



2019 Annual Report

Pakachere Institute for Health & Development Communication



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A Note from our Executive Director

Pakachere IHDC was founded to improve the health of all Malawians, especially the most vulnerable in order for them to live sustainable healthy lives. We share these values with you, and they will remain at the heart of Pakachere IHDC. About 12 years ago, working with Key Populations (KPs) was unimaginable in Malawi. This was a population that was left behind in the fight against the spread of HIV. It took a lot of advocacy and effort to make a break through and have KPs as a priority group for achieving epidemic control in Malawi. As a recollection, Pakachere IHDC's work with KPs, specifically Female Sex Workers (FSW) started in 2008. With funding from UNFPA, Pakachere IHDC mobilised FSW from across Malawi to form the first ever National Association for FSW. At this moment, Pakachere IHDC speciality was Social and Behaviour Change Communication.

In 2015, Pakachere IHDC partnered with FHI 360 to implement the first comprehensive HIV program among key populations in Malawi. This partnership to implement PEPFAR/USAID funded LINKAGES as a sub-recipient led to Pakachere's strategic growth in the provision of direct clinical services through Drop-in Centres (DICs) and outreach clinics.

2015 – 2019 was a successful journey and a story worth telling. It is a period where determination, resilience, willingness to learn and sacrifice became the recipe for our success. From being an SBCC focused organisation, Pakachere IHDC added delivery of clinical services for FSW as one of its core mandates. This transition transformed the organization's scope of work significantly. Over these years, Pakachere IHDC continued to learn, evolve and grow. We acknowledge the role that our committed and dedicated staff has played to deliver with quality and purpose.

Pakachere IHDC in 2019

2019 will remain a unique and remarkable year for Pakachere IHDC. It is a year when we achieved one of our greatest milestones. 2019 saw Pakachere IHDC transition from being a sub-recipient to being a Prime (Direct Recipient) of PEPFAR/USAID funding. We owe this success to our strategic capacity building partners; FHI 360 who provided us with technical support to strengthen our delivery of clinical services for key populations, Counterpart International through the STEPS project who invested in organisation development processes including governance and systems and Frontline AIDS who continues to be a critical ally in strengthening our resource mobilisation and advocacy.

Throughout the years, one thing has remained constant – the dedication and passion of staff at the heart of Pakachere IHDC with an insatiable appetite to change lives of vulnerable populations. Our work is unique because we work with populations that are seen and perceived with a moralised eye and heart by many including some service providers. Our passionate staff perceive KPs from a human rights as well as public health point of view and this have made



them become passionate about the work they do, the difference they want to see, the change they want to make and contribute towards averting new HIV infections. This report provides a summary of the successes and achievements that Pakachere IHDC has made in the various projects it is implementing with various donors.

Our Funding

We have enjoyed funding from a number of development partners in 2019 with PEPFAR/USAID remaining the major donor. We will endeavour to improve on our funding base as well as other resource mobilization initiatives. We would like to ensure that we increase our unrestricted funds in the coming years through various fundraising initiatives that management will be working on. We would also like to see that any liabilities that the organization has is cleared in 2020 so that the organization enjoys a health financial stability that will make it self-sustainable. We would like to capitalise on our working directly with USAID, to further learn and build our capacity that should enable us manage multiple grants. We will therefore continue working with partners like FHI 360 and Frontline AIDS for continuous capacity strengthening. One of our working philosophies is that learning does not end.

Our work philosophy

Pakachere IHDC is committed to building a workplace culture that is based on mutual respect, respect of and observance of human rights, where every member of staff and the populations we serve feels safe, supported and respected. We have managed to do this but we can do more. Pakachere IHDC staff has the right to be respected and supported and we commit to continue to improve our workplace culture and philosophy in the years to come. Our open door policy shall remain the backbone of our organizational culture.

Thank You

Our success is dependent on the expertise and dedication of our staff. It is a collective dedication that has seen Pakachere IHDC to be where it is now. I would like to thank all of us for this. We have had challenges. We have worked around the challenges and continue to work on them. We learn every day. As we all look back in the year 2019, we reflect on our success and strive to be more successful. We reflect on our shortfalls as well and turn them into success stories in 2020.

Appreciation should also go to our Board Members who have been supportive in providing strategic guidance to management.



Working for Impact

We at Pakachere believes that the work we do is meaningful and leaves impact in the lives of many vulnerable populations. In 2019 our teams worked in 10 districts in partnership with the Government of Malawi and Ministry of health to reach the most vulnerable with health services. We pride ourselves in being one of the best local organisations in Malawi where excellency and results are at the heart of our work. In 2019, we celebrate the big leaps and milestones that we achieved as an organisation. We also celebrate the small wins which we believe have the potential of getting us to the change we need. We celebrate the following milestones that have been achieved in 2019:

