



FINAL DRAFT
MANASO 2024-2030 STRATEGIC PLAN

Disclaimer

This publication has been produced with funding from National AIDS Commission for purposes of developing MANASO Strategic Plan. The contents of this publication are the sole responsibility of MANASO and can in no way be taken to reflect the views of National AIDS Commission.

VISION

A healthy society free from HIV and AIDS and associated public health issues.

MISSION

To provide Coordination, leadership to Civil Society Organizations on HIV and AIDS response, and associated public health issues.

CORE VALUES

Accountability and Transparency:

Our processes are open and available all the time for scrutiny

Diversity and inclusion:

We believe in equality and equity in all aspects. We operate in no discrimination space

Integrity and honesty:

We practice what we advocate for

Collaboration:

We believe in collaborations, partnerships and joint efforts

Member-Driven: As a network we call on our members to be actively engaged in moving forward the vision, mission and work of the Network.

Table of Contents

VISION	i
MISSION	i
CORE VALUES	i
ACKNOWLEDGEMENTS	vi
STATEMENT BY THE CHAIRPERSON OF THE BOARD	1
EXECUTIVE SUMMARY	3
1.0 INTRODUCTION	9
2.0 METHODOLOGY	9
3.0 CONTEXT: GLOBAL AND LOCAL FRAMEWORKS.....	10
4.0 OVERVIEW OF THE HIV PANDEMIC AND OTHER PANDEMICS RESPONSE IN MALAWI.....	12
4.1 HIV and AIDS Interventions Coordination in Malawi	12
4.2 HIV and AIDS Situation and Response	12
4.3 Determinants of HIV Infection	13
4.4 HIV Prevention	13
4.5 Adolescent Girls and Young Women (AGYW)	14
4.6 Financing for HIV Prevention in Malawi	14
4.7 Sexual Reproductive Health and Rights	15
4.8 Sexual Violence and abuses Rights (SRHR)	15
4.9 Nutrition.....	16
4.10 Humanitarian Response	16
4.11 Malaria	16
4.12 Tuberculosis.....	16
5 ENVIRONMENTAL SCAN	17
5.1 PESTEL Analysis Results.....	17
5.2 SWOT ANALYSIS	20
8 OVERVIEW OF MANASO.....	27
8.1 Operating Framework	27
8.2 Thematic Areas	27
8.3 MANASO Mandate	27
8.4 MANASO Theory of Change	27
MANASO Theory of Change	28

8.5	MANASO Approaches	29
9	EMERGING STRATEGIC ISSUES	31
9.1	Financial Growth	31
9.2	Mandate Execution	32
9.3	General Assembly	33
9.4	Governance Arrangements.....	34
9.5	Image and Integrity MANASO.....	34
9.6	Institutional Arrangements and Capacity	35
10	STRATEGIC DIRECTION	36
11	STRATEGY MAP	37
12	STRATEGIC PILLARS AND OBJECTIVES	38
13	IMPLEMENTATION PLAN	40
13.1	Pillar #1: Coordination and collaboration / partnership.....	40
13.2	Pillar #2: Advocacy and Knowledge sharing.....	45
13.3	Pillar # 3: Financial Sustainability	48
13.4	Pillar #4: MANASO Image and Visibility.....	50
13.5	Pillar #5: Institutional Capacity and capabilities	53
14	STRATEGIC PLAN MONITORING	57
	Appendix 2: List of People Consulted	59

Acronym

AGM	Annual General Meeting
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
ASO	AIDS Support Organisation
BGM	Biennial General Meeting
BMGF	Bill and Melinda Gates Foundation
CBDA	Community-Based Distribution Agent
CBO	Community Based Organisation
CDC	Centers for Disease Prevention and Control
	Convention on the Elimination of all Forms of Discrimination Against
CEDAW	Women
CONGOMA	Council for Non-Governmental Organisations in Malawi
COVID	Corona Virus Disease
CSO	Civil Society Organisation
DREAM	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
EHP	Essential Health Package
FSW	Female Sex Worker
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoM	Government of Malawi
HIV	Human Immunodeficiency Virus
HR	Human Resources
HRM	Human Resources Management
HTC	HIV Testing and Counseling
ICT	Information and Communication Technology
IEC	Information, Education and Communication
INGO	International Non-Governmental Organisation
JONEHA	Network of Journalists Living with HIV and AIDS
KP	Key Populations
M&E	Monitoring and Evaluation
MANASO	Malawi Network of AIDS Support Organisations
MANET+	Malawi Network of People Living with HIV
MBCHealth	Malawi Business Coalition on Health
MEAL	Monitoring, Evaluation and Learning
MoH	Ministry of Health
MoHP	Ministry of Health and Population
MPF	Malawi HIV and AIDS Partnership Forum
MPHIA	Malawi Population-based HIV Impact Assessment

MSM	Men who have Sex with Men
NAC	National AIDS Commission
NAPHAM	National Association of People Living with HIV
NCTP	National Tuberculosis Control Programme
NGO	Non-Governmental Organisation
NSO	National Statistical Office
NSP	National Strategic Plan
PEPFAR	US President's Emergency Plan for AIDS Relief
PESTEL	Political, Economic, Social, Technological, Environmental and Legal
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-exposure Prophylaxis
SADC	Southern Africa Development Community
SDG	Sustainable Development Goal
SGBV	Sexual and Gender Based Violence
SME	Small and Medium Enterprise
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TMA	Total Market Approach
UNAIDS	The Joint United Nations Programme on HIV/AIDS
USD	United States Dollar
VMMC	Voluntary Medical Male Circumcision
NYCOM	National Youth Council of Malawi
MIAA	Malawi Interfaith AIDS Association
AMREF	African Medical and Research Foundation
COWLA	Coalition for Women Living with HIV and AIDS
CCM	Country Coordinating Mechanism
NTLEP	National Tuberculosis and Leprosy Programme

