code provides that a person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon an unborn child for the preservation of the mother’s life if the performance of the operation is reasonable.

Malawi does not follow the holding of the 1938 English Bourne decision in determining whether an abortion performed for health reasons is lawful. In the Bourne decision, a court ruled that the performance of an abortion was lawful because it had been performed to prevent the woman from becoming “a physical and mental wreck”, thus setting a precedent for future abortion cases performed on the grounds of preserving the pregnant woman’s physical and mental health.” (Population Division of the United Nations Secretariat - Abortion Policies: A Global Review(2002) <http://www.un.org/esa/population/publications/abortion/profiles.htm> (Date accessed 22/04/06))

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?

- *“3.2.2.4 Nonconsensual Testing*

Rationale : For security reasons, the Army, Immigration, Prisons and Police shall be permitted to carry out HIV testing as part of their pre-recruitment and periodic general medical assessment for fitness. However, medical criteria shall be established to ensure that recruitment and conditions of service are not based on

HIV test results alone, but on the overall level of fitness to serve.

Policy Statement

Nonconsensual testing shall only be permitted in the Army, Immigration, Prisons and Police as part of a broader assessment of fitness for work and that HIV status alone shall not be the basis for exclusion from employment, promotion and benefits."

(Malawi National AIDS Policy (2003)

<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

- *5.8.1 Policy statement*

"Government shall ensure that prisoners are not subjected to mandatory testing, nor quarantined, segregated or isolated on the basis of HIV/AIDS status." (Malawi National AIDS Policy (2003)

<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

6. Is there any legislation that specifically addresses gender-based violence?

- *"13. The State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving the following goals -*

(a) Gender Equality To obtain gender equality for women with men through--

- *(i) full participation of women in all spheres of Malawians society on the basis of equality with men;*
- *(ii) the implementation of the principles of non-discrimination and such other measures as may be required; and*
- *(iii) the implementation of policies to address social issues such as domestic violence, security of the person, lack of maternity benefits, economic exploitation and rights to property."* (Page 11 : The Constitution of Malawi (1994)
<http://unpan1.un.org/intradoc/groups/public/documents/cafrad/unpan004840.pdf> (Date accessed 22/04/06))

- *"(2) Any law that discriminates against women on the basis of gender or marital status shall be invalid and legislation shall be passed to eliminate customs and practices that discriminate against women, particularly practices such as (a) sexual abuse, harassment and violence."* (Page 16 : The Constitution of Malawi (1994)
<http://unpan1.un.org/intradoc/groups/public/documents/cafrad/unpan004840.pdf> (Date accessed 22/04/06))

- *"Protect the rights of women to have control over and to decide responsibly, free from discrimination or coercive violence, on matters related to their sexuality, including sexual and reproductive health." (pg. 15) "Ensure that women and girls are protected against violence, including sexual violence, rape and other forms of coerced sex, as well as against traditional practices that may negatively affect their health." (pg. 15) (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))*

7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?

- *"The legislation regarding confidentiality covered in the constitution of the republic of Malawi Chapter IV Human rights, section 19 and 20 encourages women and girls to know their HIV and in so doing, protect themselves from infection when they are aware of their status and that of their prospective spouse or their partner's HIV status. Under section 19 of the constitution, sub-section 1, it is described that "the dignity of all persons shall be inviolable" and under sub-section 5, it further says "no person shall be subjected to medical or scientific experimentation without his or her*

consent." Assurance of confidentiality in HIV testing is considered as a way of promoting behaviour change as regard to HIV prevention. HIV testing then becomes an entry point for adopting safer practices or maintenance of risk free behaviours regarding HIV transmission. " (Information provided by in-country consultant)

- "No specific legislation for SRH and HIV/AIDS and because of the need for legislative changes to facilitate the effective implementation of the HIV/AIDS policy, there are proposals for Legislative Reform." (www.aidsmalawi.org.mw)

8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?

- "5. (1) No person shall discriminate against any employee or prospective employee on the grounds of race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social origin, disability, property, birth, marital or other status or family responsibilities in respect of recruitment, training, promotion, terms and conditions of employment, termination of employment or other matters arising out of the employment relationship.

(2) Subsection (1) does not preclude any provision, programme or activity that has as its object the improvement of conditions of disadvantaged persons, including those who are disadvantaged on the grounds enumerated in subsection (1).

Any person who contravenes this section shall be guilty of an offence and liable to a fine of K 10,000 and to imprisonment for two years." (Malawi Government : Malawi Employment Act (2000)

<http://www.ilo.org/dyn/natlex/docs/WEBTEXT/58791/65218/E00MWI01.htm> (Date accessed 22/04/06))

9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?

- Proposal for legislative reform for Section A.2.3.1 Prostitution, Sodomy and Same-Sex Sexual Practices under Section A.2.3 Criminal Laws: "Government shall engage in education and sensitisation campaigns with all stakeholders, including traditional leaders and religious groups, with a view to decriminalising prostitution, sodomy and same-sex sexual practices in the long-term, for more effective management of the epidemic." (pg. 29) Proposal for legislative reform: "The laws shall be revised to decriminalise aiding and abetting for all those who take HIV/AIDS intervention strategies to people engaged in prostitution, sodomy and same-sex sexual practices." (pg. 29) (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

- "Government and partners shall ensure the availability of adequate disposable materials as well as sterilising equipment for non-disposable materials at all health care facilities. Government and partners shall also ensure that adequate facilities are provided for the appropriate disposal and removal of used disposable materials at all health care facilities. Government shall ensure the dissemination of appropriate information on the dangers associated with the use of unsterilised skin piercing materials. Government shall ensure that guidelines for the use and disposal of disposable materials and the sterilisation of non-disposable materials are regularly updated and communicated to all health care facilities. Government shall encourage traditional healers and traditional birth attendants to use sterile injecting materials." (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

Discussion questions:

- **Which areas of SRH and HIV/AIDS responses are legislated for?**
- **What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?**
 - There is a failure to articulate HIV and SRH issues in legislation. (One-to-one interview, ARV Nurse and Counsellor, VCT centre)
 - There are no laws supporting positive living, i.e. making it an offence if an HIV positive person who is aware of their status has unprotected sex with someone without first disclosing their status. (One-to-one interview, Director, organisation of people living with HIV and AIDS).
- **Is action taken if laws are broken (e.g. if a girl is married below the legal age)?**
 - Yes, if the case is reported. (One-to-one interview, senior legal professional).
- **Is there any specific legislation for marginalised and vulnerable groups? If yes, is the legislation supportive or punitive? And what difference does it make to people's behaviours and risk of HIV infection?**
 - Section 20, subsection 1 talks about prevention of discrimination. It says: *"Discrimination of persons in any form is prohibited and all persons are, under law, guaranteed equal and effective protection against discrimination on grounds of race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social origin, disability, property, birth or other status"*. Sub-section 2 says that: *"Legislation may be passed addressing inequalities in society and prohibiting discriminatory practices and propagation of such practices and may render such practices criminally punishable by the courts."* The Penal Code has a section that covers prostitution. There is no law prohibiting sex workers to organize themselves, thereby allowing girls and women involved in sex work to participate in HIV prevention programmes, by being aware of, and linked to, SRH and HIV related information and services through specific programmes targeted at sex workers. (One-to-one interview, senior legal professional).
- **To what extent are 'qualitative' issues – such as confidentiality around HIV testing – covered by legislation?**
 - There is no specific coverage of HIV testing in legislation. (One-to-one interview, senior legal professional).
- **How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?**
 - There are initiatives to raise awareness about laws, but very few of them. (One-to-one interview, Programme Officer, international NGO).
- **Overall, how is relevant legislation applied in practice? What are the 'real life' experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?**
 - Legislation protects those aged under 13 from getting married and legislation criminalizes sex with children aged below 13 as defilement - thereby protecting girl children from possible STI and HIV infection. Rape is also a criminal offence. A Bill known as Prevention of Domestic Violence has just been passed in the last seating of parliament (passed end April, 2006) - which is soon to become law when the President signs it. This bill has been enacted to prevent incidents of domestic violence within the general framework of the Constitution, the National Gender Policy and the National Strategy on Gender-Based Violence. (One-to-one interview, Programme Officer, international NGO).
 - The Prevention of Domestic Act provides for, among other things, legal remedies, including protection orders, occupation orders and tenancy orders, and other social services available to persons affected by domestic violence. It criminalizes physical, emotional, economic, financial and social violence. When this bill becomes a law, girls and women will be protected from HIV infection as gender

based violence contributes greatly to HIV infection. (One-to-one interview, senior legal professional).

- **How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**
 - The Prevention of Domestic Violence bill only talks of protecting married women, former spouses and cohabitating partners. It leaves out any mention of unmarried women or girls, even protection of sex workers from abuse, and does not deal with violence outside the domestic arena such as sexual harassment at the office. There is no explicit legislation or law protecting women from infection from people who knowingly infect others when they are HIV positive. The challenge with legislation is that very few people access formal courts and this is worse for rural and poor families. Awareness of existing laws protecting girls and women are not widely known in the community and, as such, are likely to be reported on a very small scale. (One-to-one interview, ARV Nurse and Counsellor, VCT centre).
 - When people are aware of sexual abuse, domestic violence and rape by close relatives - such as the child's father - reporting of such incidents is minimal. (One-to-one interview, Director, organisation of people living with HIV and AIDS).
 - Legislation fails to protect girls and widowed women who have sex without their consent under customary practices as there are no specific laws prohibiting 'ritual rape' among girls soon after their initiation ceremony or culturally-mandated 'sexual cleansing' rituals in some cultures when a woman's husband dies, leaving them vulnerable to HIV infection. The Wills and Inheritance Act focuses on the transfer of deceased's property and does not tackle wife inheritance practiced in some cultures. (One-to-one interview, Programme Officer, Malawian NGO).
 - "Girls as young as 13 years present themselves with STIs at HIV testing facilities and the counselling process uncovers a history of sexual abuse. Yet the counsellor feels disempowered to take the case further for legal redress because VCT guidelines do not provide any direction on the linkage between VCT clients and the legal issues". (One-to-one interview, ARV Nurse and Counselor, VCT centre)

PREVENTION COMPONENT 2: POLICY PROVISION (national policies, protocols, guidelines, etc)

Key questions:

11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?

- "3: Promotion of HIV/AIDS Prevention, Treatment, Care and Support. Introduction: Prevention, treatment, care and support are all mutually reinforcing elements on the continuum of an effective response to HIV/AIDS. If one element is emphasised to the detriment of the others, the impact of the response is not mitigated. Impact mitigation strategies include the evaluation of prevention, treatment, care and support strategies, in addition to the assessment of the economic and social impact of the HIV/AIDS epidemic and the development of multi-sectoral strategies to address the impact at the individual, family, community and national levels." (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?

- "5.2 Women and Girls
5.2.1 Rationale

Woman and girls are frequently socially, culturally, economically and legally vulnerable. Socio-culturally, in particular, they are taught to be subservient to men and boys, so are much more vulnerable to physical abuse, including sexual abuse. Economically, they generally have lower levels of education, so have less access to highly-paid employment, meaning they are less likely to be able to avoid abusive situations. Often, women and girls are less aware of their human rights.

5.2.2 Policy Statements

Government, through the NAC, undertakes to do the following:

- Ensure that women and girls, regardless of marital status, have equal access to appropriate, sound HIV-related information and education programmes, means of prevention and health services (i.e. Woman-specific and youth-friendly sexual and reproductive health services for all women of reproductive age, including women living with HIV/AIDS).
- Protect the rights of women to have control over and to decide responsibly, free of discrimination or coercive violence, on matters related to their sexuality, including sexual and reproductive health.
- Ensure that women and girls are protected against violence, including sexual violence, rape and other forms of coerced sex, as well as against traditional practices that may negatively affect their health.
- Ensure women's legal rights and equality within the family, in matters such as divorce, inheritance, child custody, property and employment rights, recognizing, in particular, the right to equal remuneration of men and women for work of equal value, equal access to responsible positions, measures to reduce conflicts between professional and family responsibilities, and protection against sexual harassment in the workplace.
- Ensure that women enjoy equal access to the benefits of scientific and technological progress so as to minimise the risk of HIV infection.
- Develop and implement gender-sensitive HIV/AIDS care programmes that ensure continuity of care among hospital, clinic, community care, family or household, and hospice.
- Ensure that young girls and boys, both in and out of school, have access to life skills education which addresses unequal gender relations, to enable them to protect themselves from HIV infection or live positively with HIV/AIDS if they are already infected." (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?