- In September 2019, Pakachere became a local prime recipient of PEPFAR and USAID funding with our annual budget projected to increase with 50%.
- We continue to leave a footprint in bio-medical HIV Prevention. In 2019, 450 young women were enrolled on Pre-exposure prophylaxis as part of the Ministry of Health implementation study being implemented through FHI 360 and Pakachere IHDC with support from USAID
- Our advocacy work was both national and global. At national level we have been part of the Civil Society Advocacy Forum on HIV and other infections, we have been involved in Ministry of Health processes towards PrEP roll out, we have been involved in advocating for youth friendly sexual and reproductive health services and we have engaged in monitoring of the HIV Prevention Roadmap. At global level we continue to engage in global spaces through our partnership with AVAC and Frontline AIDS. We have engaged in conversations around Next Generation Trial Designs in HIV Prevention and CSO shadow reporting to UNAIDS on HIV Prevention Roadmap
- We implemented social and behaviour change interventions on malaria that reached 85,402 (37,533 males and 47,869 females) in Nkhotakota
- We provided key population friendly and stigma free services through safe spaces in Blantyre, Mangochi, Lilongwe and Mzimba which have continued to be centres of excellence in meeting the needs of FSWs and their sexual partners
- We delivered comprehensive HIV and sexual and Reproductive Health Services to Adolescent Girls and Young People, Female Sex Workers, Youth and Men through our 12 Drop-in-Centres, Outreach Clinics and Hybrid Facilities. Here are some of the highlights on service provision:
 - 16,646 marginalised individuals were reached with sexual and reproductive health services including HIV
 - 22,593 individuals were reached with HIV prevention programs
 - 7,467 individuals received HIV testing services through our programs in 2019
 - 902 individuals were newly diagnosed with HIV; of which 95% was linked to treatment services



Program snapshot

In 2019, Pakachere implemented several projects targeting young people, Adolescent Girls and Young Women (AGYW), female sex workers and their sexual partners and the general population. Core programs implemented in the year included:

- LINKAGES: Across the continuum of HIV services for key populations: a five year project implemented in Mangochi, Lilongwe, Mzuzu and Blantyre with support from USAID through FHI 360. This project came to an end on 30 September 2019. We have shared our five year journey with LINKAGES in this report
- HIV prevention for FSW, a global funded project implemented in Thyolo, Mulanje, Nkhata-Bay and Nkhotakota
- RHAP an advocacy project that was implemented in Dedza and Blantyre
- Advocacy for PrEP, a national level advocacy project supported through AVAC
- Promoting Malaria Prevention Knowledge in Nkhotakota, a social and behaviour change project implemented with support from USAID through MSH

Key Highlights from Projects and Activities:

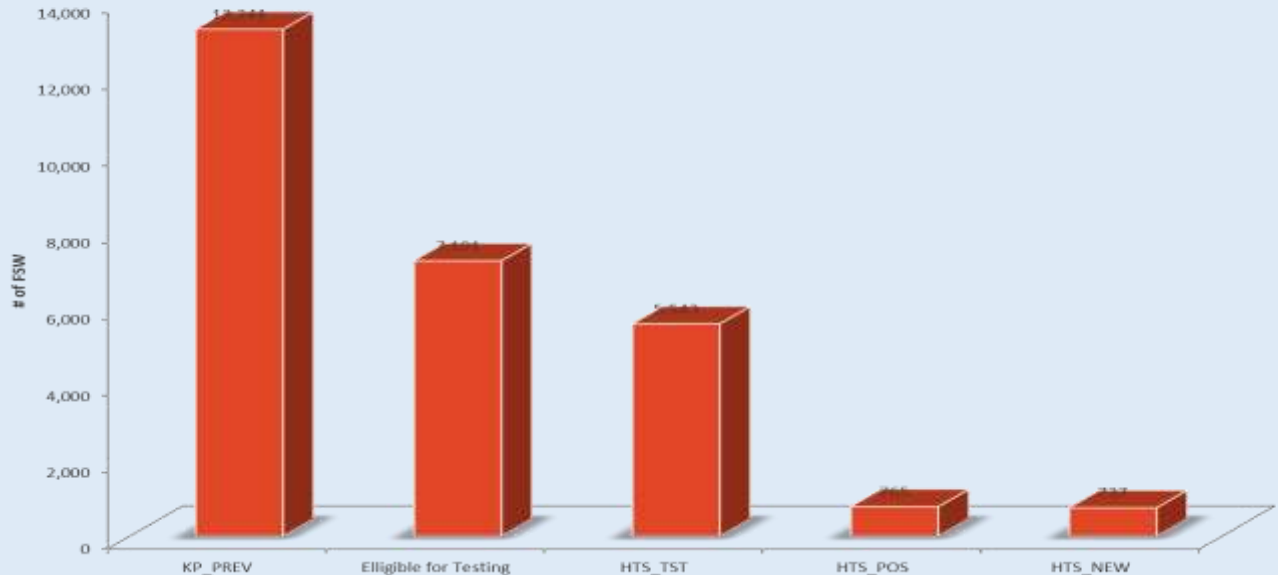
LINKAGES

2019 was the fifth and final year of the implementation of PEPFAR and USAID funded LINKAGES project which was implemented in partnership with FHI 360 among female sex workers in Mangochi, Mzimba, Lilongwe and Blantyre districts. The project aimed to reduce HIV transmission among female sex workers and improve the quality of life of key populations living with HIV. The project had three result areas as follows; (i) Increased availability of comprehensive prevention, care and treatment services, including reliable coverage across the continuum of care for KP, (ii) Demand for comprehensive prevention, care and treatment services among KP and (iii) Strengthened systems for planning, monitoring, evaluating and assuring the quality of programs for KP. In 2019 the following were some of the key achievements for the project;

- 13,241 FSW and 2027 clients of FSWs were reached with an HIV prevention packages in Lilongwe, Mzimba, Mangochi and Blantyre.