ACKNOWLEDGEMENTS

The Malawi Network of AIDS Service Organisations (MANASO) Board wishes to acknowledge the cooperation received from key stakeholders of MANASO during the development of the 2024-2030 Strategic Plan. The MANASO Board would like to single out the pivotal role played by the Executive Director, Mrs Emily Kayimba, in providing guidance to the consultant through-out the entire development of the plan. She coordinated the process by making necessary documents available for review and facilitated contacts with various stakeholders.

In addition, the MANASO Board is grateful to all stakeholders' demonstrated interest and willingness to provide information. They made themselves available for consultations and validation of the process outputs; something we do not want to take for granted. The Board further acknowledges with thanks to facilitators of this Strategic Plan development process, led by Joseph Makuwira who was assisted with Davie Kalomba and John Kadzandira, PhD.

STATEMENT BY THE CHAIRPERSON OF THE BOARD

I am pleased to present MANASO 2024-20230 Strategic Plan (SP). The Strategic Plan (SP) shall guide MANASO's work, using the Human Rights Based Approach. Further, MANASO shall also work with all Civil Society Organisations (CSOs) and non-governmental organisations (NGOs) in rural and urban settings, operating in the HIV and AIDS, Malaria, Tuberculosis (TB), Hepatitis, gender-based violence (GBV), Sexual and Reproductive Health and Rights (SRHR) and Nutrition spaces.

MANASO believes that effective change comes when institutions collaborate and have common voice. It is aware that advancing agenda and influencing policies will require evidenced-based approaches. This will extend to participatory initiatives in all programming. All these efforts shall be based on Human Rights Based Approaches that ensure that all programming and activities have a human rights orientation.

I note with satisfaction that the SP benefited from a highly participatory process, involving a cross section of our key stakeholders, resulting in robust and cutting-edge innovative initiatives that I am sure will see effective implementation of the Plan.

I am pleased to note the commendable strides made during the implementation of the previous Plan, even though the operating environment was extremely challenging, characterised by unstable macro-economic factors and the Covid-19 pandemic. It is from this context that I am very enthusiastic and optimistic that this plan shall equally be a great success.

I sincerely hope that the spirit of cooperation among stakeholders that characterised the development of this Plan will continue into its implementation, as it will take more than MANASO to ensure its success. I would also want to believe that Government and Development Partners will continue to provide unwavering support to MANASO for the benefit of the people of Malawi. The Plan will require financial resources for its implementation. This means our current funding institutions are encouraged to continue with their support and others should be inspired to do so.

I am hopeful that the collaboration and engagement that have been taking place at the district councils and communities shall not only be maintained but embraced in all programming and operations.

I am certain that our MANASO efforts are direct contributions to the national agenda Malawi 2063, the Regional Protocols and the Global Sustainable Development Goals.

I wish all stakeholders a successful participation in this 2024-20230 Strategic Plan.

Maziko Matemba (Mr)
CHAIRPERSON

STATEMENT BY THE EXECUTIVE DIRECTOR

MANASO has developed this 2024-2030 Strategic Plan for guidance in undertaking its mandate over the next five years of the plan. This is the successor plan to the previous one that expired in 2021.

This Strategic Plan was developed in a highly participatory manner, to ensure relevance and ownership of the product. A thorough assessment of the operating environment for MANASO informed the Strategic Plan development process. The assessment entailed consultations with a cross section of stakeholders of MANASO to obtain their inputs on the extent to which MANASO objectives were met, as well as their perceptions of the issues that need to be addressed in the 2024-2030 period.

In general, MANASO made some commendable strides over the years. These include the improved coordination of the membership and resourcing of the Secretariat. On the diversification drive, MANASO attempted to embrace other thematic areas. In addition to the HIV and AIDS, MANASO incorporated the TB, Malaria, Hepatitis, SRHR, GBV and Nutrition, as new thematic areas of focus.

Despite the commendable strides that MANASO has achieved, it is experiencing a number of challenges, which could erode the gains made. These challenges are summarized into five strategic issues as follows:

- i) Need for more coordination and collaboration/partnership
- ii) Inadequate advocacy and knowledge sharing
- iii) Financial unsustainability
- iv) Low MANASO image and visibility
- v) Inadequate institutional capacity and capability

As a response to these strategic issues, MANASO has set strategic goals, under the which shall be pursued over the next five years. The five goals which shall drive this Strategic Plan are as follows:

- i) Coordination and Collaboration/partnership
- ii) Advocacy and Knowledge Sharing
- iii) Financial Sustainability
- iv) MANASO Image and Visibility
- v) Institutional Capacity and capability

Detailed strategies and corresponding activities have been put in place for achievement of the set Goals, including a monitoring and evaluation framework to facilitate tracking of progress of the implementation of the Strategic Plan.

Emily Kayimba (Mrs.)
EXECUTIVE DIRECTOR

EXECUTIVE SUMMARY

Malawi Network AIDS Service Organizations (MANASO) has developed a 2024-2023 Strategic Plan. The situation analysis was conducted by engaging key stakeholders of the MANASO for inputs on the extent to which MANASO has been meeting its mandate, as well as their perceptions on the issues that need to be addressed within the period of 2024-2030. The Plan implementation factors and mechanisms have been duly incorporated.

