

# ACTION BRIEF

## Local governance and HIV/AIDS in Malawi

By Tara Brace-John and Wendy Ngoma



# Summary

The political context is volatile in Malawi with the debate raging on about the impeachment of the President because of his violation of Section 65 of the constitution which prohibits members of Parliament from crossing the floor. Local government elections are long overdue and the national political scenario only further complicates the situation. General elections are scheduled for May 2009 and civil society is hoping that local government elections will also take place. Local government elections took place for the first time in 2000 and the next one was scheduled for 2005 but did not take place. 2007 was the next deadline for local government elections and this too has passed. With the national political scenario being in a state of flux, it would be safe to say that local government elections may be delayed further.

In the meantime, existing local government structures need to be strengthened to implement and monitor the HIV/AIDS National Action Framework, with the AIDS pandemic continuing to wreak havoc in Malawi. Due to various factors arising from donors and government decisions, the local government AIDS machinery which was developed over time, has been weakened and is in danger of completely unravelling. It is critical for civil society, government and donors to work together and strengthen the local structures, thereby ensuring that the interests of people living with HIV will be addressed in a systematic and sustainable manner.

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# 1 Background



Malawi became a British protectorate in 1891 and remained so till 1961. A centralised administrative structure was set up which was headed by the Governor, provincial commissioners and district commissioners. Due to the limited numbers of colonial representatives for the whole country and existing language barriers, it became evident to the colonial government that it was necessary to work with the Traditional Authorities that have always existed in Malawi and who were quite autonomous prior to colonisation. The 'Native Authorities Ordinance' was introduced in 1933 to formulate a subsidiary local government system in which direct representatives of people would be able to govern. In practice this system did not allow room for representation or expression of popular opinion.<sup>1</sup> It became a system where a few colonial officials ruled with the aid of compliant traditional leaders.<sup>2</sup>

Malawi became independent in 1964 and became a single party state. This was the first popular uprising against the British and demonstrated that Malawians when really pushed could organise and make themselves heard! The Malawi Congress Party (MCP)

came to power with Dr. Hastings Kamuzu Banda as the President. In the period 1961–1966 there were various attempts to try and implement a policy of decentralisation that would lead to people being more involved in local governance. These attempts were all derailed by the 1966 constitution, which subordinated all institutions to the MCP and therefore to absolute presidential control. Dr. Banda declared himself 'president-for-life' and in his 30 year dictatorship from 1964–94, even local government councillors had to be presidential appointees. He ruled by instilling fear in the population. Silence became the catchword in Malawi when it came to politics and people who criticised the President usually 'disappeared'. Traditional authorities were also co-opted and they became mere rubber-stamps to the president's wishes.

President Banda's stronghold was weakened by a popular uprising led by the churches in 1994 that saw Bakili Muluzi from the United Democratic Front (UDF) elected as President. He remained in power till 2004. The 1994 election was the first multi-party parliamentary election held in Malawi. One of the key promises in the Bakili Muluzi election manifesto, which he delivered on, was the establishment of local government structures which would pave the way for democratic decentralisation.

- 1 Olowu, D. 2001, Decentralisation Policies and Practices under Structural Adjustment and Democratisation in Africa, UNRISD programme for Democracy, Governance and Human Rights, Paper No. 4:4–5
- 2 Chiweza, AL. 2005, Participation: Reality or Rhetoric in Rural Communities of Malawi? *Tanzanet Journal* Vol. 5(1):1–8

Constitutionally the President and Vice-President can only serve two consecutive five year terms. Efforts by President Muluzi and his supporters to extend this to a third term were successfully thwarted and Dr. Bingu wa Mutharika, former economist from the World Bank was nominated by President Muluzi as his successor.<sup>3</sup> Dr. Mutharika was elected as President in 2004. He immediately launched an anti-corruption campaign that implicated Bakili Muluzi and his supporters.<sup>4</sup> Dr. Mutharika left the UDF and went on to form the Democratic Progressive Party (DPP).