FY19- HIV Services Cascade for FSW



- 5543 FSW and 798 men accessed HIV testing services through the DICs and Outreach Clinics. Of the total tested, 765 FSW and 42 Clients of FSW were diagnosed with HIV; 737 FSW and 31 CFSW were linked to ART (66% uptake of HTS among those eligible; 13% positivity rate; and 95% linkage to treatment)
- 1123 FSW living with HIV were supported with ART services at Drop-in Centres whilst 4492 FSW on treatment in public facilities were supported with clinical services including peer navigation.
- 18,995 individual screening was done among FSW for STIs in the year with 5642 diagnosed and all of them treated. Among CFSW 1828 were screened for STIs and 180 were diagnosed and treated
- 3,492,485 male condoms, 107,091 female condoms and 1,012,893 lubricants were distributed in the year to female sex workers.
- 3023 family planning services were offered to FSWs in the year; of which 84% was Depo-provera, 14% Microgynon and 2% Implanon
- **644 FSWs** were screened for cervical cancer (**353 FSW** were HIV positive); **19 FSW (3%)** suspected cases were referred for cryotherapy
- **2380 HIVST** kits were distributed; 560 (**30%**) through direct-assisted model and 1834 through unassisted model; 43 had confirmatory testing and were positive. They were initiated on ART
- **541 AGYW** were reached with prevention services in Mangochi alone, 305 were tested, 16 tested positive (5%) and were initiated on ART
- 68 children of female sex workers were screened for OVC services in partnership with One Community, 84 children accessed HTC services and 3 were tested positive
- 13,878 FSWs were screened for violence, 293 GBV cases reported; 81% of all cases were reported in <24Hrs and 96% of all cases were responded to



Advocacy: Advocating for PrEP among AGYW

In 2019, Pakachere implemented an advocacy project that aimed to advocate for combination HIV prevention for Adolescent Girls and Young Women. The project was implemented with support from AVAC. Through this project the following key achievements were made;

- 48 PrEP champions from College of Medicine, Malawi University for Science and Technologies, Catholic University were engaged and trained on biomedical HIV prevention including Pre-Exposure Prophylaxis.
- 20 journalists have been mentored in reporting around HIV science and research on biomedical HIV prevention
- Participated in and influenced the design and development of the Malawi National Communication and Advocacy Strategy for PrEP 2020-2023.
- As a member of the CSO Forum, Pakachere has participated in PEPFAR COP development processes. The agenda of advocating for the provision of PrEP and PEP at tertiary institution clinics was included in the People's COP document which was presented to PEPFAR

Advocacy Wins!

1. Improved efficiency in media reporting and coverage for Bio-medical prevention
2. Building Momentum for PrEP advocacy among tertiary schools
3. Inclusion of PrEP for tertiary schools in People's COP agenda



Advocacy: Creating Urgency Among Youth to Demand SRHR Services

Right of youth to access family planning services is not just any other right but is a right that is key towards harnessing the demographic dividends. Pakachere has endeavored to advocate for family planning services with the view of contributing towards the attainment of demographic dividend of the country. Following the 2014 evaluation of youth friendly health services in Malawi which showed that only 13% of the youth knew of these services, Pakachere IHDC with financial and technical support from PAI, Champions of Global Reproductive Rights is implementing an advocacy project in Dedza and Blantyre. The aim of the project is for Blantyre and Dedza districts to have youth-led community-based systems for improved delivery and referrals for SRHR services which are resilient and sustainable. In 2019, Pakachere worked to achieve the following:

- Engaged stakeholders, partners and duty bearers responsible for the provision of sexual and reproductive health services in Dedza and Blantyre. The project has worked closely with district youth office and district health office.



- In Blantyre, stakeholders are working towards setting up a technical working group for family planning partners for youth as an outcome of engagement.
- Facilitated the strengthening of district youth network in Dedza where SRHR is one of the core agendas. 22 youth representatives were oriented and trained.

Pakachere advocacy work continues to influence and shape policy and practice by supporting youth led organizations to take active role in provision of SRHR services.

Advocacy Win!

“What we discovered as young people is that most of the faith based health facilities do not make provision for condom distribution among young people. This we realised was a gap and barrier. What we did was there discuss with duty bearers the importance of creating spaces within a traditional authority where young people can have alternative places to access condoms when they need them”

Young Person- Dedza



Advocacy: Monitoring the implementation of HIV Prevention Roadmap

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the HIV Prevention 2020 Road Map which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes. The Road Map commits countries to a 10-point plan. In 2019, Pakachere IHDC in partnership with Civil Society Advocacy Forum facilitated processes of monitoring the implementation of the 10-point action plan in Malawi. This included being involved in wider CSO stakeholder consultation on the report that was tracking state of HIV prevention in Malawi but most critically included the writing of a shadow report done from a civil society's perspective on how Malawi performed in 2019. This report was launched in Kigali Rwanda together with reports from Kenya, Mozambique and Nigeria. Pakachere believes that we need to continue to put measures of accountability for government, CSOs and all other stakeholders.



Picture: CSO engagement on HIV Prevention Roadmap

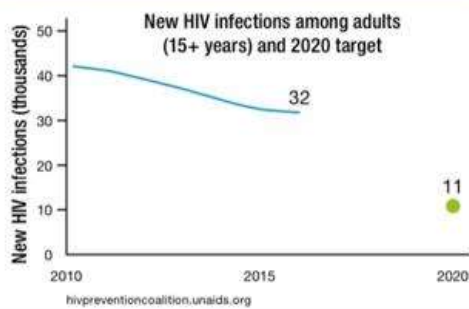


https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/04/FrontlineAIDS_Malawi_SR_WEB.pdf



Malawi HIV prevention shadow report

On track to meet the 2020 target?