• 3.2.1.2 Policy Statements

Government, through the NAC, undertakes to do the following:

- Ensure that all people have equal access to culturally sound and age-appropriate formal and nonformal HIV/AIDS information and education programmes, which shall include free and accurate information regarding mother-to-child transmission, breastfeeding, treatment, nutrition, change of lifestyle, safer sex and the importance of respect for and nondiscrimination against PLWAs.
- Support development of adequate, accessible, sound and effective HIV/AIDS information and education programmes by and for vulnerable populations and shall actively involve such populations in the design and implementation of these programmes." (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

• 3.2.4 Prevention of Mother-to-Child Transmission (PMTCT)

3.2.4.1 Rationale

HIV can be transmitted from a mother to her child during pregnancy, during delivery, and through breast milk. The desire of HIV-infected couples to have a child must therefore be balanced with the possibility of having an HIV-infected baby who has a high risk of dying in early childhood, after suffering extended periods of illness. In addition, the death of a parent, especially the mother, drastically reduces the baby's chances of survival, regardless of the baby's HIV serostatus. It is important, therefore, that interventions address treatment for parents, in addition to PMTCT, so as to minimise orphanhood and improve the chances of child survival.

3.2.4.2 Policy Statements

Government, through the NAC, undertakes to do the following:

- Promote VCT for couples planning to have a child, and early attendance at an antenatal clinic.
- Ensure that HIV testing is routinely offered to all pregnant women attending antenatal clinics unless they specifically choose to decline.
- Ensure the availability of quality infrastructure, skilled staff and supplies for maternal and child health (MCH) care, and proper management of MCH services to increase women's access to PMTCT interventions.
- Provide accurate and accessible information on PMTCT and infant feeding options to all pregnant women and their partners.
- Provide access to affordable antiretroviral treatment (ART) to prevent HIV transmission from mother to child. PMTCT programmes shall also provide treatment, care and support for both parents.
- Provide an enabling environment for women to participate in PMTCT or other preventive care or support programmes without the consent of their husbands, sexual partners or family.
- Ensure baby-friendly hospital initiatives to support HIV-positive lactating mothers who choose to exclusively breastfeed for six months.
- Ensure that women who act as wet nurses are encouraged to undergo VCT prior to breastfeeding and are discouraged from breastfeeding if they are HIV-positive."

(Malawi National AIDS Policy (2003)

<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

o "Chapter 5

Protection, Participation and Empowerment of Vulnerable Populations

5.1 Introduction

Vulnerable populations include women, children, orphans, widows, widowers, young people, the poor, persons engaged in transactional sex (sex in exchange for cash or in-kind benefit), prisoners, mobile populations, persons engaged in same-sex relations and people with disabilities. These people, who are often underprivileged socially, culturally, economically or legally, may be less able to fully access education, health care, social services and means of HIV prevention; to enforce HIV prevention options; and to access needed treatment, care and support. They are thus more vulnerable to the risks of HIV infection and suffer disproportionately from the economic and social consequences of HIV/AIDS." (Malawi National AIDS Policy (2003)

<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?

o "3.2.2.1.2 Policy Statements

Government, through the NAC, undertakes to do the following: Promote and

provide high quality, cost-effective, totally confidential and accessible VCT services countrywide, in particular, youth-friendly services and services that are adequate and accessible to other vulnerable groups.” (Malawi National AIDS Policy (2003) <http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

o “3.2.5.2 Policy Statements

Government, through the NAC, undertakes to do the following:

- *Ensure that every person has access to appropriate, nondiscriminatory, comprehensive, confidential and client-friendly sexual and reproductive health services, including syndromic STI management and care in accordance with existing reproductive health policies.”* (Malawi National AIDS Policy (2003) <http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

o “*Ensure that PLWAs are not discriminated against in access to health care and related services and that respect for privacy and confidentiality are upheld.*” (Page 14) (Malawi National AIDS Policy (2003) <http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

15. Does the national policy on VCT address the needs of girls and young women?

- “3.2.2.1.2 Policy Statements

Government, through the NAC, undertakes to do the following:

- *Promote and provide high quality, cost-effective, totally confidential and accessible VCT services countrywide, in particular, youth-friendly services and services that are adequate and accessible to other vulnerable groups.*

- *Ensure that:*

- *VCT shall only be carried out with informed consent of the person seeking testing, who is provided with adequate information about the nature of an HIV test, including the potential implications of a positive or negative result, in order to make an informed decision as to whether to take the test or not.*

- *Children aged 13 or over shall be entitled to access VCT without the consent of a guardian or other adult.*

- *VCT shall either be confidential or anonymous. Where it is anonymous, VCT service providers shall not provide written test results to people seeking testing except with the consent of such people for referral to other HIV/AIDS-related services.*

- *The results of any HIV test shall not be disclosed to a third party without the consent of the person seeking testing, except as may be provided in this Policy.*

- *Promote and encourage couple-counselling and partner-disclosure of HIV test results.*

- *Ensure that VCT services are staffed by adequate numbers of trained counsellors.*

- *Coordinate and ensure the links between VCT services and other HIV/AIDS-related services to provide a continuum of prevention, treatment, care, support and impact mitigation.”* (Malawi National AIDS Policy (2003) <http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

16. Does the national protocol for antenatal care include an optional HIV test?

o “*Ensure that HIV testing is routinely offered to all pregnant women attending antenatal clinics unless they specifically choose to decline.*” (pg. 8) (Malawi

National AIDS Policy (2003)

<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06)

17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should automatically offered PMTCT services?

- *"The intervention 'antenatal care' consists of comprehensive antenatal care services provided to all women. This includes iron and folic acid supplementation, tetanus toxoid vaccination, intermittent presumptive treatment for malaria using SP, diagnostic tests and treatment for sexually transmitted infections, and severe anaemia. Interventions for the latter two conditions are included separately (4.10 and 9.3 respectively). At the community level: Advocacy for voluntary HIV testing (to facilitate PMTCT) (referrals). At the health and hospital levels: Only lab tests for voluntary HIV testing available."* (Ministry of Health and Population - Malawi Essential Health Package - Annex 1: Details of Intervention, Component 4: Adverse Maternal/Neonatal Outcomes for Antenatal Care <http://www.sdn.org.mw/~caphill/health/health3a6doc.htm> (Last accessed 22/04/06))

18. Is there a national policy that protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

- *"5.2 Women and Girls*

5.2.1 Rationale

Women and girls are frequently socially, culturally, economically and legally vulnerable. Socio-culturally, in particular, they are taught to be subservient to men and boys, so are much more vulnerable to physical abuse, including sexual abuse. Economically, they generally have lower levels of education, so have less access to highly-paid employment, meaning they are less likely to be able to avoid abusive situations. Often, women and girls are less aware of their human rights.

5.2.2 Policy Statements

Government, through the NAC, undertakes to do the following:

- *Ensure that women and girls, regardless of marital status, have equal access to appropriate, sound HIV related information and education programmes, means of prevention and health services (i.e. Woman-specific and youth-friendly sexual and reproductive health services for all women of reproductive age, including women living with HIV/AIDS).*
- *Protect the rights of women to have control over and to decide responsibly, free of discrimination or coercive violence, on matters related to their sexuality, including sexual and reproductive health.*
- *Ensure that women and girls are protected against violence, including sexual violence, rape and other forms of coerced sex, as well as against traditional practices that may negatively affect their health.*
- *Ensure women's legal rights and equality within the family, in matters such as divorce, inheritance, child custody, property and employment rights, recognizing, in particular, the right to equal remuneration of men and women for work of equal value, equal access to responsible positions, measures to reduce conflicts between professional and family responsibilities, and protection against sexual harassment in the workplace.*
- *Ensure that women enjoy equal access to the benefits of scientific and technological progress so as to minimise the risk of HIV infection.*
- *Develop and implement gender-sensitive HIV/AIDS care programmes that ensure continuity of care among hospital, clinic, community care, family or household, and*

hospice.

- *Ensure that young girls and boys, both in and out of school, have access to life skills education which addresses unequal gender relations, to enable them to protect themselves from HIV infection or live positively with HIV/AIDS if they are already infected.” (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))*

19. Is HIV prevention within the official national curriculum for both girls and boys?

○ *“5.5.1 Policy Statements*

Government, through the NAC, undertakes to do the following:

- *Strengthen and enforce existing legislation to protect children and young people against any type of abuse or exploitation.*
- *Ensure that children and young people have access to youth-friendly sexual and reproductive health information and education, including HIV/AIDS and STI information, appropriate to their age and needs, to equip them with knowledge and skills to protect themselves, in particular from HIV and other STIs.*
- *Incorporate life skills education, including reproductive and sexual health education, into the school curricula as a subject in which students are regularly assessed (cf. Chapter 3). Peer education will be one of the possible modes of teaching.*
- *Ensure that similar life skills education, including reproductive and sexual health education, is made accessible to out-of-school youth to protect themselves, in particular from HIV and other STIs. Peer education will be one of the modes of teaching.*
- *Ensure that all counsellors, including career, traditional and faith-based counsellors, are trained to offer counselling to youth on ways of delaying sex, protecting themselves from unwanted pregnancies, and preventing infection and/or reinfection with HIV and other STIs.*
- *Ensure that traditional initiation counsellors incorporate sound, appropriate sexual and reproductive health education into traditional and cultural rites of passage and/or initiation processes.*
- *In partnership with institutions offering education and youth services, provide multi-purpose youth centres to ensure the well-being and development of young men and women, while at the same time protecting them from HIV and other STIs.” (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))*

20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

- *“Data sources: The national M&E system has 20 data sources. One of the major data sources of the National HIV/AIDS M&E system is the NAC Activity Report System. Guidelines on this data source are outlined in the document referred to as ‘NAC Activity Reporting System for HIV Interventions’. The purpose of this system is to allow ALL implementers of HIV interventions to report coverage data to NAC in a uniform way on the coverage of services.” (Malawi National AIDS Commission : Monitoring and Evaluation
<http://www.aidsmalawi.org.mw/national/viewpage.asp?iSection=18>*

(Date accessed 13/06/06))

- *"Sentinel Surveillance Report (HIV/Syphilis Sero-prevalence in Antenatal Clinic Attenders) Presents data on HIV/syphilis sero-prevalence in women attending antenatal clinics, estimates of national HIV sero-prevalence and suggests future HIV and syphilis sero-surveillance in Malawi (Ministry of Health and Population/NACP : Frequency: Annual)"* (Malawi National Statistics Office
<http://www.nso.malawi.net/> (Date accessed 22/04/06))

Discussion questions:

To what extent are relevant bodies – such as the Ministry of Education, NGO networks, religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?

- A number of consultations are done during policy development and the draft policy is widely circulated for commenting. These involve relevant government Ministries, NGOs, NGO networks and task forces are set for specific task and involve wide representation. (One-to-one interview, Participation Officer, national youth organisation).
 - The Catholic Development Commission of Malawi (CADECOM), Public Affairs Commission (PAC), Salama Shield Foundation, Episcopal Conference of Malawi (ECM), Inter Faith are some of the many faith based organisations involved in policy-making regarding HIV prevention. (One-to-one interview, Programme Officer, Malawian NGO)
- **To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?**
 - Behaviour change, VCT, home-based care, ARV treatment PMTCT, condom use, STI treatment and adolescent reproductive health have national protocols and guidelines. (One-to-one interview, ARV Nurse and Counselor, Malawian NGO)
 - **To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?**
 - The protocols cover the needs of girls and women. It is translating them into implementable programmes that is problematic, i.e. only a few programmes actually address needs of girls and young women. (One-to-one interview, Director, organisation of people living with HIV and AIDS)
 - **What does school-based sex education cover? Does it help to build young people's confidence and skills, as well as knowledge?**
 - It covers life skills, such as decision-making, negotiating for safer sex, preventing pregnancy, condom use, HIV prevention and care and support. (One-to-one interview, Women's Officer, national youth organisation)
 - **To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or 'blaming' specific groups for HIV/AIDS?**
 - Policies discourage stigma and discrimination. People do seek legal action when dismissed from work when they test HIV positive. Use of friendly language is encouraged to prevent use of blaming language. (One-to-one interview, Director, organisation of people living with HIV and AIDS) (One-to-one interview, ARV Nurse and Counsellor, VCT centre)
 - **To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?**
 - There is a push to integrate service provision - such as PMTCT, VCT, STI

management - into antenatal care. Most times, services are integrated, but, where there are few staff, it is difficult to provide integrated services. (One-to-one interview, HIV and AIDS Advisor, government department)

- **What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?**
- **Overall, how are relevant policies applied in practice? What are the 'real life' experiences of girls and young women? How much do they know about them and how they relate to them? What difference do these policies make to their vulnerability to HIV infection?**
 - Most people are aware of the policies regarding confidentiality and privacy and that VCT does not require consent. This encourages seeking STI treatment and VCT without consent of sexual partner. There is encouragement for notification of sexual partner for effective protection against HIV and effective STI treatment. Some policies fail to be used - such as the policy allowing condom distribution in prisons - as there is no law supporting such a policy and the Ministry of Home Affairs uses this lapse to prevent condom distribution in prison ... also because homosexuality is prohibited, but takes place. (One-to-one interview, Technical Advisor, Malawian NGO)
 - The policy promoting teenage mothers to go to school is allowing girls to go back to school. However, there is need for programmes creating an enabling environment supporting such decisions. (One-to-one interview, Women's Officer, youth organisation).
 - VCT and ARVs are to be provided to all those in need. However, the demand for ARVs is not met with the human resource capacity and there are few VCT centres available. (One-to-one interview, ARV Nurse and Counselor, VCT centre)
- **How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**
 - Policies usually do not separate the needs of girls from that of women. There are policies that affect school girls' access to condoms - as the distribution of condoms is prohibited in schools. (One-to-one interview, Supervisor, youth drop-in centre) (One-to-one interview Peer Educator, youth drop-in centre)

PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES⁴ (number of programmes, scale, range, etc)

21. Is there a national database or directory of SRH and HIV/AIDS services for young people?

- There is a directory of groups for PLHA and a national survey of HIV and AIDS services (USAID (2004) - (Directory of people living with HIV/AIDS, ICW and USAID, July 2004)
http://www.usaid.gov/our_work/global_health/aids/Publications/docs/hivaidssdirectory.pdf (Date accessed 22/04/06) (WHO- *Report of a Country-Wide Survey of HIV/AIDS Services in Malawi*, 2004 <http://www.who.int/hiv/Situational->

⁴ (Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counseling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc).