Institutional Governance

MANASO is mandated to coordinate Civil Society and Community-based Organizations, through a human rights-based approach to community systems strengthening for health, so that ultimately, all Malawians can lead a life free from HIV, TB, and Malaria. It has also embraced fights against Hepatitis, Gender Based Violence, promotion of Sexual Reproductive Health and Rights and Nutrition. It is a member-based organization and has the Board whose members are drawn from the member organizations. However, it has decided to incorporate two members who are not members of MANASO for rare skills inclusion and strengthening of its independence. The Board provides oversight role. There is a secretariat headed by the Executive Director who is responsible for the daily operations in coordinating the members. The plan intends to strengthen the Board membership and its oversight role.

Emerging Strategic Issues

The key emerging strategic issues come from consultations with a cross section of stakeholders, literature review, as well as observations. These issues are a product of a systematic synthesis of the data and information, culminating into strengths, weaknesses, opportunities and threats in the internal and external environment of MANASO.

The key emerging strategic issues are:

i. Financial Growth

MANASO has managed to increase funding for its operations over the years. However, sustainability of such funding inflows remains erratic and unpredictable, as explained below:

Financial sustainability: MANASO managed to increase its revenue from USD287,991 in 2020, to USD1,508,579 in 2022, representing a 524% increase, as shown in (Table 11). However, over 90% of this revenue were grants from development partners. Whilst the grants increase could demonstrate donor confidence in MANASO, the extent of overreliance on these grants poses significant sustainability challenges. The ratio of self-generated versus grants is too high. After funding from grants, the other source of income is the member subscriptions. The financial revenue sources are narrow and restrictive.

ii. Mandate Execution

MANASO witnessed some challenges to effectively execute its mandate in terms of:

Coordination and Capacity Development

According to article 10 of the constitution, MANASO is a coordinating body for all NGOs, CBOs and CSOs in the HIV and AID response. Whilst that is being executed there is a strong

growing perception among member organisations, local and international NGOs, as well as funding partners that MANASO is becoming a direct program implementer, thereby encroaching into its own members' space. On the other hand, the Secretariat feels that the nature of the projects it has been implementing are of a coordination nature. This clearly shows knowledge asymmetry between the Secretariat and its stakeholders, and therefore requires aggressive communication and information sharing, to clarify matters or re-align focus.

Further, MANASO had limited efforts on capacity development for its members. It did not develop a capacity development agenda and strategy for the same.

Advocacy and knowledge sharing

Advocacy and knowledge sharing requires continuous innovation, creation of multiple platforms and maximized utilization of existing ones, to fully accomplish the relevant objectives. While platforms such as district committees, Civil Society (CSO) networks and the Global Fund Country Coordinating Mechanism, the Malawi HIV and AIDS Partnership Forum, and others do exist, there is an observation by stakeholders that these have not been fully exploited to the benefit of MANASO in its quest for sustained stakeholder engagement and communication, as well as effective policy influence.

Service Portfolio and Thematic Focus

Since 2019, guided by its strategic plan, MANASO diversified from its primary focus on HIV and AIDS interventions to embraced other related areas i.e TB, Malaria, SGBV, SRHR and Nutrition. However, the articles on the objectives in the Constitutions did not reflected that direction.

The objectives are specific for HIV and AIDS, thereby rendering less authority, power and legality to embrace other thematic areas. The upcoming Functional Review must endeavour to resolve this discrepancy.

Membership

The Constitution provides wide constituents for potential membership. However, MANASO has remained focused on NGOs and CBOs. Within the NGO and Civil Society space, MANASO has been focusing on the local NGOs. MANASO has had challenges to grow the membership, because it failed to demonstrate its relevance to the interests of existing and potential members. In addition, MANASO did not extend the membership to cater for other types of institutions.

General Assembly

Article 42 of the MANASO Constitution requires that it holds the biennial general meeting (BGM) every two years. This has not taken place for more than six years. This implies that MANASO is operating on a compromised credibility. Factors such as lack of financial resources have had an impact on this, the practicality hence the general membership are unable to share their experiences affecting.

Governance Arrangements

According to Articles 36 of the Constitution, the Board of MANASO and its member structures are supposed to run a maximum of two terms of 3 years each. However, the serving MANASO Board and its member structures are supposed to conduct AGMs as per the Articles. Despite this challenge the MANASO Board provides its oversight role to the organization.

iii. Image and Integrity MANASO

MANASO enjoy a great acceptance amongst its members and is well recognized in the national response to HIV and AIDS. It also enjoys the credibility amongst the development partners in the country. However, there are some issues that need attention to enhance the positive image.

Integrity: MANASO's role to coordinate, facilitate capacity building, advocate for policies is compromised by the institutional integrity challenges that include:

- a) MANASO is expected to propagate best practices for governance in the member institutions. However, as discussed above, the governance of MANASO itself is compromised.
- b) The institution is supposed to promote transparency and accountability, even at Secretariat level. There is evidence that MANASO has been conducting independent audits for its accounts and financial reviews by specific funding partners, such as USAID and UNAIDS.