President Mutharika crossing the floor of parliament to form the DPP led to many other elected representatives following him and this ignited a political row. Section 65 of the Malawian constitution explicitly prohibits elected representatives switching parties after they are elected, although this does not necessarily apply to independent candidates. The opposition is pushing for the impeachment of the President based on Section 65 and the political stalemate continues. Unfortunately, this situation of political flux does not encourage the President to hold local government elections which were due to have taken place in 2007.

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## 1.2 Democratic Local Government

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Parliament enacted the 'Local Government Act 1998' toward the end of Bakili Muluzi's first term. This was despite the reservation, fear and anxiety expressed by members of the ruling party as well as the opposition. There was a sense of somehow 'losing control' over power.

President Muluzi's government tried to introduce certain amendments to the Local Government Act, just a month before the local government elections were due to

take place. The amendments would have empowered the President to appoint local assembly Mayors, Chairs and their Deputies. This move was strongly opposed by the opposition party, civil society and donors and the amendments were hastily withdrawn.

Malawi's only local government election to date took place on November 21, 2000. The voter turnout was a disappointing 14.2% out of 5.2 million registered voters. There were polling stations in the North of the country that had just a single voter!<sup>5</sup> Political parties did not invest time and effort in voter education and party campaigning for the local government elections was very low. Leadership struggles, a fear of decentralisation and sharing of power and a general lack of political will all played a big part in voter apathy. The understood solution to this issue was that presidential, parliamentary and local government elections (tripartite) should all take place together. However, constitutional amendments have not been carried out to make this a reality.

Local government elections which were scheduled for 2005 did not take place and all elected representatives who had served one term were 'de-recognised'. Since 2005 there have been no elected councillors in office. Local government elections do not seem imminent even though parliament passed a decree stating that local government elections should take place no later than 30th June 2007.

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## 1.3 Local Government structures

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The Local Government Act 1998 legalised a local government structure that has 39 local authorities called assemblies which are divided into 860 wards. One councillor represents each ward and is elected by the

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3 <http://businessafrica.net/africabiz/countries/malawi.php>

4 <http://www.irinnews.org/report.aspx?reportid=59133>

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5 Election Update 2004: Malawi, Number 1, 28 April 2004, The Electoral Institute of Southern Africa

first-past-the-post system for a five year period. Assemblies consist of councillors who are elected representatives and are voting members, non-voting members such as the Traditional Authorities and chiefs, members of the national assembly who are resident in the local government area and five other members who are appointed by the councillors to represent special interest groups.

Chairpersons of the assemblies are elected by and from among the councillors. In city and municipal assemblies, the chairperson is sometimes called the Mayor. District assemblies are responsible for the overall development of the district and to ensure the participation of local communities and special interest groups such as NGOs, women, people living with HIV (PLHIV) and the private sector. The district assemblies set up various committees based on issues and key focus areas. These committees carry out the responsibilities of planning, monitoring, implementation, management and decision making with regard to the specific issues and areas that they focus on.

These structures as conceived and followed from 2000–2005 still exist with some modifications. District assemblies with elected councillors have not existed since 2005. In their absence, the District Executive Committee which exists, is in reality an ad hoc committee. Various other committees and sub-committees exist but they too no longer have elected representatives. Only appointed persons are members of these committees. Accountability suffers at all levels and this opens up limitless scope for corruption.

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## 1.4 Traditional leadership structures

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Traditional leadership posts are hereditary and leaders can be women or men. Within the traditional leadership structures in



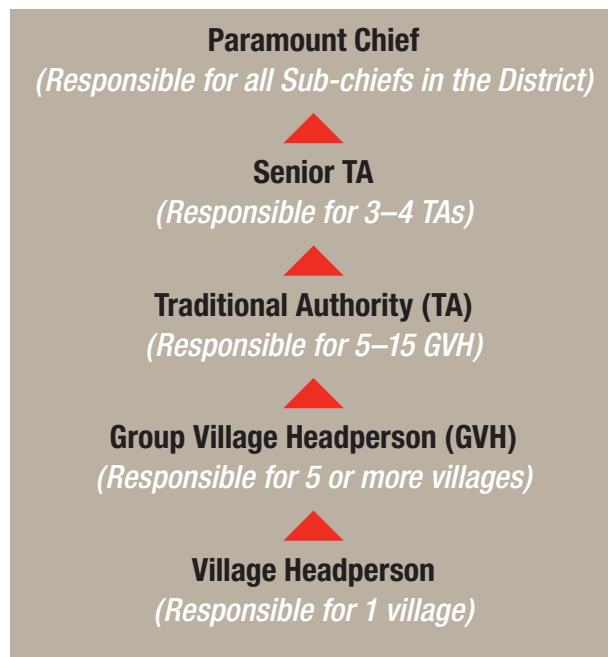
*Traditional leaders can be powerful allies. A village Headwoman speaking out about violence against women, Mzimba district*