Stigma & discrimination

Discriminatory attitudes towards people living with HIV

14.9%

Global AIDS Monitoring data 2016/ DHS 2015-2016

Gender-based violence

Prevalence of recent intimate partner violence among women (15-49)

22.1%

Global AIDS Monitoring data 2016/ DHS 2010

Key populations

	Men who have sex with men	Sex workers	People who use drugs	Transgender people
Latest size estimate conducted in:	2016*	2014	NO DATA	NO DATA
<small>Global AIDS Monitoring data 2016</small>	<small>*sub national only</small>			

Young people (15-24)

Knowledge about HIV prevention



Global AIDS Monitoring data 2016 / DHS 2015

Harm reduction

Supportive reference to harm reduction in national policy documents

NO DATA

Global State of Harm Reduction 2016

Summary of civil society analysis

Malawi has made impressive progress in controlling the HIV epidemic in recent years. However, lack of robust data, moral or religious concerns and punitive laws have held up the provision of HIV and health services for those who need them most including key populations and adolescent and young women.

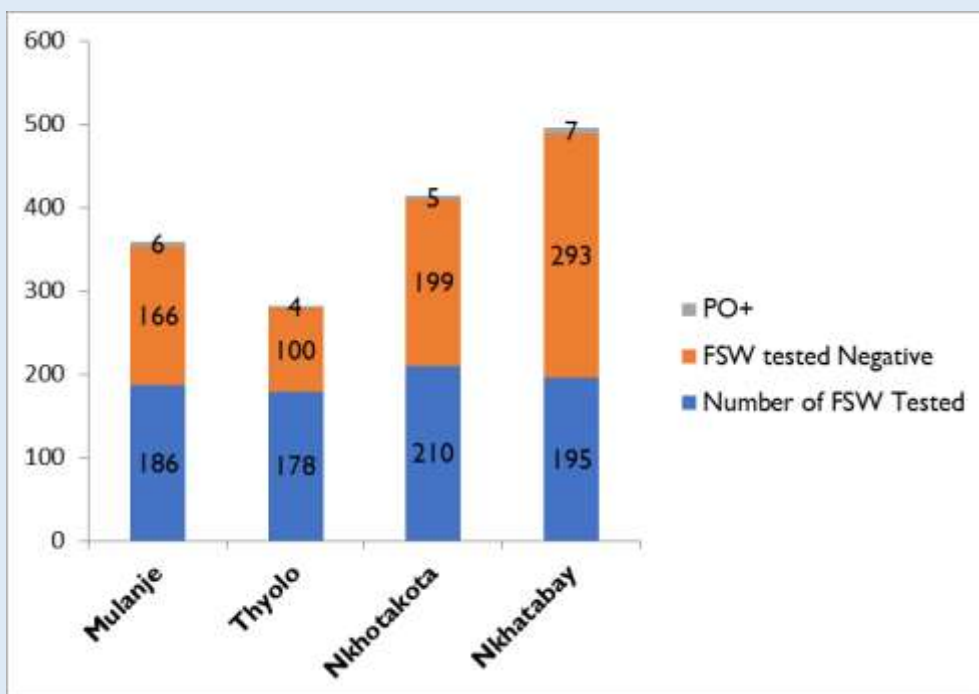
The 2017 HIV bill is a huge step forward but does not address all the structural barriers. Malawi's progress towards the 2020 goal can be accelerated if civil society organisations, including key population organisations, are engaged in setting targets, delivering services, and monitoring progress of HIV prevention efforts.



HIV Prevention for Female Sex Workers (FSW) – Global Fund

Pakachere IHDC with support from Global Fund through ActionAid Malawi (the principal recipient) and FPAM (the sub-recipient) implemented a 'Global Fund Female Sex Workers Project' which is an HIV prevention project among key populations. The project was implemented in Mulanje, Thyolo, Nkhota-kota and Nkhata-bay. The project sought to reduce new HIV infections among female sex workers hence contributing to the elimination of HIV transmission by 2030 and reducing HIV related morbidity and mortality among female sex workers. The following were key achievements for 2019 implementation year:

- 2,827 FSWs were reached with a defined HIV prevention package
- 769 FSWs were tested for HIV and they received their results; 683FSW tested HIV negative and 79FSW tested HIV positive and were enrolled on ART



Number of FSWs that underwent HTC during outreach

- 963 FSWLHIV were provided with community support services by peer navigators whilst 67FSW who defaulted were brought back to care (12 were identified and brought back to care during outreach clinics and 55 were identified and brought back into care by Peer Navigators)
- 2,276 FSWs were screened for STIs; 1,124FSWs were diagnosed, 1003 FSWs were treated on site and 203 FSWs were referred for both first line and second doses of treatment
- 502FSWs accessed depo provera, 82 accessed microgynon, 16 accessed implanon and 15 accessed jadelle
- 1,027,852 male condoms and 554,109 lubes were distributed in the 4 implementation districts



- 2,161 FSW screened for TB, 183 FSWs were presumptive cases and 6 FSWs tested positive and enrolled on treatment
- 2,215 FSW underwent GBV screening; 2 were referred for PEP and emergency contraceptives, 6 were referred to police for support
- 565 FSW screened for cervical cancer, 22 were diagnosed and were all referred for treatment