Brand Value: MANASO, as a corporate brand, has great recognition, but largely for coordination of the response to the HIV and AIDS, and little for the other related areas (e.g. TB and Malaria). The brand name has created a biased perception that it can only handle HIV and AIDS specific issues. MANASO has had a challenge to effectively communicate and broaden the brand value expectations. Since MANASO is a great brand, it is considered to be retained whilst embracing other thematic areas

Mandate: The Vision empowers it to offer services that are directly or indirectly related to HIV and AIDS. Although the vision could allow MANASO to do so, as noted earlier, the current mandate, especially the objectives, require redefinition and enhancement, in order to explicitly reflect MANASO's evolving scope of mandate. Such redefinition means the objectives and the functions must be reframed to remove ambiguity and create clarity that could instill confidence in both existing and potential members.

Engagement and collaboration: MANASO has opportunities to engage with its membership and beyond for better service delivery. Malawi is endowed with many renowned institutions whose mandate lean on health either in public, Civil society or religious subsectors. These institutions have interests and priority areas and are institutions with special interest in issues of HIV, AIDS, Hepatitis, Malaria, TB, SRHR, GBV fights, Nutrition etc. and MANASO can foster formal working relationship with them. Some of the

institutions the Network can partner with are: NAC, MOH, MIAA, ILO, UNAIDS, Malawi School of Government, Public Universities

iv. Institutional Arrangements and Capacity

MANASO has some institutional capacity issues that require strategic attention as follows:

Performance management: MANASO has a performance management system that helps it to design, track and report performance. Objectives are set at the beginning of the year and annual reviews are conducted.

Awareness: MANASO and its mandate are reasonably known in Government Ministries, Departments and Agencies, and also to its members. MANASO's presence in the districts is ensured through its membership. However, the brand visibility is compromised by inadequate branding and communication in the districts.

Organizational coordination arrangements: MANASO is a member-based institution, spread through-out the country. It has the district and regional committees for purposes of coordination that is meant to facilitate timely reach to the network members.

Functional and Structural Challenge: MANASO's structure is limiting to effectively coordinate, develop business, contribute to policy and market the organization. For MANASO to effectively influence policy, it needs to adopt evidence-based practices. However, the Monitoring and Evaluation function needs robust systems and the filling of the vacancies. On communication and marketing, MANASO has these challenges:

- i) Low visibility in the districts
- ii) Inadequate marketing to potential members
- iii) Failure to adequately communicate value for being members of MANASO
- iv) Rapport building with current and potential resource providers

The role of resource mobilization is also obscure, rendering that function weak.

Lack of Permanent Office Space: MANASO is housed in a rented building in Lilongwe. Whilst that is okay, in the long run it may prove inefficient, as rentals keep on rising, and MANASO will always be under financial obligation burden. Several relocations (changes of premises) particularly in the past, validates that renting will not be sustainable for MANASO.

Monitoring and Evaluation: The projects have monitoring and evaluation officers that track the progress of the projects. However, such efforts at the project level are not coordinated and consolidated. This has denied MANASO to have holistic approach in Monitoring and evaluation.

The emerging strategic issues will be addressed through the following pillars:

- i) Coordination and Collaboration/partnership
- ii) Advocacy and Knowledge Sharing
- iii) Financial Sustainability
- iv) MANASO Image and Visibility
- v) Institutional Capacity and capability

Key new inclusion in the strategic Plan.

MANASO has made some strategic shifts in this strategic plan as follows:

Item	Significance of new strategic changes
i. MANASO for all CBOs and NGOs working in the HIV. AIDs, Malaria, TB, Hepatitis, Against GBV, SRHR and Nutrition space	<p>There will no restriction hence:</p> <ul style="list-style-type: none"> i. Compliance to the national frameworks that require CBOs and NGOs to be coordinated¹ ii. More engagement and sharing of knowledge iii. More institutions to benefit from capacity development iv. More advocacy with one voice v. Introduced non-paying membership for sake of inclusion vi. Inclusion of the Youth in the programming
ii. New responsive structure	<ul style="list-style-type: none"> i. Regional coordinators to mobilize, revive and provide guidance to the district and regional committees and increase engagement at the ADC and DCs levels ii. Resource Mobilization: More and focused resourcing mobilization iii. Internal auditor: to improve system checks and institutional credibility. Conduct risk assessments iv. Programmes focused Management: New technical services programme-based management for specified and targeted attention
iii. Diversified thematic areas	<ul style="list-style-type: none"> i. Increased focus and attention to the HIV and AIDS interrelated thematic areas ii. More integration hence more efficiency and effectiveness
iv. Human Rights Based Approaches focus and adoption	<ul style="list-style-type: none"> i. Institution know about their rights ii. Community members served know and demand their rights. iii. Members and constituents, they should be fully supported to participate in the development of policy and practices which affect their lives and to claim rights where necessary. iv. All inclusive ((non-discriminatory)
v. Collaboration and partnerships	<ul style="list-style-type: none"> i. Organizing and working in consortiums ii. Increased access to resources iii. Access to new audiences and innovations
vi. Enhanced institutional systems	<ul style="list-style-type: none"> i. Strengthened integrated system i.e. monitoring, evaluation and learning system, Resource Mobilization, Human Resources, Performance Management System and Financial systems advocacy ii. Reviewed roles and functions
vii. Constitution	<p>Review of the constitution for these:</p> <ul style="list-style-type: none"> i. non-member board personalities inclusion for enhanced expertise and independence; ii. Honor the tenure of the Board iii. Innovative holding of the AGMs through District and Regional Committees

¹ National HIV and AIDS Strategic Plan, 2020-2025 assigns MANASO to coordinate the CBOs and NGOs

viii. Capacity development hub	i. Continuous assessment of the members and secretariat capacity needs ii. Coordination of the capacity requirements for the members
--------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

1.0 INTRODUCTION

MANASO was registered under the Trustees Act of Malawi on 12th June, 2001. The organization coordinates Civil Society Organizations (CSOs) and Community Based Organizations (CBOs) implementing HIV and AIDS work. The organization is one of the sectoral coordination bodies, as highlighted in the HIV and AIDS National Strategic Plan (2023-2027). The organization also promotes a human rights-based approach to community systems strengthening, for positive health outcomes. MANASO was founded and run by registered ASOs that include both international and local organizations. It has a decentralized structure that includes district committees, regional committee, board members and a Secretariat, which is currently based in Lilongwe.