Malawi, each village has a headperson, with a group village headperson chosen by five or more village headpersons from amongst themselves. The next tier up is the Traditional Authority (TA) who is voted for from among the group village headpersons and is responsible for five to fifteen group village headpersons. Senior TAs are next in the hierarchy and are responsible for a few TAs. They are followed by the Paramount Chiefs who are responsible for all Senior TAs in the district.

Traditional Authorities and chiefs within each local government area are non-voting members of district assemblies or the ad hoc district executive committees. They are also members of the various committees and sub-committees. Despite their presence within the various local level committees and structures, TAs have not been able to maintain their role of being representatives of their people. From colonial times they have been co-opted by those in power and have often acted as the agents of colonial and post-colonial officials, rather than represent people's interests.

Despite this history, TAs remain powerful within their constituencies and their authority is rarely challenged. Village headpersons control land at the village level, although this is not the case in the cities. People in the villages rarely question the actions of the headperson because they do not want to be alienated from the land that they are farming which is often their only source of livelihood.

TAs continue to be storehouses of local information and knowledge and play a crucial role in the implementation of government policy. For example, village headpersons are often aware of the HIV status of community members. The discrimination faced by PLHIV often starts at this level, as in the case of discrimination faced by PLHIV in relation to agricultural subsidies involving fertilizer coupons. Some village headpersons refused to distribute coupons to HIV positive persons because they were already 'half dead'.



*Traditional leaders listening to a member of the Golomoti AIDS Support Organisation talking about the problems faced by PLHIV*

## 2 The HIV/AIDS situation



*Paradiso PLHIV support group members, Ngwenya*

Malawi has one of the highest HIV prevalence rates in the world.<sup>6</sup> Out of a population of 12.3 million, almost one million people in Malawi were living with HIV at the end of 2005.<sup>7</sup> AIDS is the leading cause of death amongst adults in Malawi, and is a major factor in the country's low life expectancy of just 47 years for men and 46 years for women in 2005.<sup>8</sup> The healthy life expectancy at birth for men and women in 2002 was as low as 35 years.<sup>9</sup>

The national prevalence rate of HIV infection among adults aged 15–49 has stabilised between 12%–17% since the mid-nineties<sup>10</sup> and is now at 14%.<sup>11</sup> HIV prevalence is almost twice as high in urban as it is in rural areas,<sup>12</sup> although recent studies suggest that the prevalence rate is declining in many urban centres and rising in rural areas.<sup>13</sup>

6 [http://www.who.int/hiv/HIVCP\\_MWI.pdf](http://www.who.int/hiv/HIVCP_MWI.pdf)

7 UNAIDS (2006), 'UNAIDS 2006 Report on the global AIDS epidemic', HIV/AIDS estimates and data, 2005

8 <http://www.who.int/countries/mwi/en/>

9 Ibid.

10 National AIDS Commission of Malawi (2003), *Estimating National HIV Prevalence in Malawi from Sentinel Surveillance Data: Technical Report*

11 <http://www.dfid.gov.uk/pubs/files/malawi-factsheet.pdf>

12 UNAIDS (2006), 'UNAIDS 2006 Report on the global AIDS epidemic', HIV/AIDS estimates and data, 2005

13 G A Bello, J Chipeta and J Aberle-Grasse (2006), 'Assessment of trends in biological and behavioural surveillance data: is there any evidence of declining HIV prevalence or incidence in Malawi?'