22. How many SRH clinics or outlets are there in the country?

- All health facilities in Malawi provide SRH services, meaning that over 600 facilities offer SRH services. The only difference is that not all these facilities offer a comprehensive SRH service package. (Information provided by in-country consultant)

23. At how many service points is VCT available, including for young women and girls?

- *"The scaling up of AIDS treatment through provision of ARVs also recorded a correspondingly increased demand for VCT, leading into more sites established by both the public and private sectors (from 199 in the previous quarter to 239 i.e as of December 2005). The number of people reported to have undergone through HIV counseling and testing cumulatively increased from 295,000 in the previous quarter to about 350,000 during the period under review."* (Global Fund Progress Update: Quarter Nine, A Narrative Summary, www.aidsmalawi.org)
- *"An assessment of the number of counselors and full-time counselors was made in all 146 health care facilities. There were 711 counselors in 2004, of whom 345 were reported to be full-time. This is an underestimate of counselor numbers as there was no data from 5 health centres, one clinic and one youth center.... Information was also collected on new counseling sites that had started providing services in 2005: there were 56 new sites, almost all health centres, staffed with 102 full-time counselors."* (WHO- Report of a Country-Wide Survey of HIV/AIDS Services in Malawi, 2004 – pg 14 <http://www.who.int/hiv/Situational-analysis-05.pdf> (Date accessed 22/04/06))
- *"HIV testing and counselling sites: number of sites 2004 : 128 : Ministry of Health"* (WHO ("3 by 5" country profile on treatment scale up, June 2005) http://www.who.int/3by5/support/june2005_mwi.pdf (Date accessed 22/04/06))

24. Are male and female condoms available in the country?

- *"Condoms freely available in the Counselling and HIV Testing room 54 (87%)."* (WHO- Report of a Country-Wide Survey of HIV/AIDS Services in Malawi, 2004 – page 14 <http://www.who.int/hiv/Situational-analysis-05.pdf> (Date accessed 22/04/06))

25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?

- *"There were 31 facilities providing PMTCT services. Of the 43,345 women tested for PMTCT services, 6,069 were HIV positive and 2,719 pregnant mothers receive nevirapine."* (WHO - Report of a Country-Wide Survey of HIV/AIDS Services in Malawi, 2004 – Page 4 <http://www.who.int/hiv/Situational-analysis-05.pdf> (Date Accessed 22/04/06))
- *"As of December 2005, the PMTCT programme has been lagging behind for some time but the quarter under review saw a noteworthy turn around of the trend. The number of staff trained to deliver PMTCT services increased considerably from the previously reported 589 to about 800. The expansion efforts also recorded an increase in the number of service delivery points from 36 in the previous quarter (Oct to Dec) to 89 by March 2006."* (<http://www.aegis.org/news/ips/2003/IP030706.html>)

27. At how many service points are harm reduction services for injecting drug users

available?

28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?

- There are camps, conferences, and training courses for boys/girls and young people living with HIV/AIDS through the Malawi AIDS Network Service Organisation (MANASO), National Association of People living with HIV and AIDS in Malawi (NAPHAM) and UNFPA. NAPHAM in liaison with UNFPA promotes HIV preventive behaviours among young people using peers living with the virus and youth who are affected by HIV in Kasungu, Lilongwe and Mzimba districts. The target group is out of school youths. However, there are very few specific preventive services for HIV positive people in the country. (Information provided by in-country consultant)

29. At how many service points are ARVs available to people living with HIV/AIDS?

- "There were 24 sites providing HAART, 6,769 new patients were started on therapy during the year and a total of 13,183 patients had ever received treatment since ARV drugs were provided in the public sector." (WHO - Report of a Country-Wide Survey of HIV/AIDS Services in Malawi, 2004 – page 4 <http://www.who.int/hiv/Situational-analysis-05.pdf> (Date accessed 22/04/06))
- The ART scale up plan provided a platform for the public and private sectors to complement efforts in the provision of treatment to people living with HIV. Human capacity development was a key feature in the ART provision and ART training programmes, targeting both public and private sector health workers. The number of ART certified sites also increased from 60 in the last quarter to 83 during the reporting period, in keeping with the need to improve access to treatment services (60 public and 23 private health facilities). In consequence, the number of patients ever started on ARVs also increased over the period under review from 30,000 in the last quarter to about 37,300. (Global Fund Progress Update: Quarter Nine, A Narrative Summary, www.aidsmalawi.org)
- As of May 2005, there are 122 ARV facilities providing ARVs in the country. (Information from Ministry of Health provided by in-country consultant)

30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?

- "Malawi Network of AIDS Service Organisations (MANASO) : Number members: 900 PLWHA support groups" (USAID (2004) - (Directory of People Living with HIV/AIDS, ICW and USAID, July 2004) – page 26 http://www.usaid.gov/our_work/global_health/aids/Publications/docs/hivaidsdirectory.pdf (Date accessed 22/04/06))
- NAPHAM has established linkages with certain health facilities where HIV positive people are referred to for health care. There are also a number of support services for HIV positive people in communities through NAPHAM support groups. (Information provided by in-country consultant)

Discussion questions

- **What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond 'ABC' strategies? Do programmes cover social issues (e.g. early marriage)?**
 - Programmes go beyond ABC messages by looking at economic empowerment, prevention of early marriage and promoting teenage mothers return to school. (One-to-one interview, Community Coordinator, national youth organisation)
 - Programmes address gender issues influencing HIV infection among girls and women. (One-to-one interview, Programme Officer, international NGO)

- Addressing cultural issues contributing to increase of HIV infection. (one-to-one interview, Participation Programme Officer, national youth organisation)
- **To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?**
 - There are a lot of linkages to service providers. However the challenge is due to the physical distance to the services as they tend to be concentrated in one area. For example, Community Based Organisation in the catchment area of World Vision Malawi (WVM), link an HIV positive person to NAPHAM support groups and the nearby health facility. Through the network of people living with HIV/AIDS, WVM assist with transport to enable eligible clients to access ARVs at the district hospital which is more than 50km away from the community. In other communities, there is no single SRH or HIV related service. (*Machinga HIV/AIDS Prevention, Care and Support Programme Quarterly report*, March 2004. World Vision Malawi)
 - HIV positive clients are referred to the Partners in Hope Hospital, a private health facility. (One-to-one interview, Director, organisation of people living with HIV and AIDS)
 - HIV positive people are referred to Light House Clinic for ARV treatment while pregnant women who are positive are referred to health facilities offering PMTCT. (One-to-one interview, ARV Nurse and Counselor, VCT centre)
- **To what extent are HIV prevention services available through 'non-traditional' outlets (e.g. religious organisations, youth clubs)?**
 - HIV services are offered through a number of outlets, such as youth-drop-in-centres (Banja La Mtsogolo, youth NGOS) and youth clubs. Counselling is also provided by faith based organisations and some churches, community distribution agents of condoms and other FP methods, peer educators, trained traditional initiators also provide HIV prevention services. (One-to-one interview, Programme Officer, Malawian NGO)
- **Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social 'norms' for sexual behaviour? Is there mentoring, peer support and economic development that targets females?**
 - There are community programmes that promote dialogue on gender issues. These include all members of Gender Equality Support Network NGO members. These use peer education, mentoring, economic empowerment, social mobilisation. Examples include PACENET and YONECO. (One-to-one interview, Programme Officer, international NGO) (One-to-one interview, Director, national youth organisation).
- **How available is prevention information and support for girls and young women living with HIV/AIDS?**
 - Very readily available through print and electronic media. (One-to-one interview, Technical Advisor, Malawian NGO)
- **How available are HIV prevention 'commodities' (e.g. condoms)? How are they distributed?**
 - Condoms are free from public health facilities, peer educators, community based distribution agents and VCT counsellors. They are also socially marketed by PSI and BLM at a subsidised cost. Condoms are sold in bars, drinking places, pharmacies, groceries and major retail shops. (One-to-one interview, Head of HIV and AIDS, government department)
- **How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?**
 - Through peer educators and community based distribution agents and

reproductive health providers. (One-to-one interview, Technical Advisor, Malawian NGO)

- **Overall, what does the availability of HIV prevention services mean in practice? What are the 'real life' experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?**
 - Condoms, information on and provision of STI treatment, VCT, treatment for opportunistic infections, home based care if sick, ARVs, entrepreneurship skills, information about HIV/AIDS prevention and treatment, information about abstinence from sex, entrepreneurship skills are available for in and out of school girls and young women, sex workers and orphans. (One-to-one interview, Participation Officer, national youth organisation)
 - No service is available for those involved in injecting drugs as it is not a problem in Malawi. There are no specific service for migrants. Refugees living in camps access nutritional care, psychosocial care, information about HIV prevention and treatment, training in life skills, condoms, information about STIs, diagnosis and treatment of STIs, VCT, treatment of opportunistic infections, home based care if sick, and ARVs, entrepreneurship skills. (One-to-one interview, HIV and AIDS Advisor, government department).
 - HIV positive people access psychosocial care, information about HIV prevention and treatment, training in life skills, condoms for older orphans, information about STIs, diagnosis and treatment of STIs, VCT, treatment of opportunistic infections, home based care if sick, ARVs, entrepreneurship skills, home based care and group counselling through support groups. A few access nutritional care from selected programmes. (One-to-one interview, Youth Officer, international project) (One-to-one interview, Participation Officer, national youth organisation)
- **How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES (location, user-friendliness, affordability, etc)

Key questions:

31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?

- "5.2.2 Policy Statements
Government, through the NAC, undertakes to do the following:
 - Ensure that women and girls, regardless of marital status, have equal access to appropriate, sound HIV-related information and education programmes, means of prevention and health services (i.e. woman-specific and youth-friendly sexual and reproductive health services for all women of reproductive age, including women living with HIV/AIDS)." (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?

- "5.2.2 Policy Statements
Government, through the NAC, undertakes to do the following:
 - Ensure that women and girls, regardless of marital status, have equal access to appropriate, sound HIV-related information and education programmes, means of prevention and health services (i.e. woman-specific and youth-friendly sexual and reproductive health services for all women of reproductive age, including women

living with HIV/AIDS." (Malawi National AIDS Policy (2003)
<http://www.ilo.org/public/english/protection/trav/aids/laws/malawinationalpolicy.pdf> (Date accessed 22/04/06))

33. Are VCT services free for girls and young women?

- All VCT services are free for everyone including those offered by NGOs. (www.aidsmalawi.org) (Information from Ministry of Health provided by in-country consultant) (Information from UNICEF provided by in-country consultant)

34. Are approximately equal numbers of females and males accessing VCT services?

- *"In the 2004 MDHS, eight percent of women and 16 percent of men reported that they has been tested for HIV. Women age 20-39 are the most likely to have had the test. The test is more common among never-married women who are sexually active, women living in urban areas and women who have upper primary or higher education, than other women (Table 18.1). Among men, those age 25-29 are most likely to have had an HIV test (23 percent). As with women, men who are divorced or widowed are the most likely to have taken the test, followed by married men and men who have never married but have had sex."* (Malawi National Office of Statistics - *Malawi Demographic and Health Survey 2004 Preliminary report – page 25*
http://www.nso.malawi.net/data_on_line/demography/dhs2004/Malawi%20Preliminary%20Report.pdf (Date accessed 22/04/06))