2.0 METHODOLOGY

Development of the Strategic Plan entailed consultations with a cross section of groups and individual stakeholders of MANASO, to obtain their inputs on the extent to which objectives were met in the past years, as well as their perceptions of the issues that need to be addressed in the period of 2024-2030 Strategic Plan. The list of stakeholders consulted is attached as Appendix 1. The evaluation process was ably supported by the Executive Director's office that oversaw progress of the Strategic Plan development, provided administrative support to the facilitation team that included coordination of the meeting schedule and provision of literature for review. The list of documents reviewed is attached as Appendix 2.

The process was also informed by a number of key policy and development frameworks that included the Sustainable Development Goals, Malawi Vision Agenda 2063, HIV Management Act, National HIV and AIDs Strategy, among others.

The following major steps were involved in the preparation of the Strategic Plan:

- i. An evaluation exercise was undertaken to assess the extent to which the strategic objectives and identified priorities were addressed and achieved. The evaluation was based on extensive literature review pertaining to the achievements in past years, as well as individual discussions with various parties within and outside MANASO. It also identified the factors that may have contributed to success or hindered successful implementation, so as to provide lessons for the SP revision.
- ii. The evaluation exercise was complemented by an environmental scan that sought to appreciate the key challenges and opportunities in general, and MANASO in particular, including systemic challenges to do with its structures and systems.
- iii. Evaluation findings were presented at an Internal Stakeholders Workshop, comprised of members of the Board of MANASO, management, members and some stakeholders whose outputs informed the development of the Strategic Plan.

3.0 CONTEXT: GLOBAL AND LOCAL FRAMEWORKS

The Government of Malawi (GoM) is a signatory to several global and regional commitments focusing on health-related issues, including HIV and AIDS. It also has national policies and laws governing the health sector. These frameworks also define the MANASO operational breadth and some of the key ones are outlined in Table 1 below. Subsequently, the operations of MANASO will contribute to these global/regional and local health agenda within defined parameters.

Table 1: Conventions, Protocols, Legal and Policy Frameworks

PROTOCOL / LAW / POLICY	DESCRIPTION
Sustainable Development Goals	There are 10 Sustainable Development Goals (SDGs) that have a direct bearing on impact on HIV. However, SDG 3 is specific on HIV and AIDS: <i>‘Ensure health lives and promote wellbeing for all people at all ages’</i> and its targets 3.3 <i>‘End AIDS as a public health threat by 2030’</i> and 3.8 <i>‘Achieve universal health coverage, access to quality health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all’</i> .
The Global AIDS Strategy 2021–2026	This aims at Ending Inequalities, Ending AIDS. It uses inequalities lens to close the gaps preventing progress to end AIDS and sets out bold new targets and polices to be reached by 2025 to propel new energy and commitment to ending AIDS.
UNAIDS Fast Track Strategy	UNAIDS fast track strategy guides Malawi by setting targets for prevention and treatment that previously were known as the 90:90:90 targets by 2020 and now 95-95-95 by 2030 in order to achieve SDG 3 Target 3.3 to end AIDS by 2030.
The 2016 Political Declaration on HIV and AIDS	The 2016 General Assembly of the United Nations made a Political Declaration to end the AIDS Epidemic by 2030.
The 2017 Global HIV Prevention Road Map	This road map focused on key interventions that countries should take to reduce new HIV infections by 75 per cent by 2020.
The Global TB commitment	The Global Tuberculosis (TB) Commitment on Ending TB focuses on improving access to people centered TB prevention and care and mobilizing adequate resources for implementation of TB programmes.
The Constitution of the Republic of Malawi	The Constitution of the Republic of Malawi under Principles of National Policy and Human Rights provides for relevant and specific rights, such as, the rights to life, rights to health, dignity, prohibition of cruel, inhuman and degrading treatment and torture, prohibition of discrimination, privacy and confidentiality, protection from violence, harassment and abuse, freedom to participate in a culture of choice, right to develop, freedom of expression, the right to participation, access to information, access to effective legal remedies and equality before the law.
Malawi Vision 2063	The Malawi 2063 recognises that Private sector is important in spurring economic development and wealth creation, through among other things, the provision of innovative solutions, creation of jobs and mobilization of domestic revenue.
The National HIV & AIDS Strategic Plan 2020-2025	This is a guiding document for the multi-sectoral response to the HIV epidemic in Malawi. It aims at meeting 95:95:95 targets and eliminating HIV as a public health threat by 2030 hence its vision <i>“A health and prosperous nation free from HIV and AIDS.”</i>
HIV and AIDS (Prevention and Management) Act 2018	This legislation makes provision for the prevention and management of HIV and AIDS; the rights and obligations of people infected and affected by HIV and AIDS; the establishment, organization, administration, general powers, duties and