There is a higher rate of HIV prevalence amongst women than amongst men, with around 60% of adults living with HIV in Malawi are women.<sup>14</sup> Girls are three times more likely to be infected in the 15–24 age group than boys.<sup>15</sup> Statistically the HIV prevalence rate is shown to be higher in women than men but this does not necessarily mean that there are fewer infected men. Rather, it implies that women are aware of their status due to HIV testing during pregnancy.

### 2.1 Gender and HIV/AIDS

Gender inequalities and the continuous violation of women's rights are leaving women and girls in southern Africa disproportionately vulnerable to HIV and AIDS. Poverty, limited access to education and information, discriminatory laws and entrenched gender inequalities deny women and girls their rights. Gender-based violence, weak health systems that do not adequately address the needs of women, women's limited participation in decision-making processes and women often being blamed for the infection, all fuel the feminisation of the HIV/AIDS epidemic. The 'sugar daddy' syndrome which allows older men who have not been tested to infect younger women is another big problem. Also, care responsibilities are being borne mostly by women and girls.

Gender inequalities hinder women's and girls' access to prevention, treatment, care and support as well as their ability to use treatment, information and advice to improve the quality of their lives. There remains a lack of recognition amongst HIV/AIDS service providers that the needs of women are different from those of men. These gender inequalities stand in the way of women and girls being able to exercise their rights to access services. For example, strategies to

14 UNAIDS (2006), 'UNAIDS 2006 Report on the global AIDS epidemic', HIV/AIDS estimates and data, 2005

15 Ibid.

prevent HIV infection often fail to take into account the social and cultural realities for women and girls in Malawi. Strategies based on abstinence, being faithful and using a condom, often ignore the lack of control most women have over their sexuality and the violence that they can face, particularly within marriage.

In Malawian society, it is a loss of face for men to admit that they are infected.<sup>16</sup> Men are therefore less likely to get tested, seek information, counselling or receive treatment. Hence they are not included in the statistics. This is one of the reasons why more men than women are reported to have AIDS in groups aged 30 years or over,<sup>17</sup> although 60% of the HIV positive adults in Malawi are women. It is also an accepted norm that men can have extra marital relations and pursue more than one relationship at a time. Socially constructed norms such as culture and tradition have allowed them to become the chief vehicles for spreading the infection – the majority of HIV infections in Malawi occur through heterosexual sex.<sup>18</sup>

## 2.2 The National AIDS Commission

There is an HIV/AIDS unit within the Ministry of Health that is responsible for implementation of the health sector response to the epidemic and a Cabinet Committee on HIV/AIDS Prevention and Care to deal with political and policy issues. The body that actually coordinates, manages and implements the national HIV/AIDS policy is the National AIDS Commission (NAC) that was set up in August 2002. The NAC follows the HIV/AIDS National Action Framework, which contributes to the national health plan and is

part of the Government strategy of poverty reduction.<sup>19</sup>

The first National HIV/AIDS Policy was developed in 2003, laying down the guiding principles for all national HIV/AIDS programmes and interventions. Despite the plans and intentions, the human resource crisis<sup>20</sup> has led to a lack of capacity to deliver health services, especially in rural areas. Staffing is also inadequate to roll out antiretroviral therapy and other services related to HIV/AIDS, including voluntary counselling and testing, treating opportunistic infections and preventing mother-to-child transmission.<sup>21</sup> Malawi has just two doctors per 100,000 people – one of the lowest levels in the world.<sup>22</sup>

Voluntary community groups, particularly groups of PLHIV have been providing the care and support for PLHIV when the health system has been unable or unwilling to address their needs. Whilst the government and NAC recognise and work with these groups, they provide limited support and most of the groups remain volunteers, struggling with inadequate resources. It is critical to involve and strengthen voluntary community groups, particularly groups of PLHIV right from the start. To make the universal access continuum<sup>23</sup> possible, it is important not only to focus on the capacity building of health personnel but also that of community groups and PLHIV.