35. Are STI treatment and counseling services free for all girls and young women?

- STI service delivery by health facilities in the Mulanje RHAP project area is in general of high quality. Relevant staff has been trained, most facilities provide STI treatment for free or at low cost, drugs and condoms are usually available and a reporting and supervision system is in place to monitor the performance of services. Government health services are free, while non-government facilities affiliated. (Family Health International (2002) - *Assessment Of Existing STI Care Services And Recommended Strategies To Improve STI Care For Selected Target Groups*
<http://www.fhi.org/NR/rdonlyres/eeujq7elxm2bb451kiwvnrstpjuzdvfkcmybkgza33uqaxta6lilbjpppefvvlibsb332t3ice3xxpn/malawistireport1.pdf> (Date accessed 22/04/06))
- The Ministry of Health provides free health services, including STI treatment and counseling services for girls and young women. However, there are non-governmental organisations that also provide subsidized health services including STI treatment and counseling services for girls and young women. Examples include Banja La Mtsogolo (Information from Ministry of Health provided by in-country consultant) (www.banja.org)
- *"Free drugs for patients in public sector"* (Presentation on the National Scaling up of ARV Therapy in Malawi, Professor Tony Harries, HIV Unit Ministry of Health, Malawi)
- *"At the Youth Life Centre (YLC) are offered on a cost-sharing basis. All clinical services attract a small fee in form of service charge and cost of drugs and other materials used. However FPAM heavily subsidises the cost to ensure that the young people, who are the primary target for FPAM, easily access the services."* (fpam@fpamalawi.org) (www.youthincentives.org/rutgersniso_groep/)

36. Are condoms free for girls and young women within government SRH services?

- Condoms are free in all health facilities in Malawi. However, there have been reports of condom stock out in some government facilities. (Information provided by in-country consultant)
- STI service delivery by health facilities in the Mulanje RHAP project area is in general of high quality. Relevant staff has been trained, most facilities provide STI treatment for free or at low cost, drugs and condoms are usually available

and a reporting and supervision system is in place to monitor the performance of services. Government health services are free, while non-government facilities affiliated." (Family Health International (2002) - Assessment Of Existing STI Care Services And Recommended Strategies To Improve STI Care For Selected Target Groups

<http://www.fhi.org/NR/rdonlyres/eeujq7elxm2bb45lkiwvnrstpjuzdvfkcmymbkgza33uqaxta6lilbjppfefvvlbsb332t3ice3xxpn/malawistireport1.pdf> (Date accessed 22/04/06))

- "There were 31 facilities providing PMTCT services. Of the 43,345 women tested for PMTCT services, 6,069 were HIV-positive and 2,719 pregnant mothers receive nevirapine." In 2005, there were 36 facilities providing PMTCT services. (WHO-Report of a country-wide Survey of HIV/AIDS services in Malawi, 2004 – Page 4 <http://www.who.int/hiv/Situational-analysis-05.pdf> (Date accessed 22/04/06))

37. Are ARVs free for all girls and young women living with HIV/AIDS?

- "For these young women, the Kauma project means economic empowerment, a chance for a future, and reduced risk of contracting HIV. Starting in summer 2004, UN Global Fund monies slated for Malawi began to roll out antiretroviral therapy (ART) programmes. Antiretroviral medications, while not a cure, greatly prolong the lives of people infected with HIV and may reduce the likelihood of transmitting the virus to others. Government clinics are beginning to treat qualifying patients with a free drug regimen." (Global AIDS Interface Alliance, Annual Report 2004 <http://www.thegaia.org/resources/AnnualReport04.Web.pdf> (Date accessed 22/04/06))
- ARVs are free in all public health facilities for everyone and some private institutions provide ARVs at heavily subsidized rates. (Information provided by in-country consultant)
- "With the disbursement of Global Fund monies in 2003, the MOH is implementing a rapid national scale up of free ARVs, again using the same fixed dose formulation of Triomune, as well as a PMTCT programme using nevirapine (single dose to the mother and baby)." (Malawi Pediatric Aids Treatment And Implementation Programme Report, 2004, International Leadership Award Programme of the Elizabeth Glaser Paediatric Aids Foundation).
- "Dr Mary Shaba, Malawi's permanent secretary for HIV/AIDS and nutrition in the president's office, said the government will appeal for help in purchasing more pediatric formulations of antiretroviral drugs. According to Shaba, up to 26,000 children in Malawi are born HIV-positive annually. Currently, 5% of children living with HIV/AIDS in the country are receiving antiretrovirals, and the country by 2009 is seeking to increase that figure to 15%, according to Shaba. Malawi also is aiming to increase the number of HIV-positive people receiving antiretrovirals at no cost to 70,000 by the end of 2006, according to AFP/Yahoo! News. Currently, 46,000 HIV-positive people in the country are receiving antiretrovirals at no cost. According to AFP/Yahoo! News, 85,000 people in Malawi die from AIDS-related illnesses annually (AFP/Yahoo! News, 6/12)." (http://www.theglobalfund.org/programmes/news_summary.aspx?newsid=1&countryid=MLW&lang=en)
- "A total of 46 000 people living with Aids are receiving free ARVs in Malawi, up from just 4 000 two years ago, but the programme still falls short of the estimated 150 000 people in need of treatment." "We are doing immensely well with our ARV programme. We hope to increase the number of patients accessing antiretroviral therapy to at least 70 000 by December 2006," said Biswick Mwale, the executive director of the National Aids Commission." (http://www.news24.com/News24/South_Africa/Aids_Focus/0,,2-7-659_1939408,00.html)
- In the southern district of Chiradzulu, MSF is working with local and national partners to provide comprehensive HIV/AIDS care through the district hospital and 10 community health centres. Activities include voluntary HIV testing and counseling, education and awareness-raising and treatment for opportunistic infections. Since 2001, MSF has provided patients with free ARV medications.

(<http://www.doctorswithoutborders.org/news/malawi.cfm>)

- In July 2004, MSF began a new HIV/AIDS project in the eastern part of the Dowa district in central Malawi. The team provides diagnosis and treatment to HIV-positive residents of the area, including those living in the Dzaleka refugee camp in the southeastern part of the district. Estimates suggest that approximately 8,500 people there are living with HIV/AIDS, and 1,500 are in immediate need of ARV treatment. Operating out of one hospital and nine health centres, the team gives medical care to HIV-positive patients and works to increase access to treatment. MSF plans to enroll 60 new patients each month so that approximately 800 people will be receiving needed care, including ARVs, by the end of 2005. MSF is also carrying out prevention activities throughout eastern Dowa district including the wards of Msakambewa, Mkukula (which encompasses the Dzaleka refugee camp) and Chiwere. (<http://www.doctorswithoutborders.org/news/malawi.cfm>)

38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?

- Yes, they are included. (Information provided by in-country consultant)

- *4.2 Policy Statements*

Government, through the NAC, undertakes to do the following:

- *Ensure that the human rights and dignity of those affected and infected by HIV/AIDS are respected, protected and upheld in a conducive legal, political, economic, social and cultural environment.*
- *Ensure the effective participation of PLWAs in all decision-making on the design, implementation, monitoring and evaluation of HIV/AIDS-related policies and programmes.*
- *Ensure that PLWAs are not discriminated against in access to health care and related services and that respect for privacy and confidentiality are upheld.*
- *Ensure that HIV/AIDS, whether suspected or actual, is not used as a reason for denying access to social services, including health care, education, religious services, or employment.*
- *Ensure that sector policy-makers, including those in labour, corporate and social service sectors, put in place sectoral policies that effectively address discrimination on the basis of HIV/AIDS and take steps to effectively eliminate stigma and discrimination in their institutions and in the implementation of their sectoral mandates.*
- *Ensure that PLWAs whose rights have been infringed have access to independent, speedy and effective legal and/or administrative procedures for seeking redress."*

39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?

- Yes, they are included. (Information provided by in-country consultant)

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

- Girls reported that they have heard of AIDS from the following sources (pg. 155): Ages 15-19: radio (93.1%); TV (89.3%); newspaper (91.0%) from a total sample of 2,817, Ages 20-24: radio (95.5%) TV (90.7%); newspaper (93.4%) from a total sample of 2,928. There are yearly campaigns commemorating the World AIDS Day on December 1 as well as district AIDS campaigns on selected dates agreed in the district. There are annual days for remembering those who died of AIDS through a candle light ceremony. (National AIDS Commission, www.aidsmalawi.org.mw).
- There are radio programmes supported by National AIDS Commission. The Health Education Unit under the Ministry of Health conducts AIDS campaigns using songs, drama, print and electronic media. (Information provided by in-

Discussion questions:

- **Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? Affordable? Reachable by public transport? in appropriate languages? Non-stigmatising? open at convenient times?**
 - Services are safe, affordable and use appropriate language, but the challenge is distance to services, transport costs and, because of increasing demand, there are long waiting periods before a client is served. (One-to-one interview, HIV and AIDS Advisor, government department)
- **What are the cultural norms around prioritizing females and males for health care?**
- **To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?**
 - Lots of programmes provide information on SRH services and clients are enabled to make informed decisions. (One-to-one interview, Technical Advisor, Malawian NGO)
- **What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?**
- **Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?**
- **What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people's sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?**
 - Most of the time, services from public health facilities contribute to low service use. Poor attitudes by service providers, judgmental service providers, moralistic attachment to service use, promotion of abstinence even for those demonstrating the need for other services because of being sexually active. (One-to-one interview, Peer Educator, youth drop-in centre)
- **Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?**
 - The Ministry of Health's Health Education Unit ensures that IEC materials and strategies are appropriate, culturally sensitive and produced in local languages, including English. There is also a Behaviour Change and Communication Strategy developed to guide HIV prevention information development and dissemination. (One-to-one interview, HIV and AIDS Advisor, government department)
- **Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?**
 - Yes, there is the Malawi Demographic Health Survey MDHS conducted every two years. National AIDS Commission uses sentinel surveillance which provides disaggregated data. Ministry of Health has a Health Information Management System for monitoring service use. (One-to-one interview, HIV and AIDS Advisor, government department)

- **Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?**
 - Yes, there is referral. (One-to-one interview, Head of HIV and AIDS, government department)
- **Overall, what difference does accessibility to services mean in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?**
 - The poor, those in rural areas, have less access to services. Those that are less empowered economically or have strong respect for cultural practices that increase gender disparities have less access to services. (One-to-one interview, Manager, national counselling organisation)
- **How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**
 - Literacy levels among girls and young women is low. Few women access VCT for fear of violence upon disclosure of status. Value judgments made towards service users and perceived to practice immoral behaviour. Inequitable distribution of services. Only 46% of the population live within 5km of a health centre and only a few health facilities offer HIV prevention services. Cost of transportation to services is high. (One-to-one interview, Manager, national counselling organisation)
 - VCT services in the rural areas. Particularly for girls and unmarried young women, the location of the services, where adults and girls access SRH services makes it difficult for them to use them. They are afraid to meet adults, friends of their parents and even their parents who may feel that they are indulging in immoral behaviour which necessitates SRH services. Services are often offered in the morning hours in most health facilities and it is a challenge for girls who have to attend school in the morning and for women who live very far away from the facility. Services are often not provided during the week ends when a lot of young people are free. Perceived lack of privacy at the services also affects service use, particularly for VCT and STI management. Unfriendly attitudes of service providers such as shouting at clients and leaving clients unattended for long periods of time. (One-to-one interview, women living with HIV and community volunteer)

PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS
(human rights, representation, advocacy, participation in decision-making, etc)

Key questions:

41. **Has the country signed the Convention on the Rights of the Child (CRC)?**
 - Yes, on 1st Feb 1991 (Office of the United Nations High Commissioner for Human Rights - *status of ratifications of the principal International Human Rights Treaties As of 09 June 2004* <http://www.unhchr.ch/pdf/report.pdf> (Date accessed 22/04/06))
42. **Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?**
 - CEDAW: Yes, on 1st Feb 1991 (Office of the United Nations High Commissioner for Human Rights - *status of ratifications of the principal International Human Rights Treaties As of 09 June 2004* <http://www.unhchr.ch/pdf/report.pdf> (Date accessed 22/04/06))
 - CCM : No (United Nations Treaty Collection (As of 5 February 2002) 3.

Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages New York, 10 December 1962
http://www.unhchr.ch/html/menu3/b/treaty3_.htm (Date accessed 22/04/06))

43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women?

- *“Through the Malawi National AIDS Commission’s Umbrella Programme: Save the Children works with local organisations and other community partners to strengthen and expand their prevention, care and impact mitigation services throughout the country. Save the Children.”* (Save the Children - (Children in the World of AIDS (doc) 2004) – Page 4
http://www.savethechildren.org/publications/World_of_AIDS_1004.pdf (Date accessed 22/04/2006))
- The Cabinet Committee on Health and HIV/AIDS has ultimate oversight and responsibility for HIV/AIDS policy in Malawi. The Commission reports to the Office of the President and Cabinet through the Minister of State responsible for HIV/AIDS Programmes. The NAC is composed of a Board of Commissioners and a Secretariat. The Board comprises nineteen (19) Commissioners representing the traditional leadership, faith based organisations, business community, civil servants, non-governmental organisations and representatives of people living with HIV/AIDS. The Board is responsible for policy guidance, advocacy for support and resource mobilization, approval of work plans and recruitment of the Commission’s senior members of staff. (http://www.aidsmalawi.org.mw/resources_code/index.asp)
- A female member of the National Youth Council of Malawi represents youth as well as women in the National AIDS Commission’s Board Members. The National Youth Council of Malawi is a statutory corporation of the Republic of Malawi established through an Act of Parliament, The National Youth Council of Malawi Act No. 22 of 1996. (<http://www.sdn.org.mw/webwshp/gkalele/bg.htm>)
(<http://www.aidsmalawi.org>)

44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS?