Promoting Malaria Prevention Knowledge among Children in Mchinji



Malaria is one of the serious public health problems in Malawi and Nkhosakota district is not exceptional. Despite considerable efforts like IRS, ITP among pregnant mothers, provision of mosquito nets to pregnant and new born babies as a means to control, the disease statistics shows that the disease is still a public concern in Nkhosakota district. In 2019, Pakachere worked in two traditional authorities in Nkhosakota (T/As Mwadzama and Mwansambo) to increase knowledge and awareness of malaria prevention and treatment. This intervention utilises social and behaviour change communication to work with community health structures, the village health committees (VHC) and community health structures such as the CHAG. The activities target community members to build capacity for the adoption of best practices to prevent malaria and promote health seeking. In our work in Nkhota-Kota in 2019, we registered some achievements as outlines below;

- Through a mapping exercise, 969 villages from the 43 CHAGs/GVH were mapped. The 969 villages are the gazetted from the 20 CHAGs/GVH in T/A Mwansambo, and 23 CHAGs/GVH from T/A Mwadzama.



- The project conducted health talks and sessions with pregnant and lactating mothers as a high risk group for malaria. 3463 are lactating mothers and 721 are pregnant young women were reached with the malaria intervention
- 42,060 people are reached with malaria messages through open air events in the two communities. Out of the total 20,459 are females and 21,601 are males.
- A total of 3,343 houses are reached by trained health promoters/change agents delivering malaria messages to the household with malaria messages conduct door to door visits to deliver malaria prevention messages. 4,398 people have been reached through door to door messaging. Out of the total 3509 are females and 889 are males.
- A total of 8554 people have been reached with key malaria messages through community theatre. Out of the total, 4188 are men and 4366 are women

Supporting Organisations in Capacity Development

In 2019 Pakachere IHDC supported several organisation in capacity development and technical strengthening;

- Through GIZ and National AIDS Commission partnership, Pakachere trained over 100 health care workers from 11 districts supported by global fund in key population programming. The training were delivered using a standard curriculum developed by Pakachere. The trainings were both at national and regional level. Pakachere also supported National AIDS Commission with technical assistance in key population standard operating procedures. Through the same partnership, Pakachere also worked with World Vision to strengthen its Social and behaviour change interventions in Global Funded project.

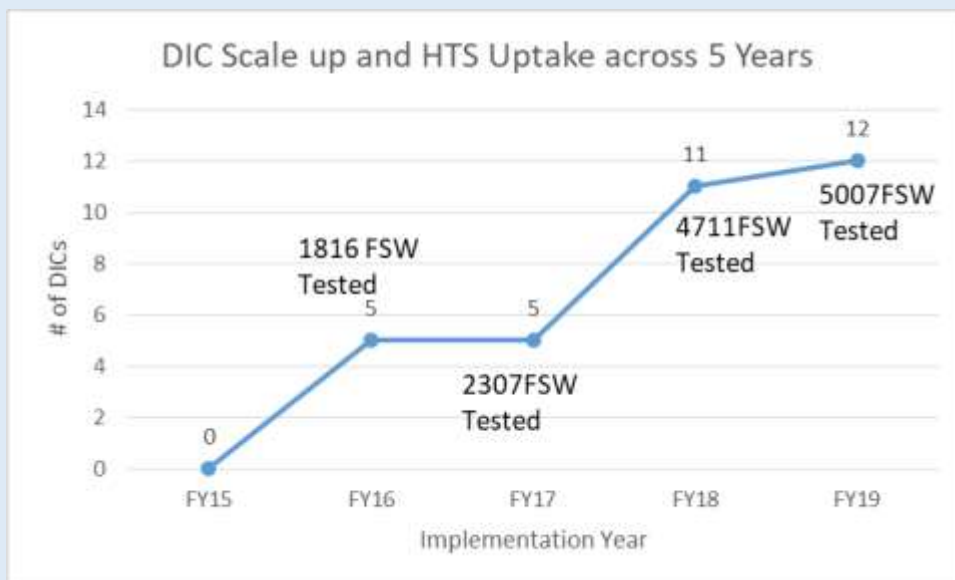


Celebrating LINKAGES: A Five Year Journey

Pakachere IHDC became one of the implementing partners for LINKAGES Malawi in 2015. At that time LINKAGES had started implementation in four districts, working to reduce new HIV infections among sex workers and MSM. Pakachere started implementation in Blantyre and Mangochi in 2015. At the time that the project was starting, most of the services that the organization was providing were through outreach service delivery model.

To expand the service delivery models in 2016, FHI 360 supported Pakachere IHDC to set up an initial five drop-in centers, 3 in Blantyre and 2 in Mangochi. These drop-in centers were set to meet minimum standards of a safe space for female sex workers. Guidance from University of Manitoba and the India safe space sites was used. Female sex workers were consulted on locations of drop-in-centers. By mid-2016, all Drop in Centers in the five sites were operational. This therefore meant Pakachere was offering services through outreach, DICs and hybrid facilities. The sites started offering minimal services such as HIV Testing and STI Management. Other services were often referred to other facilities.

By 2017, through partnership with MoH and District Health Offices, Drop in Centers started offering comprehensive services including ART initiation, Family planning services and Cervical cancer screening. At the beginning of fourth year of implementation, Pakachere IHDC expanded to Lilongwe and Mzuzu, thereby managing a total of 11 Drop in Centers in LINKAGES. At year five, Pakachere had been managing a total of 12 drop in centers that were offering both clinical and non-clinical services. Figure 1 below shows number of DICs that were operational in each fiscal year and how many female sex workers accessed HIV testing during that year.