The NAC encouraged the nation-wide formation of District AIDS Coordination Committees (DACCs report to the District Executive Committees) but also channelled resources from international funds such as the Global Fund and other donors to

16 <http://www.avert.org/aids-malawi.htm>

17 [http://www.who.int/hiv/HIVCP\\_MWI.pdf](http://www.who.int/hiv/HIVCP_MWI.pdf)

18 <http://www.avert.org/aids-malawi.htm>

19 [http://www.afdevinfo.com/htmlreports/org/org\\_42324.html](http://www.afdevinfo.com/htmlreports/org/org_42324.html)

20 The AIDS pandemic is depriving Malawi of many of its best educated, most productive adults, leaving behind the very old and the very young to care for one another

21 UNAIDS (2006), 'UNAIDS 2006 Report on the global AIDS epidemic', HIV/AIDS estimates and data, 2005

22 <http://hdr.undp.org/hdr2006/statistics/indicators/58.html>

23 The continuum is composed of prevention, treatment, care and support – four indivisible pillars of an effective response to HIV/AIDS

key civil society groups to implement the HIV/AIDS National Action Framework. By strategically initiating and strengthening district, community, and village-level AIDS committees, NAC has contributed to creating a grassroots-to-national level structure to deliver on their HIV/AIDS promises. They were also able to provide an enabling environment for wider civil society to participate in the planning, managing, monitoring and implementing of the HIV/AIDS National Action Framework.<sup>24</sup> All this is being put at risk because of the lack of political will by government to hold local elections and invest in strengthening local structures.

The World Bank's 'Scaling-up Through Expanded Partnerships (STEPS)' initiative helped the NAC to strengthen and support District AIDS Coordinating Committees all over the country. Although these are donor-driven processes, the resulting decentralised structures have become crucial to the implementation of the HIV/AIDS National Action Framework and in ensuring the active participation of civil society organisations.

## 2.3 District level HIV/AIDS structures



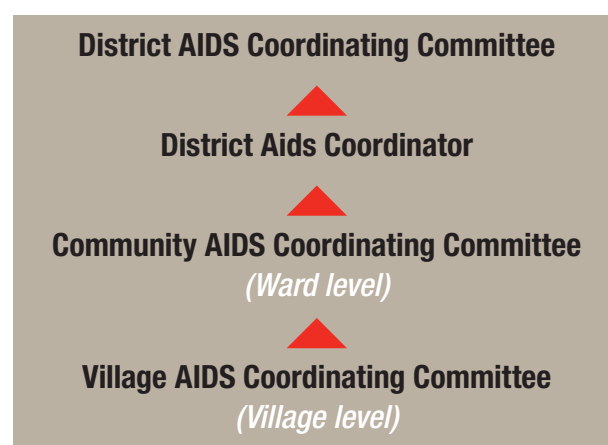
*Christopher Nawata, District AIDS Coordinator, Karonga District*

The District AIDS Coordinating Committee (DACC) is one of the committees of the district assemblies or the district executive committees and is responsible for all aspects of the HIV/AIDS National Action Framework

at the district level. The DACC has sub-committees at the village and ward level

which are coordinated by the District AIDS Coordinator who reports to the DACC.

The DACC, Community AIDS Committee and Village AIDS committee are supposed to work in cooperation with the District AIDS Coordinator who coordinates all district level HIV/AIDS work and has the responsibility to mainstream HIV/AIDS concerns into the civil service, police, education and budgets at the district level.



With Malawi incorporating the Activities Reporting System of the World Bank which required systematic reporting and monitoring from the district level, there was a need for creating the full-time post of the District AIDS Coordinator.<sup>25</sup> The post of the District AIDS Coordinator was initially funded by the National AIDS Commission (NAC). It was agreed that NAC would fund the post for the first two years and that the Local Government Commission (LGC) would take over after that.

Due to various factors, the LGC is finding it is unable to keep its side of the bargain. The main reason being cited is that they seem to have forgotten to budget for this eventuality. Another reason is that the World Bank wants a cap on the size of the civil service, a demand that seems inappropriate given that staff capacity is one of Malawi's biggest problems. Being largely a donor and NAC driven process, one of the key factors for the LGC's reluctance could be the crucial issue of 'ownership'.