- *“The NAC is composed of a Board of Commissioners and a Secretariat. The Board comprises nineteen (19) Commissioners representing the traditional leadership, faith based organisations, business community, civil servants, non-governmental organisations and representatives of people living with HIV/AIDS. The Board is responsible for policy guidance, advocacy for support and resource mobilization, approval of work plans and recruitment of the Commission’s senior members of staff. The Secretariat is headed by an Executive Director who has an oversight on program planning and operations, management of resources and maintaining partnerships with agencies supporting HIV/AIDS.”* (The National AIDS Commission Website – About the National AIDS Commission
<http://www.aidsmalawi.org.mw/about/index.asp>
(Date accessed 22/04/06))

45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?

- *“The HIV/AIDS Strategic framework development process had four phases:*
 - *Phase One: Community and institutional consultations and mobilization were undertaken on HIV/AIDS aimed at breaking the silence on HIV/AIDS and uncover issues surrounding the epidemic*
 - *Phase two: Information collected in phase one was analysed to come up with major issues on HIV/AIDS. These issues further subjected to a number of planning workshops to come up with a consensus on the strategies for addressing HIV/AIDS problem. The product phase was a draft framework for the National Response to HIV/AIDS.*
 - *Phase three: The draft strategic framework was subjected to a number of workshops to critique the framework in order to reach a consensus on the Strategies and guiding principles for the national response to the HIV/AIDS epidemic. The product of this phase was final version of the Strategic*

Framework,

- *Phase four: The Strategic Framework for the National Response to HIV/AIDS was launched in October 1999. The national AIDS control programme Secretariat is now engaged in the process of coming up with implementation modalities and assisting institutions in operationalising the Framework. This phase will use the Framework to develop District specific HIV/AIDS plans. As such, the National AIDS Control Programme will in close collaboration with the centralised Programme. It is also envisaged that in third phase, a series of capacity building workshop will be conducted for the stakeholders in the various sectors to prepare for the formulation of HIV/AIDS workplace programmes and mainstream HIV/AIDS into routine activities of these sectors. Furthermore, stakeholders will also be trained in issues of gender relation to HIV/AIDS so to ensure balance and equity in the design of sector interventions. However in The National Strategic mentioned in page 11 under the list of priorities: (section 25C) Promote of youth at all levels in planning, decision making, and delivery of HIV/AIDS Activities.” (The Government of Malawi : (The national Strategic Framework for HIV/AIDS, Date of plan 2000-2004), Published: November 11th- 2000 <http://www.hsph.harvard.edu/hai/africanow/pdfs/malawi%20.pdf> (Date accessed 22/04/06))*
- *“In order to improve the multi-sector planning, implementation, and coordination of HIV and AIDS activities, the Government of Malawi established the National AIDS Commission (NAC) within the Office of the President and Cabinet (OPC) in July 2001, to replace the NACP. A Board of Commissioners consisting of representatives from government, non-governmental organisations, faith-based organisations, and the private sector oversees the operations of NAC. Initially, NAC reported to OPC through the Minister for Presidential Affairs and to the Cabinet Committee on HIV and AIDS. Currently, NAC reports to OPC through the Principal Secretary for Nutrition, HIV and AIDS.” “In response to the recommendations of the evaluation, in 1999, the National Strategic Framework (NSF) was developed through a highly participatory process involving a wide range of stakeholders in HIV and AIDS activities. The NSF also emphasised the need for active participation of stakeholders, including the private sector and teaching institutions, in the design, implementation, and monitoring of multi-sector and multi-disciplinary HIV and AIDS interventions in the country.”*
(http://66.102.9.104/search?q=cache:VLraEz8ZNUAJ:www.plusnews.org/aids/UNGASS/Malawi_Edited_Final_Report.pdf+representation+of+women+in+national+AIDS+Commission+malawi&hl=en&ct=clnk&cd=9)
- *Civil society representatives have been involved in the planning and budgeting process for the National Strategic Plan on HIV and AIDS or for the current activity plan (attending planning meetings and reviewing drafts). (Information provided by in-country consultant)*
- *“Malawi provided civil society with another platform for assessment of the national response towards meeting UNGASS commitments. This initiative was led by PANOS and Mr. Roy Hauya, the NAC Director of Policy and Programmes, supported the initiative in his capacity as regional executive member of the PANOS initiative. Heads of departments within NAC, together with UNAIDS and representatives of key government ministries actively participated. Four major highlights of this initiative included the following;*
 - 5.1 *A stakeholders meeting for all civil society organisations, key ministries, NAC and development partners was conducted for purposes of reviewing the objectives, methodology and tools for the assessment.*
 - 5.2 *Rigorous qualitative assessment of progress was undertaken with the help of a consultant engaged by PANOS.*
 - 5.3 *Review of the draft report presented to representatives of key civil society umbrella organisations, networks for PLWAs, key government ministries, NAC and UNAIDS” (Civil Society-Led Assessment of the National Response (PANOS) (October-December 2005)*
http://66.102.9.104/search?q=cache:VLraEz8ZNUAJ:www.plusnews.org/aids/UNGASS/Malawi_Edited_Final_Report.pdf+representation+of+women+in+national+AIDS+C

- o [ommission+malawi&hl=en&ct=clnk&cd=9](http://www.plusnews.org/aids/UNGASS/Malawi_Edited_Final_Report.pdf)
- o "To ensure that the policy was evidence-based, various studies were commissioned to identify issues and solicit recommendations in these eight policy areas. In addition, a Multi-sector Policy Advisory Committee (MPAC) was formed to guide the process of developing the policy. The initial draft policy was presented to various community groups to develop understanding of HIV and AIDS policy issues, build consensus, and seek input. Forums were conducted with parliamentarians and politicians, faith-based organisations, youth organisations and leaders, civil society organisations, government ministries, traditional leaders, and traditional healers and birth attendants. The policy drafting team reviewed and synthesised comments from these consensus and advocacy activities for presentation to MPAC. Based on MPAC guidance concerning the comments, a new draft of the policy was compiled for editing and eventually submitted to Cabinet for approval. The National HIV and AIDS Policy was finalised in 2004 and launched by the former President of Malawi in November 2004. Malawi HIV and AIDS Monitoring and Evaluation Report 2005. Follow-up to the Declaration of Commitment on HIV and AIDS (UNGASS) Department of Nutrition, HIV and AIDS, Office of the President and Cabinet Private Bag 301, Lilongwe 3, Tel. No 265 773825, 265 770022. December 2005."
(http://66.102.9.104/search?q=cache:VLraEz8ZNUAJ:www.plusnews.org/aids/UNGASS/Malawi_Edited_Final_Report.pdf+representation+of+women+in+national+AIDS+Commission+malawi&hl=en&ct=clnk&cd=9)

46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?

- o "Umony Network for capacity building for Quality HIV/AIDS services Project, Save the Children and its partners provide a comprehensive package of technical support and facilitate cooperation among approximately 15 Malawian non-governmental organisations that offer key HIV-related services. The project prepares these organisations, through training, mentoring and motoring to provide user-friendly services such as voluntary counselling and testing, and to support services that reduce the risk of Mother-to-child transmission." (Save the Children - (Children in the World of AIDS (doc) 2004) – Page 4
http://www.savethechildren.org/publications/World_of_AIDS_1004.pdf (Date accessed 22/04/2006))
- o The Gender Equality and Support Network, which is a coalition of a number of NGOs with an interest to improve girls and women's status, advocates for participation of girls and women in development issues including HIV/AIDS prevention, increasing access to SRH services among girls and women. The white ribbon alliance for safe motherhood, advocates for improved maternal services among women, and this includes STI prevention and management, VCT, PMTCT. (Information provided by in-country consultant)

47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?

- o "Project title: Meeting the development and participation rights of adolescent girls. Goal: To increase gender equity and equality. Objective: Increase the participation of girls in youth initiatives. Increase the number of girls up administrative posts at school, community, organisation and district level Improve girl's education status. Provide different vocational skills for girls, including those that were culturally believed to be male vocational skills. Improve reproductive health services for adolescent girls Improve girl's economic independence." (UNAIDS - The UNF/UNAIDS Southern African Youth Initiative on AIDS: 2003
http://www.sahims.net/doclibrary/11_03/21/regional/UNF_UNAIDS%20SAY%20Project%20Report.pdf (Date accessed 22/04/2006))
There is the gender network that advocate for HIV prevention for girls and young women. (One-to-one interview, Programme Officer, international NGO)

48. Is the membership of the main network(s) for people living with HIV/AIDS open to young people, including girls and young women?

- *"The membership is open to everyone regardless of age or gender and HIV status. HIV positive people are members."* (One-to-one interview, Director, organisation of people living with HIV and AIDS)

49. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?

- *"Another of the project's achievements is the 3230 people who underwent voluntary counseling and HIV testing (VCT) in 2004. Some of these have publicly revealed their HIV serostatus. To Jones Laviwa, this was a "wild dream which I never thought could be achieved...the fact that they revealed HIV positive status is a gain beyond belief." The high numbers of people receiving testing is due to the persistent work of the community caregivers who go door-to-door, visiting each dwelling in their villages, teaching people about HIV and encouraging those who are at risk to be tested. The caregivers' work has been greatly facilitated by the provision of bicycles, another item not in the Gates budget but generously provided by our donors."* (Global AIDS Interface Alliance, March 2005 – Page 3
<http://www.thegaia.org/resources/AnnualReport04.Web.pdf>)
- Manet Plus is supporting capacity building among women to increase their participation in policy, advocacy and networking. NAPHAM also proved training of HIV positive youth in entrepreneurship skills. The composition of NAPHAM is at present, comprised of 90% of women, with few of them who are girls. NAPHAM is in the process of developing an advocacy programme to focus on SRH issues among positive people. (Information provided by in-country consultant)

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?

- *"There are but a few young people openly talking about their HIV status. They fear stigma and discrimination and want to be in relationships such as marriage. Most people who come out in the open are older women about 90% of NAPHAM membership is composed of older women."* (One-to-one interview, Director, organisation of people living with HIV and AIDS)

Discussion questions:

- **How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?**
- **Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?**
 - It recognises and addresses the sexual and reproductive rights of women living with HIV. Programmes addresses stigma and discrimination and promotes voluntary disclosure of HIV sero-status. Pregnant women are provided with Navirapine and women with HIV access ARVs. HIV/AIDS programmes ensures that the rights of refugees in Malawi are respected, protected and upheld with respect to HIV prevention, treatment, care and support. (One-to-one interview, HIV and AIDS Officer, international agency)
- **Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?**
 - Girls and young women – including those that are living with HIV have been involved in decision-making about AIDS at the national level through representation in youth organisations, the National Youth Council. Girls and boys from various youth clubs have participated in consultation process for the

development of the National Strategic Framework for HIV/AIDS prevention, care and support. A young female lawyer represents young people in the National AIDS Commission's board of directors. MANET Plus and NAPHAM, involve HIV positive girls and young women in policy making. (One-to-one interview, Participation Officer, national youth organisation) (One-to-one interview, Programme Officer, Malawian NGO)

- **Are HIV prevention programmes generally developed 'for' or 'with' girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as 'implementers' as well as 'receivers' of services?**
 - To some extent, there are a number of programmes that are designed 'for' and 'with' girls and young women, and vulnerable groups. The Sara initiative under John Hopkins Centre for Communication Program BRIDGE which is also done in liaison with UNICEF, targets the 10 to 14 year old. There are communication strategies such as use of stickers, video, comic books, posters based on a model girl, Sara. This is meant to help children set their goals, become aware of gender issues, HIV issues, peer pressure and how to deal with it. This is a school based initiative that also aims at building assertiveness, self-confidence and decision making. There is a radio program known as radio diaries also supported by BRIDGE which provides a forum for HIV positive people to discuss their experiences and it also focuses on addressing stigma and discrimination, as well as creating an enabling environment for support, care and behaviour change. VCT services are linked to this program through MANET Plus. During the radio program, a professional VCT counsellor, SRH provider etc are invited to answer questions posed by listeners. In addition, there are listeners clubs of mixed groups of men and women who discuss HIV issues. (One-to-one interview, Youth Officer, international project)
- **To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within committees, management groups, etc?**
 - A number of NGOs have realised the importance of having women in committees and taking leadership roles. The women are provided with skills training, leadership and management training. Examples include Joint Oxfam Programme in HIV/AIDS prevention, World Vision International HIV/AIDS programmes. Even at national level, efforts are made to ensure that women are involved in policy bodies and other decision making committees. An NGO known as Women and Law in Southern Africa (WLSA) has been instrumental in ensuring that the needs of women are being addressed through legislation. WLSA has been instrumental in drafting the Prevention of Domestic Violence Act which has recently been passed through parliament. (One-to-one interview, Programme Officer, international NGO)
- **How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?**
 - Community based organisations have representation of young women through committees for community based organisations and structures e.g. village health committees, community based organisations, youth organisations. (Machinga HIV/AIDS Prevention, Care, and Support Programme Quarterly report, Oct, 2005 World Vision Malawi)
- **To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?**
- **How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?**
 - It is safe. NAPHAM members conduct community meetings where they discuss about HIV status. (One-to-one interview, Director, organisation of people living

- with HIV and AIDS)
- Also through the radio program supported by BRIDGE John Hopkins Communication Programme, women talk about their experience with HIV testing and how they were diagnosed HIV positive and how they are living positively. (One-to-one interview, Youth Officer, international project)
- **Overall, how are participation and rights applied in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?**
 - There is a policy that allows girl children who dropped out of school to return back to school after delivering their child. Government programmes encourages empowerment, participation and protection of people with HIV in line with the realisation of human rights and fundamental freedoms for all persons. (One-to-one interview, Community Coordinator, national youth organisation).
 - Application of international commitments in Malawi is minimal, even 30% of women involvement in decision making is not yet reached. Most girls and women don't challenge the application of these rights by demanding their rights. Child Labour has been prohibited. Equal opportunities for women is promoted. (One-to-one interview, Peer Educator, youth drop-in centre)
- **How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PART 2: IN-COUNTRY RESEARCH

Focus group discussions: 14-22 year olds, 21-32 year olds and 25-35 year olds

Total age group: 14-35 years

Total number of participants: 24

Profile of participants: included some girls and young women who are: married/unmarried; in/out of school; living with HIV; widowed; home based care and orphan care volunteers; and peer educators.