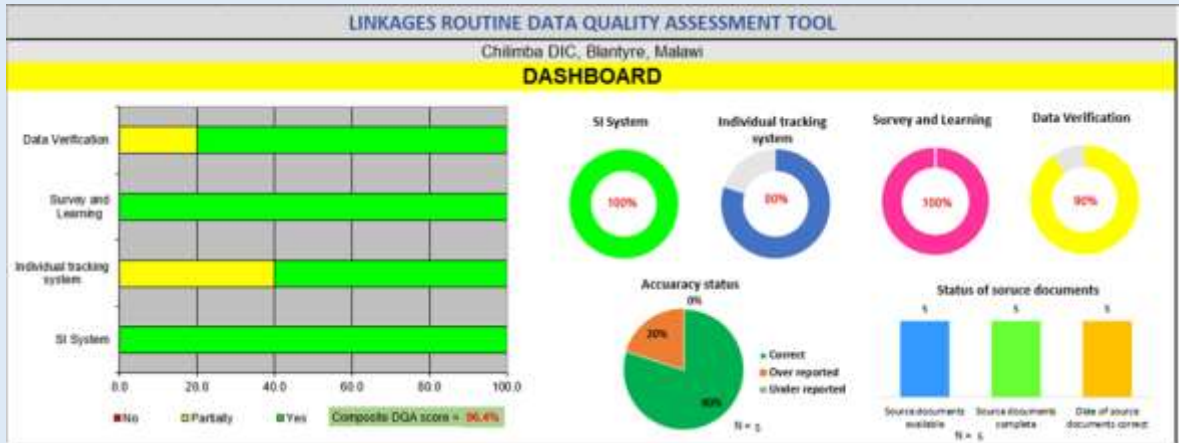


There are innovations and highlights that LINKAGES has had through the DICs.

- Quality of Care:** All Drop in centers managed by Pakachere has endeavored to maintain standards and quality over the years. In each of the implementation year, these sites were visited and assessed for standards at times through SIMS and at other times through DQAs.



All assessment has shown efforts in maintaining standards and quality over the past five years. Figure 2 below shows results from an external DQA process conducted at Chirimba DIC in Blantyre on August 23, 2018 with an overall score of 96.4%..



- **Differentiated Service Delivery:** The DICs has been a platform for differentiated service delivery for female sex workers. Services have been tailored to meet specific needs of female sex workers. FSW have been critical in deciding what services the DICs offer, the time that the services are offered and the place where they are offered.
- **Client Data Management:** Each of the DIC has managed its data through individual level data. This continuously enhanced program standard and data management for the DICs
- **Client Engagement and Feedback:** The DICs were structured in a way that allowed for FSW to provide feedback to how programming was done. This was through suggestion boxes at DICs, DIC committees that consisted of FSWs and was a quality arm for implementation. In 2016, the site of the first DIC was changed to another location in Chirimba because of feedback from female sex workers themselves.
- **Strategic Partnerships:** For the DICs to be efficient critical partnerships were forged with DHOs, Police and other stakeholders. District health facilities supplied DICs with all medical supplies and Malawi police supported GBV. Without these partnerships the DIC services would have been very limited.

Over years Pakachere IHDC has hosted high level delegations and visitors who were visiting LINKAGES DIC sites as centers of learning and excellence.



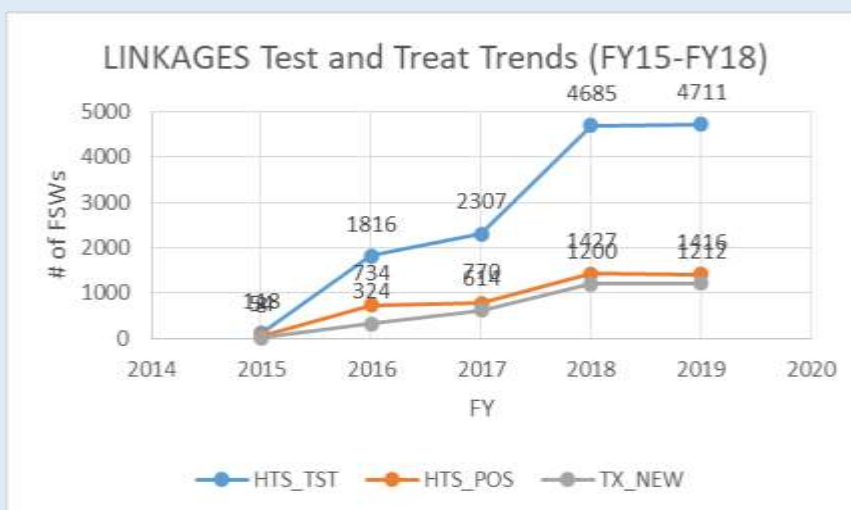
Debra Messin in the middle -Visit to Naperi DIC



USAID Visit to Naperi DIC

Through all the five years of implementation, LINKAGES at Pakachere aligned to national policies and agendas. One such policy that LINKAGES has worked in the five years to implement is the ‘test and treat policy’. Under LINKAGES at Pakachere, ART was being provided at DICs as outreach clinics for mother facilities. This model has been extremely successful. Recent reports confirmed that client’s linkage to ART improved from 15% in 2015 to 84% in 2018, to 94% in 2019. **Figure below** provides further details.