PROTOCOL / LAW / POLICY	DESCRIPTION
	functions of NAC as an independent state institution; and incidental matters.
Health Sector Strategic Plan	The GoM has developed the Essential Health Package (EHP) which is a list of priority conditions and diseases that affect most Malawians. Treatment for these conditions and diseases is provided free of charge for all Malawians irrespective of their socioeconomic status. HIV is one of the conditions covered in the EHP
National HIV and AIDS Policy	This policy provides guidance to the national HIV and AIDS response, including the various interventions that should be included
National HIV and AIDS Strategic Plan (2020 -2025)	The 2020-2025 National HIV and AIDS Strategic Plan's overall goal is to contribute towards ending AIDS as a public health threat in Malawi by 2030. This will be realized by, among others, reducing new HIV infections, reducing HIV mortality and morbidity, improving the quality of HIV and AIDS services, building resilient health and social welfare systems, to effectively responding to the HIV and AIDS epidemic.
National HIV Prevention Framework (2023-2027)	The National HIV Prevention Framework aims at reducing annual HIV infections by over half the 2022 baseline, to 8,000 per year by 2027. Several objectives support this ambition and key among them are: increasing access to, uptake of, and coverage of high-quality HIV combination prevention interventions; mitigating structural and policy barriers that exacerbate HIV risk and vulnerability; increasing social acceptance and demand for HIV combination prevention interventions among high-risk, key, and priority populations; strengthening leadership, governance, and coordination for HIV prevention at national and sub-national levels; and, strengthening health systems for HIV combination prevention at all levels of service delivery.
Policy on Equity in Access to Antiretroviral Therapy (Art) In Malawi	This policy sets out equity in access to ART. Equity comprises elements of an assessment of vulnerability (in terms of HIV infection and illness) and disadvantage, in terms of access to care and treatment or ability to cope with the impact of the illness. It sets out equitable distribution of drugs to all districts based on an estimate of HIV disease burden, using TB as a proxy.
National Sexual and Reproductive Health and Rights (SRHR) Policy	This Policy document provides direction on the effective implementation of Comprehensive and Integrated Sexual and Reproductive Health and Rights (SRHR) Services, which the Malawi Government is committed to provide to its citizens.

4.0 OVERVIEW OF THE HIV PANDEMIC AND OTHER PANDEMICS RESPONSE IN MALAWI

4.1 HIV and AIDS Interventions Coordination in Malawi

The National AIDS Commission (NAC) is mandated to provide leadership and coordination of the multi-sectoral implementation of the National HIV and AIDS policy and strategic plans, including the Malawi National HIV and AIDS Strategic Plan, 2020-2025. NAC also supports development and implementation of thematic guidelines on HIV prevention, impact mitigation, treatment, care and support. NAC further supports capacity development initiatives at national, district and community levels, for effective implementation of policies and strategies.

In order to be more inclusive in dealing with so many partners involved in HIV and AIDS work, the Malawi HIV and AIDS Partnership Forum (MPF) was established in October 2005, as a formal and multi-sectoral forum for discussion, information sharing, consensus building, joint planning, and mutual support for all stakeholders involved in the HIV and AIDS response. The MPF provides strategic direction and technical guidance to the NAC Board of Commissioners and Management, in the planning, financing and implementation of the Malawi's national response to HIV and AIDS.

NAC established sectoral coordinating bodies for the HIV and AIDS response. MANASO was empowered to coordinate local and international NGOs and the CBOs that implement various HIV and AIDS interventions in the country.

4.2 HIV and AIDS Situation and Response

Malawi population is relatively young, where 51% of the population is under the age of 18². Eleven percent of this underage population are orphans. About 39% of these orphaned children were orphaned by the HIV and AIDS epidemic. Ten percent of the population aged five and older have at least one type of disability. Orphan-hood and disability both increase vulnerability to poverty, gender-based violence (GBV), and other forms of structural violence, resulting in elevated risk of HIV infection in these subpopulations³.

Malawi is still experiencing cases of HIV, with a 9.3% prevalence among adults aged 15 years and above being (National Health Strategic Plan 2020-2025). However, Malawi has made great strides towards epidemic control, through a well-coordinated multi-sectoral response, including adoption of several policies, such as the rapid scale-up of ART, through the universal test and treat in 2016, continued scale up of Option B+ for prevention of mother to child transmission of HIV (PMTCT), introduction of HIV self-testing in 2018, the transition to the more effective Dolutegravir-based regimens in 2019 and strengthened efforts to increase voluntary medical male circumcision (VMMC). Malawi has also implemented primary prevention and structural interventions for adolescent girls and young

² NSO. (2019). Malawi Population and Housing Census 2018. Zomba: Malawi.

³ UNAIDS and UNDP (2018), Disability and HIV, Geneva:

women (AGYW) and key populations in selected districts (National Strategic Plan for HIV and AIDS 2020-2025). As of December 2019, over 850,000 people were on ART. These efforts have contributed to a decline in the number of new infections from 111,000 in 1992 to 33,000 in 2019 and AIDS-related deaths from 71,000 in 2004 to 13,000 in 2019 (National Strategic Plan for HIV and AIDS 2020-2025).

The UNAIDS “elimination targets” are defined as a 75% and 90% reduction from the 2010 baseline by 2024 and 2030⁴, respectively.