Places: Rural area of Lilongwe district and urban area of Zomba district.

Prevention component 1: Legal provision

What do you know about laws in Malawi that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? do not allow girls or young women to have abortions? prevent girls from using services unless they have the consent of their parents?

The girls cite a law that prohibits infecting someone with HIV knowingly (although there is no such law in Malawi, but there is recognition that there should be a provision for such a law).

Most girls do not know the laws that might affect how girls or young women can protect themselves from HIV. Of the few laws known, both girls and women cite laws that relate to rape and make it a punishable offence.

Young women cite freedom of association as a law that enables girls and young people to learn new ideas including HIV prevention. They also cite a law that prohibits young girls from marrying at a very young age. The anti-abortion laws is recognized among young women. However, it does not affect how girls and young women are protected from HIV.

"I am aware that government wants to address wife inheritance, so that widows can be protected from HIV but can also prevent HIV transmission to the men they are made to marry." (Young women, focus group discussion, Zomba district).

"There is a law that prohibits young girls to marry below the age of 13." (Focus group discussion)

Participants note that laws are not less known in the community and, even if they exist, people are not assisted much - since the lack of awareness of such laws limits people's access to protection offered by them. In addition, both girls and young women feel that the reinforcement of laws and legislation is problematic in Malawi - thereby making the existing laws less effective.

"Most of the time, these laws are not enforceable. So, to me, I feel that there is little they do to protect girls and women from HIV infection." (Young women, focus group discussion, Zomba district)

"To be honest with you, laws are not discussed in the context of HIV or women's health. I can tell you confidently that very few women and girls know about laws that protect them from HIV or that safe guards their health." (Focus group discussion)

"A law that will be helpful to protect women and girls is the one that makes multiple sex partners illegal because this is where a lot of girls and young women are being infected by partners who have unprotected sex." (Girl, focus group discussion, Zomba district)

"A useful law may be that which criminalizes HIV infection. I know of men who continue having sex with girls or young women without protection yet they know they are HIV positive. No law in Malawi talks about willingly or knowingly infecting someone." (Girl, focus group discussion, Zomba district)

Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

Parents provide education about relationships, sex and HIV. Almost every parent discourages relationships with the opposite sex in order to safe guard the future of the girl. Parents advise girls to work hard in class and complete education to be self reliant. Parents discourage girls from having sex. Sex is prohibited to prevent unplanned and unwanted pregnancies as well as HIV infection. However, there are some parents who indirectly encourage their girl children to find other means of supporting themselves which implies sex.

Peers also provide information about relationships and sex and often discuss the pros and cons of having sex. Peers also discuss about HIV prevention.

At school, there are HIV/AIDS lessons given in class. There is a subject called Life Skills where HIV, STIs and related issues are discussed in class. In both primary and secondary schools, information about HIV prevention is available through clubs such as anti-AIDS clubs and Youth Alert clubs. At school and during club activities, information about where to get condoms, STI treatment, family planning services and VCT services, is provided. In some communities, information about HIV, condoms, VCT and STIs is given through community-based youth groups and clubs, community based organisations active in providing home based care and orphan care. There are NGOs such as YONECO in Zomba that specifically target girls and women and provide information about SRH as well counseling services – whereby, if one decides to go for an HIV test, girls and women are linked to the service providers (such as government health facilities or other VCT centres, such as that run by an NGO known as Banja La Mtsogolo).

The initiation ceremony also provides a forum where HIV, STI and other sexuality issues are discussed. However, talking about HIV, STIs, condoms and VCT within the initiation context, depends on the counselors. There have been some traditional counselors - known as *ngaliba* and *phungu* or *nankungwi* for men and *nankungwi* for girls initiation - who have been trained in HIV/AIDS and related issues such as STIs. The trained traditional counselors do talk about HIV and STIs. It is generalised that traditional counselors often encourage initiates to have sex soon after initiation. In Zomba, the majority of people are of Yao ethnic group and they send girls and boys for initiation. Boys have their own initiation known as *Jando* where circumcision is performed and various information about growing up, sex, respecting elders, etc, is provided. Girls attend an initiation ceremony - generally referred to as *Chinamwali* - which can be specifically a type known as *nsondo*. For girls, there is no circumcision, but they are given a lot of information about growing up, sex, pleasing their future husbands, how to be a good wife, and, depending on the traditional counselors responsible for the initiation, information about HIV and STIs including condoms.

The girls discuss about prevention of pregnancy through the use of condoms, as well as using other contraceptive methods. Abstinence is also discussed and very much supported - unlike condom use - and even parents emphasize to the girls not to start having sex before they marry. And one of the pieces of advice given to girls when they start their menstruation is not to have sex - to prevent getting pregnant.

What could the government of Malawi do to fight fear about AIDS in your community?

"I feel that counseling should be a continuous activity for people with HIV and those who have no HIV. Often, counseling is done as a one time thing, yet a person can not address his or her needs and concerns in one counseling session." (Young married women, focus group discussion, Zomba district)

"We need ARVs to be rolled out because currently there are problems to be put on ARVs - as you wait on a waiting list when you are already eligible for the drug, but, because there are many clients at health facilities, you simply wait till the hospital is ready." (Young married woman, focus group discussion, Zomba district)

"The other challenge for us who take ARVs - particularly single women - is that we have no financial support and we cannot afford good nutrition which is needed if you are on ARVs. So the other service complementing ARVs should be nutrition, particularly for women who are poor." (Young widowed woman, focus group discussion, Zomba district)

Prevention component 3: Availability of services

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? an HIV test?

Particularly for girls, sporting activities, such as netball and volleyball, take place as a way of keeping busy and away from indulging in sex with boys and men.

Girls can become economically independent by getting involved in small-scale businesses. Economic stability enables girls and young women to not rely on men for monetary needs - which often puts the girls and young women at risk of indulging in unprotected sex in exchange for the assistance given by men.

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

According to girls and young women, there is a lot of information about HIV prevention services which is readily available to boys and young men. However, the challenge is that these services tend to be concentrated in towns. Young people wanting to use the services have to cover long distances to get to them. But - where there is a youth group in the community, a youth peer educator or a distribution agent for family planning methods - condoms are easily accessible. Some grocery stores also sell condoms. But STI and VCT are provided at health facilities.

"Most boys and men know about HIV, STIs, condoms because we move from place to place including where men drink beer. As peer educators, we discuss with them about condom use and HIV. We also provide information through the radio, TV, newsletters, leaflets and even at church." (Girl, focus group discussion, Zomba district)

The role of boys and young men is in supporting girls and women to adopt safer sex practices, such as accepting condom use. Boys and young men also have a big role in demonstrating to their fellow men that they are role models by using a condom or going for an HIV test. Often, it is men and boys who go for HIV testing, unlike girls and young women who fear that their relationship will end if their partner finds out that after going for an HIV test, their result turns out to be positive.

Girls reported that boys and men can be role models if they can demonstrate to other men that they are able to abstain from sex. In addition, boys and men should be at the forefront of talking to girls and women about the dangers of HIV and AIDS.

Girls also added that men can show their responsibility by ensuring that they are safe-guarding a girl's future.

According to the young women, the other role of men is to respect their partners or wives by being faithful to them and not having sex outside their relationship. The young women added that it is common that men have sex outside marriage and it is better that they should always use a condom when they do so since they are often the ones who refuse to use a condom within a marriage context.

What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?

The prevention services that are needed most are those that encourage discussion in groups where the dangers of HIV are discussed. Girls feel that group discussions enable girls to discuss their experiences and share stories of how other girls have been infected or affected by certain behaviours which the girls in the group can relate to. By having a specific focus on HIV, group discussions will force girls to look at their own behaviours critically and to talk

about how HIV is very dangerous. And, through the discussions, girls will protect themselves from HIV.

Girls feel that condoms do protect girls from HIV infection.

Girls and young women both feel that empowering them with income generation skills will enable them to be self reliant and better off in making decisions about their health. The businesses will keep women busy and, therefore, avoid behaviours that put them at risk of HIV infection.

Girls felt that there is need to improve accessibility of services such as VCT by increasing the number of those services in the community. By being able to access VCT services, girls will know more about how they can protect themselves from HIV infection. According to the girls interviewed, VCT also assists individuals to know their health status, particularly with regard to HIV and this enables them to make their life decisions based on the discussions with the counselor. Through VCT, a girl establishes a relationship with the counselor and also accesses condoms at the VCT site - which will help them to use condoms when having sex and, in turn, to help to prevent HIV transmission.

"VCT can help because, if you have HIV, you know how to live positively and, if you don't have HIV, then you adopt safer behaviour so that you don't get HIV infection. VCT allows you to know how your life is like." (Girl, focus group discussion, Zomba district).

Young women suggest an increase in the provision of ARVs, as well as nutritional support, particularly for women who are poor. Young women also suggest that there is a need to increase the frequency at which counseling and discussion about HIV and STIs are provided in the community - because often such services are provided as a one-off activity. Yet one needs more time and discussions and support to enable one to change behaviour.

"Sometimes a range of services are provided and the community leader calls for a meeting to discuss about the services and SRH or HIV issues, but very few people turn up I feel that every gathering in the community should be an opportunity to discuss about HIV, SRH and the services." (Young married women, focus group discussion, Zomba district).

Young women suggest that women involved in providing sexual and reproductive health messages through traditional forums should be involved in providing HIV prevention services.

"Organisations should be trained in the traditional initiators in HIV and other related issues so that they can provide such information to the girls and boys during the initiation period." (Young married woman, focus group discussion, Zomba district)

"Other ordinary women who are not initiators should be trained and should be visiting the simba for girls, whilst the male initiators should visit the boys and discuss HIV and AIDS since we are given the opportunity to visit the initiators when they are undergoing initiation." (Young married woman, focus group discussion, Zomba district)

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

Three of the nine young women reported having used VCT because they were planning to get married. According to their experiences, the services are good in that the counselors took time to explain about HIV and AIDS, asked them about their feelings and plans and their reasons for wanting an HIV test. Getting the HIV test and the results took a few minutes and they were able to get their results the same day.

Home based care services are HIV related services given to chronically ill people and those who have AIDS. In relation to HIV prevention, the volunteers providing HBC counsel clients on the need for preventing re-infection of themselves as well as other people. The volunteers also give information about preventing infection by avoiding sharing sharps, such as needles

used to pierce ears and razor blades. Care providers are also supplied with gloves for use when caring for the sick, as well as condoms.

One young woman described her disappointment with the anti-retroviral therapy as it does not address the nutritional needs of the clients on ARVs who are single and poor.

Most women feel that, in general, HIV prevention services are good because they provide advice, counseling, information and guidance on how to address problems related to HIV, such as use of appropriate health facilities to treat any illness before it gets worse. Apart from the information, people like to be referred to appropriate services which are near their communities.

"I got sick for a long time last year, then I decided to go for a test at Zomba General hospital. We discussed a lot of issues, I was counseled and asked what will I do if I test negative or positive to the HIV test. I said I will not be disappointed and they told me I have HIV. They had asked if I was married and I said my husband died in 1996. Have you had TB? I said it was long time ago in 1998. Further examination was done and they diagnosed ulcers in my stomach. After taking medication, my condition has greatly improved. On the second visit, I was advised to start ARVs and I was referred to the hospital at Police compound because I live near there. I was asked to bring a person of my preference who will be made aware of the situation and who will be willing to assist me. I chose my daughter who is 14 years old. Now I am taking ARVs and my health is good."

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

Barriers to condom use:

Among girls, peer pressure makes some girls not use condoms or accept condom use to prove that they love their partner.