Figure 30 Trends of HIV testing in LINKAGES districts under Pakachere 2015-2019



Increase in HTS due to expanded coverage to Mzuzu and Lilongwe

Case detection has been decreasing over years

Linkage to treatment has been strengthen

In Quarter four of the final year, ART linkage rates were at 96%.

Gender Based Violence Prevention and Response under LINKAGES Pakachere

GBV remains a key intervention area for key populations more so sex workers. Through the implementation of LINKAGES across the five years, Pakachere IHDC has been supported to



strengthen its ability to respond to gender-based violence among female sex workers. Pakachere IHDC staff in LINKAGES have been trained in GBV prevention and response. All peer volunteers have also been trained in GBV response. Over the years, Pakachere IHDC has been delivering GBV screening, reporting and response activities through DICs, hybrid facilities and peer cadres at hotspot level. In the initial years of implementing LINKAGES, very few cases of GBV were being reported and responded to. However, following the training in 2017, active screening of GBV at hotspot level and DIC level led to more reported cases of violence and better response. Figure 31 below shows an incremental trend in GBV reporting across the quarters. This continued to the time the project is closing

In each of the district, LINKAGES has put systems in place to respond to violence through the crisis response teams. The existence of these structures has ensured that LINKAGES effectively and timely respond to gender-based violence. This is a lasting legacy from LINKAGES.

LINKAGES legacy in Data Management

LINKAGES in Malawi has been a trend setter in key population programming in Malawi. Over the five-year implementation LINKAGES has influenced standards for service delivery, data management and peer led interventions for key populations. One of the areas that LINKAGES has led in Malawi is the use of unique identifier codes for key population programming. In 2016, LINKAGES through its implementing partners including Pakachere IHDC rolled out the use of UICs for its key population data to improve on data fidelity. Pakachere IHDC was one of the first implementing partners to start using UICs. Prior to the use of UICs, there were anticipated challenges and risks that were there including issues around double counting, confidentiality and data quality in general. From the time that UICs were implemented, the quality of the data improved across the HIV services cascade. In 2018, the Global Fund KP module also adapted the use of UIC. There are current advocacy efforts in place to ensure that Malawi as a country develop a national UIC system for KP to address challenges of mobility across project so that national level data is also deduplicated. All these processes have been possible because of LINKAGES innovation in its data management processes.

Key Population Capacity Building

One outstanding legacy for LINKAGES has been capacity invested in key populations themselves to design, monitor and implement HIV prevention, care and treatment support services. Over the past five years, LINKAGES at Pakachere has worked with over 250 peer volunteers to deliver HIV prevention at hotspot level and support FSW living with HIV with community care. For the peer cadres to deliver, there has been investments made towards capacity building, trainings, mentorship and ongoing coaching throughout the project period. Peer volunteers were trained using standard curriculums in peer education, peer navigation, microplanning, gender-based violence prevention and response and index testing. The trained peer cadres have taken a leading role in ensuring that LINKAGES reach populations that are often hard to reach.

At Pakachere LINKAGES has further build capacity for a cadre of outreach workers as community health care workers. Pakachere IHDC has 16 outreach workers, out of which 10 are sex workers. The outreach workers are full time staff at Pakachere IHDC, and they have been trained and mentored in all aspects of KP programming including supporting community outreach, referrals and follow up and microplanning. This cadre's capacity has enabled them to present at international and



national conferences about the work that LINKAGES does. Figure below shows four posters presented at ICASA in 2017, 3 of which were first authored by outreach workers.



Efficiencies in Commodity Management

LINKAGES Malawi in 2016 engaged Ministry of Health to have a parallel supply chain mechanism for key population commodities to address issues around condom stock outs. Initially condoms and lubricants were supplied by respective district offices for the project. This posed some challenges as the needs for key populations for commodities could not be met through the traditional supply system. Through partner engagement with MoH and department of HIV, LINKAGES in 2016 started to receive commodities through HP+ and PSI Malawi. This entailed the development of commodity requisition and reporting system by implementing partners like Pakachere to HP+. Since this system was put in place, LINKAGES effectively addressed commodity stock out issues and the project has had an effective condom and lubricant management system. Over the five years Pakachere IHDC has distributed male and female condoms and lubricants through peer volunteers and health care workers as below;