<sup>24</sup> Social Development Note: Community Driven Development, SD Note No.96/October 2004, World Bank

<sup>25</sup> [http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/M&E-GR-1\\_Malawi-final\\_oct31.pdf](http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/M&E-GR-1_Malawi-final_oct31.pdf)

## 3 One World Action's partners



### 3.1 Malawi Network of People Living With HIV/AIDS (MANET+)

MANET+ was established in 1997 as a coordinating and facilitating body with the main goal of promoting effective networking amongst associations and support groups of PLHIV and other civil society groups that work with PLHIV. It was founded and run by PLHIV who felt the need to coordinate their activities and work towards common goals that will contribute to improving their lives. They work closely with a wide range of stakeholders within the sector. This includes UNDP and UNAIDS who provide technical support, the Ministry of Health, National AIDS Commission, District AIDS Coordinating Committees and with community based health workers.

The organisation provides a range of services to its PLHIV support groups. MANET+ groups include women and men living with HIV/AIDS and their families, as well as orphans and vulnerable children. Their services include

home-based care and referral, psycho-social counselling and group therapy, voluntary counselling and testing, orphans and other vulnerable children day-care centres, income-generating activities and nutrition education.

MANET+ also provides capacity building for their PLHIV member groups. They help PLHIV to organise themselves, train them in leadership and how to formalise their groups, manage their activities and find resources. Specifically in relation to young people, MANET+ provides support and prevention programmes and pioneered the Post-Test Clubs (PTC) initiative, promoted by WHO and UNFPA in all 28 districts. Through the PTCs young people are trained in the benefits of voluntary counselling and testing, theatre skills for mass communication, safe sexual practices, positive living and income-generating activities/vocational training etc.

As a national network with members across the country, MANET+ is well placed to play a strong advocacy role in raising the profile of PLHIV and in influencing policy in their favour. They lobby for representation of PLHIV at the district level on District Assemblies

and District AIDS Task Forces. MANET+ sits on the board of the NAC as the official representative of PLHIV, a position they won through intensive lobbying. They are also part of the Coordinating Mechanism (CCM) of the Global Fund.

As part of the National Steering Committee, MANET+ coordinated the launch of the 25th Annual International AIDS Candlelight Memorial on May 18, 2008. The Candlelight Memorial remembers those who have died of AIDS and raises awareness about the epidemic and the rights of those who live with it. Initiated by the Global Health Council, the theme for 2008 is "Never Give Up, Never Forget" and MANET+ was selected to co-host the event because of their demonstrated leadership skills in the field. The Candlelight Memorial was launched by President Mutharika who congratulated MANET+ and others for being strong advocates in relation to HIV/AIDS prevention, care and treatment.

## 3.2 Coalition Of Women Living With HIV/AIDS (COWLHA)

COWLHA was formed on June 29, 2006. On March 8, 2007, COWLHA launched a three year campaign "End HIV and Violence Against Women" which was inaugurated by President Bingu wa Mutharika. As of December 2007, COWLHA had 50,000 registered members from all districts of Malawi. They have managed to achieve this level of organisation with very little funding and with only volunteers. The lack of core funds has hindered COWLHA's development as an organisation and One World Action's contribution towards core funds comes as a great support to them. This way they will be able to set up a secretariat, hire three staff members and strengthen their capacity.

COWLHA follow a very simple strategy in their organising – *they organise after the main organising is done*. Civil society organisations and faith-based groups in Malawi spend considerable time and human resources in organising grassroots support groups of PLHIV. COWLHA then mobilises the women within these support groups to become members. Members give time to their regular support group but also separately commit time to COWLHA.

COWLHA district committees are registered and are formally recognised as CBOs in their own right by the DACC. COWLHA is also represented in most District, Community and Village AIDS Coordination Committees. They just do not have formal representation in the NAC but this is compensated by the fact that COWLHA is a member of MANET+ which is represented. One of the members of the National AIDS Commission is a woman living with HIV and a strong supporter of MANET+ and COWLHA.