"There are girls who tell you not to go and get condoms and say, just go and have plain sex - sex without a condom. They pressurise you not to use condoms". (Young woman aged 20, focus group discussion, Zomba district)

"They say HIV came for people, not animals. It's just part of life and others say everyone has HIV so why bother to protect yourself?" (Young woman aged 21, focus group discussion, Zomba district)

A suggestion to use condoms in marriage is perceived to indicate unfaithfulness.

"Most times, women who are married do not use a condom because, with time in the relationship, there is more trust. Especially women who are still in their child bearing age, they do not use a condom. Yet there are many cases where a man is having sex outside his marital home and he does not bother to use a condom either with the girlfriend or his wife. And when infected, it is the wife who is blamed." (Young married woman, focus group discussion, Zomba district)

Some girls are promised more money if they have sex without using a condom and they are told that they will have less money given to them if they have sex with a condom.

There are some boys who just want to impregnate girls either to prove that they are fertile or just because they do not care about the outcome of unprotected sex. Also, sometimes a boy refuses to use a condom as a way of punishing a girl.

Girls feel that it is the boy's responsibility to provide a condom when they decide to have sex. As a result, when the boy does not have a condom they end up having unprotected sex. Girls are shy to buy or get a condoms and most of them feel that it is culturally

unacceptable for a girl to initiate sex, let alone produce a condom for use. A girl with condoms is labeled a prostitute.

Sometimes, there are no condoms available at the grocery or the hospital and young people go ahead and have unprotected sex.

"Often, there is a feeling that condoms do not make sex pleasurable and it's like eating a sweet in a wrapper." (Girl aged 15, focus group discussion, Zomba district)

"Distance makes it harder for us to access VCT services as there are not many available within reach." (Girl aged 16, focus group discussion, Zomba district)

Health providers such as the doctor or nurse shouts at girls when they go for any service.

A condom makes sex less pleasurable. Others do not believe that a condom is 100% safe, so they opt not to use it at all. Other girls feel that using a condom causes sores on the genitalia.

"A few people may be aware of the female condom and those who are aware often say that the female condom gives them discomfort." (Married young woman, focus group discussion, Zomba district)

Some cultural values as well as religious beliefs attached to sex affect condom use.

"There is a practice known as chinamwali (initiation) done for boys and a separate one for girls here in Zomba. When the boys and girls come from simba (the secluded initiation hut constructed specifically for the initiation ceremony) the young people are encouraged to have sex. Sometimes, it is because they are told that they are now adults and they feel that they should experience sexual intercourse." (Young married woman, focus group discussion, Zomba district)

"There are certain church leaders who prohibit condom use among their congregation because they believe that talking about condoms is actually promoting promiscuity and undermines abstinence for unmarried people or faithfulness for married couples." (Young married women, focus group discussion, Zomba district)

Barriers to HIV testing:

Some girls do not go for HIV testing because they say that their friend tested negative for HIV, therefore they should be negative.

Fear that knowing that you are HIV positive makes you feel that it is the end of your life, i.e. psychological suffering.

Some girls fear that the counselors may disclose their HIV test results to other people in the community, hence they are reluctant to go for testing.

In some cases, the benefits of HIV testing are not discussed. As a result, people feel that there is little to benefit from after VCT.

Some people have a perception that a health provider shouts at girls when they go for SRH services.

"The service that I often seek are condoms - both female and male condoms - as I am a volunteer that discusses about HIV and AIDS and sexually transmitted diseases to others in my community. But it's mostly male condoms that people come for, especially men. I recall one girl who, after she chose a female condom, came back to tell me she was not comfortable with the ring and she said the ring is too big." (Focus group discussion, Zomba district)

"For example, my husband decided to marry a second wife, then my grandmother sternly told him (the husband) she will summon him to court if he leaves me because I have been hurt (been infected – probably by the husband). I had gone for HIV counseling and testing but, before that, I thought my illness was due to witchcraft. But a community based counselor said no, go for an HIV test at Matawale (a health centre in Zomba district). At the VCT, they asked me where is your husband and I said at home. I was encouraged to come with him for the next visit. I explained to him and we came together to the VCT clinic. He refused to get tested and afterwards asked me where I got HIV and he said that's it, I will marry another wife. That's when my grandmother threatened that there will be a court action. Then he ended up just marrying a second wife." (33 year old woman living with HIV, focus group discussion, Zomba district)

Young women suggest that some people who have put themselves at risk of HIV infection do not want to know their status and often avoid HIV testing.

"Issues of discussing HIV testing with your spouse makes men be defensive and they try to find faults with you and call traditional marriage counselors to report that you have not been a good wife. This is just to sideline you from pursuing an HIV test." (Young married women, focus group discussion, Zomba district)

Unavailability of drugs acts as a barrier to service use.

"We meet a lot of problems regarding service use, sometimes there are no drugs at government health facilities and sometimes we do not have money to buy the prescribed drugs. I even told the doctor: how can I go to buy the drug? I thought I came here because the drugs are free and I cannot afford paying the hospital." (Young married woman, focus group discussion, Zomba district).

"Sometimes, the barriers to service use come because of the previous experience. For example, I decided to take the loop as a contraceptive and I had problems with it and I went to have it removed. So, bad experience with one service can affect future decision to get other related services." (Young married woman, focus group discussion Zomba district)

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?

Young women feel that HIV prevention services are harder to use for married women - because married couples need to discuss and be honest with one another about their sexual behaviour. Openness is a challenge.

"The problem is with our men. When you ask them to go for an HIV test, they say that you have been moving around with other men (you have been having sex with other men) ... that's your problem, don't let your need for an HIV test concern me. Very few men are faithful to their spouses. They leave their wives and sleep (have sex) with other women. That's why they fear to go for a test with you." (Widowed young woman, focus group discussion, Zomba district)

"I know of a girl whose marriage was over because the husband refused to use a condom because the girl insisted after being aware that her husband was having sexual affairs with other women. I feel she made the right choice by leaving the husband because she could have been infected by now." (Young married woman, focus group discussion, Zomba district)

For married couples, there are many things that take place without the knowledge of the other spouse, such as extra marital sex. In such cases, the one who has been having extra marital sex is afraid to discuss with his/her partner about his/her behaviour. Despite this risky behaviour, the spouse does not take any protective measures and will not go to HIV prevention services.

For unmarried people, getting HIV prevention services are a lot easier because one can insist on condom use because you want to avoid getting pregnant or HIV. In addition, an unmarried woman can seek HIV prevention services without requiring a discussion with her sexual partner.

Out of school girls and young women could find it harder to access HIV preventive services as there are fewer opportunities to learn about the available services. In addition, out of school girls may find it harder to understand issues such as HIV prevention services which will, in turn, affect their use of them.

Girls talked about the plight of young girls who are out of school and seek employment - where they end up being sexually abused by the male employer. Such girls find it harder to seek HIV preventive services as they are threatened by the employer to conceal their ordeal.

HIV positive girls and women may find it harder to use HIV prevention services if they are not willing to talk about their status. HIV positive people who belong to a support group have accepted their status and become willing to improve their health and live longer.

There are other HIV positive people who infect others knowingly because they feel that they should carry out revenge since they were infected by someone else.

Sex workers may find it easier to use HIV related services, such as condoms, unlike married women or women and girls in stable relationships. Sex workers acknowledge the risk attached to their work and, when they are aware of and accept the benefits of condoms use, they are likely to use them. Meanwhile, women and girls with regular partners stop using condoms even before going for an HIV test because the longer the period they have been in a relationship, the more they become complacent about condom use.

"In-school youth have more opportunity to know about sexually transmitted diseases, HIV and AIDS, contraceptive use, condom use and other things because there are a number of programmes taking place at school, unlike for out-of-school girls." (Girl, focus group discussion, Zomba district)

"I think out-of-school girls are often not busy and they have plenty of time to think about boys and sex, while school-going girls spend more time on home work and at school and the fact that they are going to school makes them concentrate on school and, thereby, delay age at which they have sex or get married." (Girl, focus group discussion, Zomba district)

Other barriers to service use relate to decision making powers in the community -whereby the less powerful individual, such as a wife, ends up in marriage where the male partner is unwilling to stay and practice safer sex.

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

There have been many projects in our communities that bring together girls and boys or young women and young men to talk about HIV prevention. YONECO, BLM, PSI (through the Youth Alert initiative) and Dignitas International are examples of NGOs supporting various projects that targets young people, girls, women, boys and men with HIV prevention services.

According to the girls, Youth Net and Counseling (YONECO) provides a chance for girls and women, as well as teen mothers, to serve as peer educators, encourage teen mothers to return to school and promote the communities' involvement in supporting the teen mothers to be in school. YONECO also provides various forms of training to HBC providers, to peer

educators working with sex workers, youths, teen mothers, etc. YONECO provides sporting equipment to girls and boys and encourages HIV information-sharing during sporting events.

Banja La Mtsogolo (BLM) is active in treating STIs, providing family planning services, VCT, providing condoms and running a youth drop-in centre where girls and boys access SRH services. BLM also performs plays about HIV prevention in the community, disseminates HIV information through sports, clubs and various activities.

Population Services International (PSI) supports girls' groups that discuss SRH issues, including HIV prevention, through Youth Alert clubs, magazines, stickers, the youth Alert radio programme and sporting events. Through Youth Alert forum, boys and girls discuss a number of issues affecting them.

Dignitas international supports HBC volunteers in the community by providing them with HBC kits, drug supplies and training. Dignitas also provides VCT, PMTCT services in the community and supports the public and faith-based health facility to run VCT, ARVs and PMTCT programmes. The NGO also facilitates information dissemination on HIV prevention in the community.

In all of these programmes, girls and young women learn a lot of skills to protect themselves from HIV, as well as to enable them to make good decisions about life in general, for example in terms of completing education.

What would encourage you to get more involved in HIV prevention in your community?

Girls and women would be encouraged to get involved in HIV prevention activities that, apart from discussing HIV, also tackle the practical needs of girls and women, such as economic empowerment skills.

Another attraction is exchange visits between girls groups to learn from others about what they are doing about HIV prevention activities.

Activities that are done in groups where people share similar interests are another way of encouraging the participation of girls in HIV prevention groups.

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Malawi to protect themselves from HIV?

Government should protect girls and women from harmful ritual sexual practices that are not currently punishable by law. It should also make laws that protect girls and women from HIV infection widely known in the community.

Government should promote girls' education - which will improve their economic status as well as their assertiveness and confidence.

Government should promote different forms of empowerment programmes for women.

Government should ensure that the majority of the funding for HIV prevention activities gets spent in the communities and not to cover administrative or capital costs of programmes.

Non-governmental organisations should support the government by promoting discussions on SRH among girls and women.

Community leaders should promote HIV prevention activities in their communities.

Profile of one-to-one interviews:

Communication or one-to-one interviews was carried out with 21 representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women.

The stakeholders held a variety of positions, including: Peer Educator; HIV and AIDS Advisor; Counsellor; Nurse; Participation Officer; Gender Officer; and Head of HIV and AIDS. They worked for a variety of different local, national and international organisations, including: government Ministries; groups of people living with HIV and AIDS; Malawian NGOs; international NGOs; VCT centres; United Nations agencies; and youth organisations.

Three examples of the one-to-one interviews are documented below:

One-to-one interview: Peer Educator and Youth Supervisor (female), youth drop-in-centre

General

Impression about the general situation of HIV prevention for girls and young women in Malawi:

The situation is not getting better. Behaviour change is not taking place as prevalence rate is not changing much and girls still remain to be largely infected by HIV. "HIV prevention programmes are failing to reach the communities they are concentrating on capacity building of organisations, the greater percentage of HIV funding goes to expenditure on capital costs." For girls in particular, "gender issues affect girls as a result there is less participation in decision making, girls feel inferior to boys, they are pressurized by peers to indulge in sexual relationships and finally poverty." Girls participation is very low in HIV prevention programmes.

Prevention component 1: Legal provision

Laws in Malawi making HIV prevention for girls and young women better or worse:

Prevention of Domestic Violence Act will assist women to make decisions to report violence including rape and sexual abuse. Most violence to women takes place because there has been no substantive protection for women. Self esteem will improve among girls and women as well as communication in relationships. The law concerning freedom of dressing contributes to girls dressing in a manner that promotes rape as they show thighs, the belly etc.

How legislation affect different types of girls and young women and their vulnerability to HIV:

Laws such as age limit assist girls to achieve important goals in their lives. Laws that promote girls and women to be treated equally, to participate in economic activities assist girls and young women to prevent HIV infection.

Laws that government could change, abolish or introduce to bring the greatest improvements to HIV prevention:

Prostitution should be legalized to allow SRH service provision to sex workers including HIV testing. Testing for HIV should be compulsory for very sick people and those intending to marry. All rapists to undergo HIV testing and upon being found positive, should be charged for man slaughter. There is limited law enforcement, e.g. under 18 year old girls are found at drinking places drinking, under 13 having sex with older people.