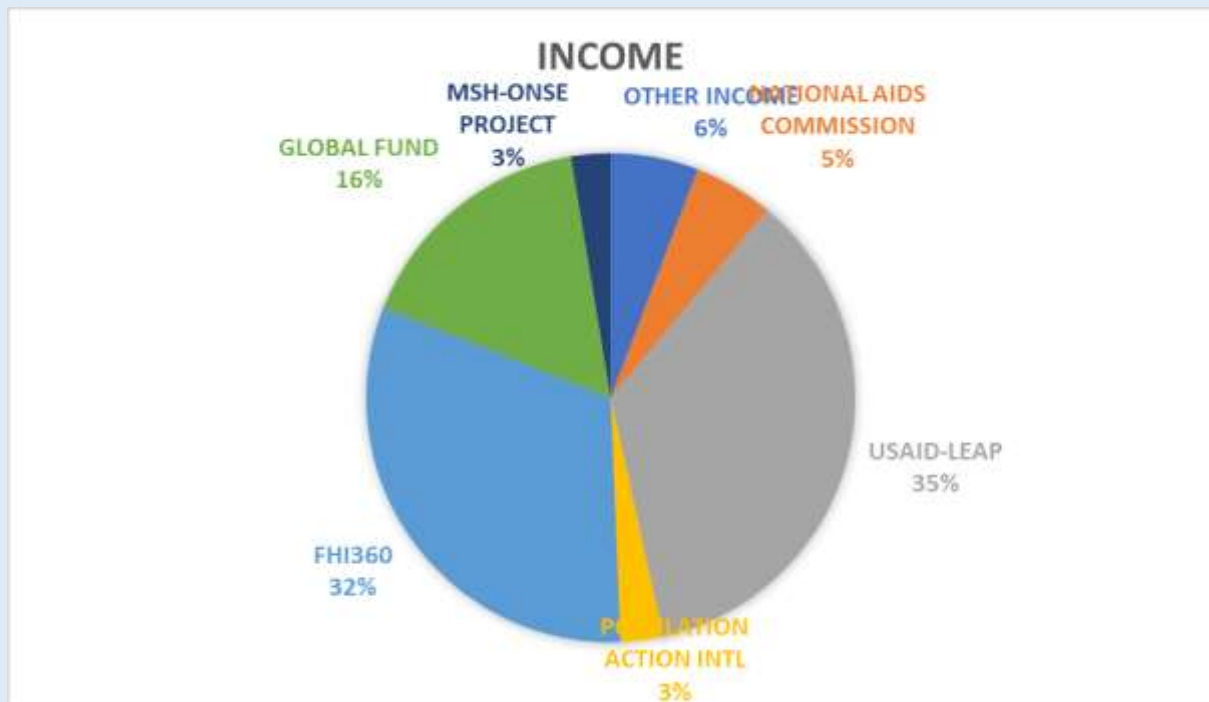




Pakachere IHDC celebrates the achievements that LINKAGES had through impacting individual lives of FSWs, our peer volunteers and staff. Critically Pakachere celebrates its growth through LINKAGES, from a purely SBC organization to a service delivery implementing partner in Malawi

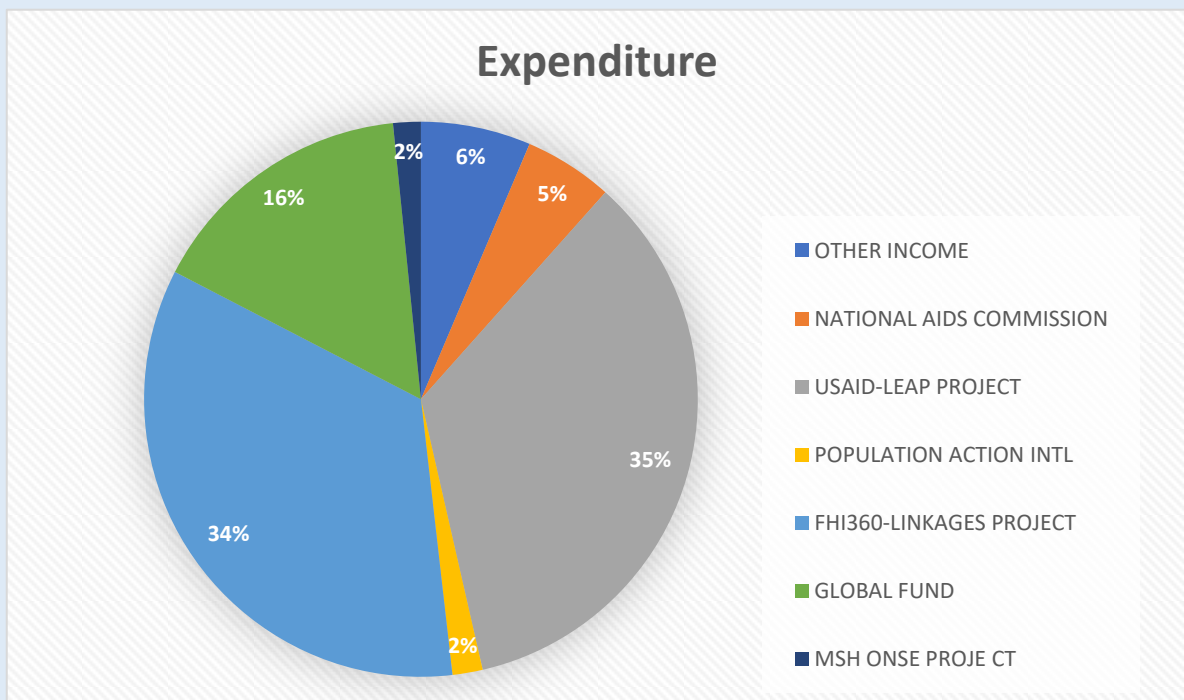
Finances

INCOME	AMOUNT
OTHER INCOME	74,501,620
NATIONAL AIDS COMMISSION	67,404,768
USAID-LEAP	454,969,479
POPULATION ACTION INTL	36,103,948
FHI360	405,800,070
GLOBAL FUND	209,928,070
MSH-ONSE PROJECT	33,500,000
TOTAL INCOME	1,282,207,955.64





EXPENDITURE	
OTHER INCOME	75,652,462
NATIONAL AIDS COMMISSION	61,201,588
USAID-LEAP PROJECT	410,291,973
POPULATION ACTION INTL	20,788,120
FHI360-LINKAGES PROJECT	405,511,679
GLOBAL FUND	186,258,137
MSH ONSE PROJE CT	19,031,257
TOTAL EXPENDITURE	1,178,735,214.81





Our Funding Partners