4.3 Determinants of HIV Infection

HIV transmission in Malawi, like most other countries, is influenced by an interaction of structural, economic, social, biological, and cultural factors. The key determinants of HIV infection in Malawi include⁵: background factors (e.g. age, gender, education, region of residence, circumcision, wealth/poverty, religion, and exposure to media), proximate HIV and AIDS factors (e.g. HIV and AIDS awareness, stigma, and discrimination), and sexual behaviour factors (e.g. condom use, number of sex partners, marital status). The section below describes determinants and inequalities that increase vulnerability to HIV infection— all of which result in increased susceptibility of women, girls, transgender and key population groups to HIV.

Poverty: Malawi is one of the lowest income countries in the world. About 50.7% of the population lives below the poverty line. Malawi’s economy is primarily dependent on agriculture⁶. The sector accounts for 38% of GDP and over 80% of employment. Tobacco, tea and sugar dominate exports – tobacco alone constitutes 60% of the total exports from Malawi. Malawi’s heavy dependency on agriculture creates economic vulnerabilities to factors like poor/heavy rains or fluctuating prices of agricultural commodities on the international market. High levels of unemployment, poverty, and low earnings often lead to transactional sex— situations in which condom use is inconsistent and low. Further, the sizable proportion of workers employed in the informal sector creates additional barriers to reaching this high-risk population through their place of work.

4.4 HIV Prevention

According to the strategic plan for HIV and AIDS, Malawi is determined to meet the prevention goals required to end HIV/AIDS as a public health threat in the next decade. While Malawi has made tremendous progress towards the 90:90:90 testing and treatment targets, the country has fallen far short of its prevention goals. Despite unprecedented scale-up of many prevention programs, Malawi has not achieved any of the targets set in the five prevention pillars defined by the Global Prevention Coalition. ⁷

⁴ 2024 Spectrum Estimates

⁵ Gender Assessment of the Malawi National HIV Response, 2014

⁶ Food and Agriculture Organization of the United Nations. National Investment Profile: Water for Agriculture and Energy Malawi. 2015.

⁷ Malawi National Strategic Plan for HIV and AIDS 2020-25

4.5 Adolescent Girls and Young Women (AGYW)

While total infections among girls aged 10-19 have almost halved since 2010 – from 190,000 to 98,000 – girls were still more than twice as likely to contract HIV last year, than boys. Globally, there were 270,000 new HIV infections among all children and adolescents aged 0-19 in 2022, bringing the total number of young people living with HIV to 2.6 million⁸.

According to UNICEF’s 2023 AGYW Report, structural gender inequalities and discriminatory cultural norms lead to girls’ lower enrolment in schools, unsafe sexual relations, gender-based violence (GBV), inadequate access to SRH, early pregnancy and marriage, and high-risk sexual behavior by their male sexual partners. These conditions put AGYW at great risk for violence, abuse, and exploitation – all of which are risk factors for HIV infection.

4.6 Financing for HIV Prevention in Malawi

Besides the Government of Malawi, various actors provide funding for the HIV AIDS prevention work or related interventions. Table 2 below shows the direct funding for HIV-related activities by the various financing sources in the Malawian health sector. These figures include the costs of commodity procurement for HIV treatment and testing. There are two major financing sources - the Global Fund (65%) and PEPFAR (20.8%). Together, they constitute 85.8% of the funding for HIV.

Table 2: Major Funding Sources for FY2019/20 (Million USD)

Funding Sources	Funding (Million USD)	Distribution (%)
Government of Malawi	0.6	0.29%
Global Fund	134.4	65.00%
United States - PEPFAR	43.1	20.80%
United States - CDC excluding PEPFAR	14.6	7.10%
Bill and Melinda Gates Foundation (BMGF)	4.4	2.10%
World Bank	4.1	2.00%
Others	5.6	2.71%
Total	206.8	100%

Source: Resource Mapping (Round 6)-Sources for HIV/AIDS in Malawi

Malawi has witnessed a declining trend on the funding levels. In 2014/15, 2015/16 and 2016/17, HIV and AIDS resources from both Government and Donors were estimated at USD 278 million, USD223 million and USD209 million, respectively (Table 3). This trend suggests that the overall resources for HIV and AIDS are in decline. The economic reality of

⁸ UNICEF AGYW 2023 Report

Malawi and disease burden pose a challenge meeting financial resources required for the national response to the HIV epidemic, despite the political will.

Table 3: HIV Funding Levels (Million USD)

Year	Total funding (USD million)
2014/15	278
2015/16	223
2016/17	209

Source: Resource Mapping (Round 6)- Sources for HIV/AIDS funding in Malawi

4.7 Sexual Reproductive Health and Rights

In Malawi, the coordination, planning, implementation, monitoring and evaluation of SRHR services in primary health care is the responsibility of the Reproductive Health Department (RHD) in the Ministry of Health (MoH). The goal of the National SRHR service is to promote through informed choice, safer reproductive health practices by men, women, and young people including the use of quality and accessible reproductive health services.

The SRHR services in Malawi focus on; i) Maternal and neonatal health (including prevention and management of unsafe abortion), ii) Young people sexual and reproductive health, iii) Family planning, iv) Prevention and management of STI, HIV and AIDS, v) Early detection and management of cervical, prostate and breast cancers, vi) Elimination of harmful maternal practices, including domestic and sexual violence, vii) Prevention and management of obstetric fistula, viii) Prevention and management of infertility, ix) Male involvement in the development, promotion and delivery of SRHR services, x) Development of human resources for SRHR services, and xi) Strengthening of the support systems for delivery of SRHR services

4.8 Sexual Violence and abuses Rights (SRHR)

Domestic violence is the most common form of violence against women and girls (VAWG) in Malawi. According to a 2020 survey by UNICEF, 42% of women in Malawi have experienced physical violence from a partner at some point in their lives. This is significantly higher than the global average of 27%.