Prevention component 2: Policy provision

Government policies or protocols making HIV prevention for girls and young people in Malawi better or worse:

Policies conflict one another, the education sector prohibits distribution of condoms yet Ministry of Health provides for condom provision in all places. Condoms cannot be distributed where girls are found most e.g. at school. VCT for pregnant women assist them prevent HIV. VCT is confidential and does not require consent of sexual partner.

Girls and young women – and also boys and young men - receive official sex education at school from standard five through life skills subject where they discuss sexual reproductive health. In social science they teach about early pregnancy, VCT, HIV. The problem is that teachers need to be more conversant of HIV issues.

Policies or protocols government could change, abolish or introduce to improve to HIV prevention include allowing condom distribution in schools. Enforce female condom provision and make them free as male condoms. Introduce economic empowering mechanisms e.g. provision of education and income generating skills.

Prevention component 3: Availability of services

Type and scale of HIV prevention services are available for girls and young women in Malawi:

Abstinence is the greatest prevention for HIV. Female and male condoms are available although there are fewer female condoms and they are not readily available. Information Education and Communication (IEC) about HIV, STIs is given through print and electronic medium. Credit is provided to improve economic wellbeing of girls and women. ARVs, PMTCT and VCT are also available though limited as there are mostly available in urban areas and a few rural health facilities where there are bigger hospitals. Cost of transport affects access to the free services.

Type and scale of HIV prevention services are available for particular types of girls and young women:

Services include Condoms VCT, ARVs, STI treatment, information and education activities. Unmarried girls are shy to get condoms. Youth clubs and peer educators offer information, condoms and VCT. "When a girl is found with a condom, she is thought to be a prostitute. A boy found with condoms is regarded to be a clever boy". Out of school, if less educated, understanding of issues is difficult and needs more time. For sex workers, condom use is difficult as their economic status or their customers forces them not to use condoms to be paid more money, they are also reluctant to get tested because they think they are already infected. Orphans and street girls are trained in income generating skills and IEC and HIV prevention but scale of services is minimal.

Type and extent of HIV prevention services and information are available for boys and young men include Condoms VCT, ARVs, STIs treatment, IEC, and peer education. Through group discussions with peers, boys protect themselves from HIV infection, delay sex debut, and boys discuss and learn different life skills.

Prevention component 4: Accessibility of services

Barriers to girls and young women using HIV prevention services in Malawi:

Lack of youth friendly services. Often service providers are judgemental and are older. Condoms are sometimes not available. Limited supply of female condoms. Girls are perceived to be immoral, inferior and labelled prostitutes if found with condoms. Lack of adequate information particularly about ARVs. Supply is less than demand for ARVs. Long distances to services like VCT, ARV.

HIV prevention services easier or harder for particular types of girls and young women to access:

Married women find it difficult to use condoms or access VCT as it raises questions about their fidelity. Married women feel they need consent from husband. In school find it harder to get condoms and in school youth have to come to youth drop-in-centres as schools drop provide services but information. An out of school can access VCT as they have more time to seek services. For HIV positive people, its easier as they know their status and have been counselled.

Roles of boys and young men in making HIV prevention services easier and better for girls and young women:

Providing correct HIV prevention messages and using condoms. Encouraging girls and young women to take part in development activities and encouraging positive living for those with HIV.

Priority actions that could be taken to make HIV prevention services more accessible to girls and young women:

Increase services to be within reach of most people. Orient all service providers on the need to provide clear and appropriate information on their services. Providers need to be adequate to serve clients. Specially target girls and young women in programmes, information provision should be more interactive.

Prevention component 5: Participation and rights

Application of international commitments in Malawi is minimal, even 30% of women involvement in decision making is not yet reached. Most girls and women don't challenge the application of these rights by demanding their rights. Child Labour has been prohibited. Equal opportunities for women is promoted.

The extent to which the national response to AIDS is 'rights-based' is minimal as little is done for women living with HIV to address their SRH rights and needs. However rights are respected e.g. HIV testing is voluntary.

The extent to which girls and young women, including HIV positive ones are involved in decision-making:

Yes, they are involved through conferences, trainings, policy development processes. But there is unequal participation as less girls and women participate.

Summary

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS:

Girls and women should be actively involved in implementing activities in line with policies made. Consultations should be made among girls and women in the development of policies. More girls and women to be equipped in decision making skills and involved in decision-making positions.

In summary, the 3-4 key actions that would bring the biggest improvements to HIV prevention for girls and young women in Malawi are: More resource for HIV prevention specifically targeted at girls and young women; More programmes addressing gender issues; Resources to benefit the intended beneficiary and community ownership of HIV prevention programmes; More Laws needed to support policies that address girls and women's needs that address HIV prevention.

**One-to-one interview: Technical Advisor (female),
Malawian NGO**

General

Impression about the general situation of HIV prevention for girls and young women in Malawi:

There are more rape cases, defilement cases and low consistent condom use. Particularly for girls and young women, HIV prevention is not improving much.

Prevention component 1: Legal provision

Laws in Malawi that make HIV prevention for girls and young women better or worse:

No stiff cases passed for rape or defilement or violence against women. No specific laws addressing HIV prevention. The Prevention of Domestic Violence Act may improve sexual violence, and in turn improve HIV prevention.

How legislation affect different types of girls and young women and their vulnerability to HIV:

Legislation protects young girls under 13 years from sexual abuse although it fails to protect them from sexual abuse perpetrated by parents since parents give consent for under 18 year olds to marry

Laws could the government change, abolish or introduce:

Specific laws addressing HIV. HIV positive people involved in rape or defilement should be charged stiffer penalties.

Prevention component 2: Policy provision:

Government policies or protocols that make HIV prevention for girls and young people in Malawi better or worse:

ANC is offered to all pregnant women therefore increases HIV prevention. HIV testing is offered voluntarily and to be provided to all pregnant women and clients to opt out or in for the test results. Condoms provided. Though condoms not distributed in schools, school girls and boys access condoms from other avenues.

Sex education is provided from standard five in schools among girls, boys, and young men and women.

Policies or protocols government change, abolish or introduce. Laws need to be provided to support policies.

Prevention component 3: Availability of services

Type and scale of HIV prevention services are available for girls and young women in Malawi:

Condoms, STI treatment, ARVs, PMTCT, VCT, BCC. VCT, ARVs are being scaled up to increased accessibility.

Type and scale of HIV prevention services available for particular types of girls and young women:

Programmes addressing gender issues coming up, female condoms being provided though at small scale while male condoms are supplied at large scale. ARVs and VCT services are not enough.

Type and extent of HIV prevention services available for boys and young men:

Condoms, STI treatment, ARVs, PMTCT, VCT, BCC. VCT, ARVs are being scaled up to increased accessibility. Married young women access services less as they have to discuss with partners who may refuse them to use services or end relationship if HIV test results are positive. Less number of girls and women, married or unmarried ones for VCT. Less empowerment for SRH related decision-making. Very few services for vulnerable groups like orphans, street girls etc

Prevention component 4: Accessibility of services

Barriers to girls and young women using HIV prevention services in Malawi:

Cultural, socialization where masculinity is equated to sexual prowess, long distances to services especially in rural areas, low staffing at health facilities forcing service provision to be done in the morning, few youth friendly services,

Accessibility of HIV prevention services for different people:

Out of school girls and women have both information and services while in school youth only have information available to them.

Roles boys and young men have in making HIV prevention services easier and better include discussing SRH among boys and young men; accept condom use; respect women; support women to seek VCT, and other services; accept HIV test results and promote positive living.

Priority actions to be taken to make HIV prevention services more accessible to girls and young women are up scaling VCT services:

Empowering girls and young women to seek SRH services; promote male participation in SRH.

Prevention component 5: Participation and rights

Application of international commitments in Malawi:

There are laws drafted protecting children from child labour, sexual abuse, child trafficking. Children participate and present issues through children's parliament. NGOs lobby for women representation in parliament. People marrying children below age 13 are prosecuted. Drafting and lobbying for the passing of the Prevention of Domestic Violence bill. Encouragement of participation of women in development including economic empowerment.

The extent to which the national response to AIDS is 'rights-based':

Girls and women have the right to know their HIV status and exercise their rights. HIV positive women have a right to treatment and confidentiality.

The extent to which girls and young women are involved in decision-making about AIDS at the national level:

There are consultations that includes girls and women. Girls and young women concerns are presented through NGOs and support groups advancing the needs of girls and women. However, few women are in decision making despite a policy stipulating a 30% representation of women in decision making.

Priority actions that could be taken to support girls and young women to be more involved in national level decision-making about AIDS:

Girls to be offered more forum to voice their needs and concerns. More targeting for girls and women in HIV prevention programmes.

Summary

In summary, key actions include laws and legislation to be reviewed in line with issues that increase girls and women's vulnerability to HIV:

Address harmful cultural practices that exacerbate HIV infection. Introduce laws that makes ritual sex punishable. Increase funding for programmes that specifically target girls and young women in HIV prevention.

**One-to-one interview: Nurse and VCT Counsellor (female),
national counselling organisation**

General

Impression about the general situation of HIV prevention for girls and young women in Malawi:

HIV infection still increasing. "Girls and young women lack empowerment starting when they are growing up. It is about when, how and in what context a woman has to be empowered and deal with practical issues not just theoretical issues". The way a girl child is raised need to be reviewed as its from here where a girls fails to be assertive, make decisions about HIV protection later in life.

Prevention component 1: Legal provision

Laws in Malawi that make HIV prevention for girls and young women better or worse:

There is no legal provision of how to assist VCT clients presenting with rape, sexual abuse, defilement and sex slave issues all that's offered is VCT. Laws don't mandate VCT counselors to take legal action that would protect girls and women from further sexual abuse. "a girl was being sexually abused by employer for more than a year, came for HIV testing, tested positive but counselor could not assist the issue to be prosecuted as VCT guidelines are silent on counselors role in ensuring clients seek legal redress".

How legislation affect different types of girls and young women and their vulnerability to HIV:

Laws are not very clear about how they will protect girls and women from HIV. There is no explicit mention of HIV or HIV related protection. Laws are not helping girls and women as often they are not enforced. "If it's a rich person committing sex offense, he gets a better lawyer to the extend that he has no case to answer and the poor abused girl with representation from police prosecutors poorly trained or government lawyers, is denied justice".

Government to introduce laws that specifically addresses HIV prevention:

Government policies or protocols that make HIV prevention for girls and young people in Malawi better are condom provision to all person; No consent for SRH services encourage HIV prevention. HIV testing offered with confidentiality, privacy assured and is voluntary, ARVs provided to all clients according to availability; PMTCT offered to all pregnant women. Policies that makes HIV prevention worse include no condom distribution in schools and prisons.

Official sex education is offered in schools among girls and young women and also boys and young men.

Prevention component 2: Policy provision

Policies or protocols for government change, abolish or introduce:

PMTCT, VCT protocols to cover how girls and young women are to be protected legally from HIV infection.

Prevention component 3: Availability of services

Type and scale of HIV prevention services are available for girls and young women in Malawi:

Condoms, VCT, PMTCT, ARVs, STI treatment, behaviour change and communication (BCC) about HIV and SRH in general. There are few VCT, ARV services.

Type and scale of HIV prevention services available for particular types of girls and young women:

All people are offered similar services for HIV prevention such as condoms, VCT, PMTCT, ARVs, STI treatment, BCC

Type and extent of HIV prevention services available for boys and young men:

Condoms, VCT, PMTCT, ARVs, STI treatment, behaviour change and communication (BCC) about HIV and SRH in general. There are few VCT, ARV services though most rural areas have less access to ARVs. Less children access ARVs.

Prevention component 4: Accessibility of services

Barriers to girls and young women using HIV prevention services in Malawi:

Cultural practices that promote unprotected sex among initiates; long distance to services; beliefs that traditional medicine are better than modern medicine for STI; poor attitudes by service providers; long waiting periods to get services; parents discourage their children from condom use.

Accessibility of HIV prevention services for different people:

Married people find it harder because they require partner consent. In and out of school find it easier as they get more information. And its not hard for HIV positive people to get services.

Roles boys and young men have in making HIV prevention services easier and better:

Men to use condoms; support girls and women to seek SRH services including HIV testing.

Priority actions to be taken to make HIV prevention services more accessible to girls and young women:

Scale up VCT, ARV services quickly.

Prevention component 5: Participation and rights

Application of international commitments in Malawi:

Girls and women offered equal access to opportunities. More encouragement of decision making among women and for women to be in decision making positions.

The extent to which the national response to AIDS is 'rights-based':

VCT respect a clients right to be tested.

The extent to which girls and young women are involved in decision-making about AIDS at the national level:

National AIDS Commission does consultations when developing policies and have representation of girls and women in task forces to review or develop policies.

Priority actions that could be taken to support girls and young women to be more involved in national level decision-making about AIDS:

Build girls skills such as decision making, assertiveness, self-confidence.

Summary

Key actions include more implementation of girl and young women targeted programmes:

Addressing cultural barriers to service use among girls and women, reinforcement of laws.