COWLHA is the first platform that is enabling women living with HIV to address important issues that affect their lives. Women are frequently blamed for the HIV infection and often have no means of supporting themselves. COWLHA helps women to become stronger and resist discrimination. The Coalition was formed by HIV positive women but they work with all women including those affected by the epidemic. They believe all women need a platform such as COWLHA because Malawi is a male dominated society and nobody seems to be fighting age-old culture and tradition that oppress women. They acknowledge the need to work with men, especially on issues such as violence against women and being open about their HIV status, but their focus will continue to be women.

According to COWLHA, most organisations working on HIV/AIDS do not work at the village level. Daphne Gondwe, National Coordinator of COWLHA, insists that all their members are from the villages and that



*Members and staff of the Coalition Of Women Living With HIV/AIDS (COWLHA)*

they are the only women's network that has members all over the country. COWLHA is led and managed by women living with HIV. The issues that are crucial to COWLHA are not external ones but rather issues that are brought to the table by women living with HIV from the villages.

Despite the voluntary nature of the organisation and the fact that many members are facing huge challenges in their day-to-day lives, COWLHA has been very successful in raising the profile and voices of HIV positive women. They are now one of the strategic partners of the Ministry of Women, the Office of the President and the Cabinet. COWLHA has been selected as a winner of the UNDP Red Ribbon Award 2008. From a pool of over 560 organisations, the Technical Review Committee of the United Nations Development Fund (UNDP) considered the action and leadership

of COWLHA exceptional in terms of sustainability, adaptability, impact, innovation, empowerment, involving PLHIV and developing strategic partnerships.

# 4 Key challenges and ways forward

## 4.1 Strengthening local government

The DACC is part of the ad hoc District Executive Committee which is not a legally recognised body. The District Executive Committee is not constitutionally empowered to pass by-laws and this can limit their scope in addressing emerging issues of accountability (e.g. land issues or discrimination in agricultural subsidies faced by PLHIV). The lack of elected local government councillors further exacerbates this problem.

Our partners MANET+ and COWLHA have invested time and resources into ensuring that they have active representatives in all levels of the local government HIV/AIDS coordinating structures, starting from the village level right up to the district. This was done with the explicit purpose of increasing local government accountability to PLHIV. Their plan will remain weak if local government elections are not held and if elected representatives are not in place for PLHIV to hold them responsible.



Manet+ PLHIV support group members, Chisomo

### Action Points

#### 1 Civil society organisations in Malawi should

- > lobby the Government of Malawi to hold tripartite elections in 2009
- > carry out voter education for PLHIV, women and community groups in: electoral procedures; how to vote; how to deal with electoral irregularities; election manifestos
- > carry out civic education for PLHIV, women and community groups in: rights; citizenship; responsibilities; negotiation skills
- > carry out awareness raising, capacity building and systematic training for local government officials and representatives, political aspirants and candidates on HIV/AIDS, gender, participatory planning and budgeting and other relevant topics

#### 2 Donors should

- > encourage and support the government to hold tripartite elections in 2009
- > invest in strengthening local government structures and build the capacity of local government representatives
- > support the strengthening of civil society to participate in decision making at all levels of local government and to contribute to improving accountability

#### 3 Government of Malawi should

- > act on civil society recommendations to hold tripartite elections
- > empower and strengthen local government structures to be effective in all district level planning, budgeting and monitoring

## 4.2 Ensuring that the post of District AIDS Coordinator is maintained

The District AIDS Coordinator is a crucial target of our partners MANET+ and COWLHA for their advocacy activities at the district level. A lot of their recent work has concentrated on engaging with the District

AIDS Coordinators, keeping them updated about the needs of PLHIV and strengthening relationships with them so that they are allies in their fight against HIV/AIDS. But due to a combination of lack of political will and donor demands, the painstakingly established HIV/AIDS structures at the district level seem to be in question.

Many District AIDS Coordinators have been forced to leave their posts as they have not been paid and because there is a danger of them losing their jobs. Of the 32 District AIDS Coordinators, only 12 remain. The entire structure that has been set up to deliver HIV/AIDS plans now seems to be in jeopardy.

### Action Points

#### 1 Civil society organisations in Malawi should

- > lobby the Local Government Commission to integrate the post of District AIDS Coordinator
- > encourage the National AIDS Commission and the Local Government Commission to work together on strengthening district level HIV/AIDS structures, plans and activities

#### 2 Donors should

- > address the gaps in policy and practice in relation to gender and HIV/AIDS
- > ensure the post of the District AIDS Coordinator is maintained and resourced

#### 3 Government of Malawi should

- > make it financially possible for the Local Government Commission to integrate the post of District AIDS Coordinator into its staffing structure

## 4.3 Strengthening the representative role of traditional leaders

Traditional leaders are the custodians of customary laws that all Malawians abide by

and are therefore very powerful within their constituencies. Despite being co-opted by government officials, the role of traditional leaders within the existing local government structures has become even more important. Due to the lack of elected grassroots level representatives, the village headpersons become the spokespersons for their villages. Local government plans, budgeting, monitoring and reporting draw heavily on the information from traditional leaders who also play a crucial role in the implementation of government policy.

Our partners MANET+ and COWLHA keep leaders of the traditional structures informed and aware about issues relating to HIV/AIDS. Often the Traditional Authorities have been supportive in their activities but can also prove to be a problem by their lack of knowledge and interest in the issues faced by PLHIV.

### Action Points

#### 1 Civil society organisations in Malawi should

- > mobilise traditional leaders to be advocates for the rights of women and PLHIV
- > train and build the capacity of traditional leaders to represent and address the needs of women and PLHIV at all levels of local government
- > lobby traditional leaders to be accountable and transparent in their transactions

#### 2 Donors should

- > invest in and support activities that build the capacity of traditional leaders to be more representative, accountable and transparent

#### 3 Government of Malawi should

- > respect traditional leaders as representatives of their communities
- > build the capacity of traditional leaders to be representative and accountable to all people within their community

## 4.4 Involving and strengthening civil society

While the key challenge in delivering HIV/AIDS plans remains in developing and strengthening the capacity of health personnel, efforts also need to be made to ensure the greater involvement of people living with HIV/AIDS. Grassroots structures that create the space and opportunity for this level of interaction need to be strengthened. PLHIV also need to be strengthened and equipped to deal with these structures and to be able to participate and contribute in a meaningful way. The needs and issues of women living with HIV and women who care for and support those with HIV/AIDS need to be specially addressed and their capacity built up.

The capacity of civil society organisations which are staffed and managed by people living with HIV need to be strengthened. Organisations such as MANET+ and COWLHA not only have first-hand knowledge about the pragmatic needs faced by PLHIV but also have the wider perspective of focussing on national and international advocacy which is crucial in raising the profile of the issues and struggles faced by PLHIV. Civil society organisations in Malawi will also benefit from active collaboration with organisations such as Women for Change in Zambia and other civil society groups in the region who work on similar issues.



Members of the Mzimba post-test club and Manet+ staff

### Action Points

#### 1 Civil society organisations in Malawi should

- > carry out systematic mobilisation, training, information dissemination, awareness raising and skills building of community members especially PLHIV, women, children, youth groups, traditional health practitioners and traditional birth attendants
- > strengthen PLHIV solidarity/support groups and post-test clubs to deal with issues of discrimination and to build effective community support mechanisms
- > use the media (print, television, radio, community radio, internet) to raise awareness on HIV/AIDS, gender disparities, rights and citizenship

#### 2 Donors should

- > recognise the crucial role played by PLHIV solidarity/support groups in addressing the HIV/AIDS epidemic and provide sufficient resources to their networks to strengthen and extend their work
- > strengthen the demand-side of governance in relation to HIV/AIDS by supporting civil society

#### 3 Government of Malawi should

- > open up spaces for civil society especially women and PLHIV to participate in policy debates and contribute to development planning at all levels
- > improve accountability by involving civil society especially women and PLHIV in planning, implementation and monitoring of HIV/AIDS activities at all levels

**The 'ACTION BRIEF' series is for policy-makers and civil society organisations. It draws on the experiences and analyses of our partners, One World Action, academic research and current debates.**

**The 'ACTION BRIEF' series proposes a clear set of action points that can contribute to development policy-making, planning and financing.**

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