A number of reasons for Gender Based Violence in Malawi within the context of HIV/AIDS emerge and include psychological distress, role of sociocultural factors in influencing gender-based violence. Issues on Gender Based Violence have direct correlation with HIV and AIDS and sexual and reproductive health rights. These equally affect both the private and public sectors.

The network has seen that a stronger integration between sexual and reproductive health rights (SRHR) and HIV and AIDS interventions can lead to a number of health outcomes and benefits which include among others: (1) greater support to triple protection against unintended pregnancy, HIV and STI's especially for young people; (2) improved access to and uptake of key services; (3) better access of PLHIV to services tailored to their needs; (4)

reduced AIDS-related stigma and discrimination; (5) improved coverage of underserved and key populations.

4.9 Nutrition

Under-nutrition in women and children in Malawi remains a persistent public health and development challenge in Malawi⁹. In addition to high stunting levels, 63 percent of children under 5 are anemic, as are 33 percent of women. While 61 percent of children 0–5 months are exclusively breastfed, this figure drops to 34 percent among children 4–5 months. Feeding practices continue to deteriorate as children get older; only 9 percent of children 6–23 months receive a minimum acceptable diet (NSO and ICF 2017). Differences in stunting levels can be seen according to maternal education and wealth levels; stunting ranges from 30 percent among children whose mothers have a secondary education or higher to 43 percent among those whose mothers have no education. Similarly, 24 percent of children in the highest wealth quintile are stunted, while 46 percent of children in the lowest wealth quintile are stunted.

4.10 Humanitarian Response

Southern Africa and Malawi in particular is witnessing natural disasters and crises. In 2023, Malawi experienced Cyclone Freddy that killed some people and destroyed property, mostly in the Southern region of the country¹⁰. The 2023/24 growing season is showing a drought spell across the country. It also endured its worst drought in 35 years due to the El Nino weather phenomenon in 2016. In 2015, dry spells, high temperatures, and severe flooding in some areas of Malawi, also affected the country's maize harvest, leaving 2.8 million people facing food insecurity. The humanitarian response will aim to target the most affected areas and people for mitigation of impacts of the disasters.

4.11 Malaria

Malaria is a major public health problem in Malawi, with an estimated 6 million cases recorded annually. For children under five years of age and pregnant women, it is a leading cause of morbidity and mortality. Malaria accounts for over 30% of outpatient visits and 34% of in-patients (HMIS 2018). Further, malaria contributes to a temporary increase in viral load among HIV-infected people, which has the potential to worsen clinical disease and increase mother- to-child transmission and transmission in adults.

4.12 Tuberculosis

HIV is considered a risk factor for developing active TB disease in Malawi: 52 percent of people with TB are also infected with HIV. Ninety- five percent of registered TB patients know their HIV status and 92 percent of those infected are on antiretroviral therapy during the period of their TB treatment¹¹.

These linkages between TB, Malaria and HIV and AIDS propelled MANASO to expand its thematic areas and embrace them all.

⁹ USAID Nutrition Status Report 2018

¹⁰ OXFAM Humanitarian report 2023

¹¹ National Tuberculosis Control Program's (NTCP) 2015

5 ENVIRONMENTAL SCAN

5.1 PESTEL Analysis Results

MANASO operates in the environment where several factors affect it. Such factors include political, economic, social, technological, legal and environmental in nature (Table 4)

Table 4: PESTLE Results

CATEGORY	ISSUES	EFFECTS	IMPACT ON MANASO
Political	i. Adoption and ratification of the SDGs and the African Agenda 2063	i. Clear direction on the Health agenda, urging governments to set budgets for the same	i. MANASO has a basis for its programming
	ii. The political will by Malawi Government to achieve universal health coverage	ii. Increased, albeit modest budgetary allocation towards health sector	ii. An opportunity to mobilise resources for the network operations
Economic	i. Declining economic growth trend for Malawi	i. Increasing challenges for the for organisations to meet basic needs for staff	i. Threat for the Network to demand payments from members for the services
		ii. Corruption tendencies may prevail	ii. May pose perceived mistrust with potential donors
		iii. Increasing unemployment that creates uncertainties in lives of people, hence resort to risky coping behaviours, including unsafe sex	iii. Increase of GBV, difficult access to SRHR
Social	i. Community shocks due to	i. Business operations	i. Gains made before by

CATEGORY	ISSUES	EFFECTS	IMPACT ON MANASO
	emerging diseases plus COVID-19 pandemic, pending drought, cyclones	procedures are changing	members may be lost. The implementation cycles affected
		ii. Source of labour affected by deaths and funerals, hence slowing productivity	ii. Resources may be diverted to other activities
	ii. Demand for quality products and services is growing through unions and rights activism	iii. Adherence to quality standards becomes paramount	iii. MANASO has an obligation to set standards in the industry
	iii. Growing population in Malawi and the region	iv. Stretches the demands on health services	iv. MANASO has to strategically plan for changes
Technological	i. Advancement in technology – mobile, social media, increased access to information	i. More efficient dissemination of information	i. More opportunities in making services effective and efficient
		ii. Easy access to information, easier to improve service delivery	ii. Easy access to information, easier to improve service delivery
Ecological	i. Climate change	<p>i. Affect the prevalence of the diseases, especially the communicable ones</p> <p>ii. Natural disasters affect delivery of services and</p>	i. These have potential to push women and girls into poverty and subsequently they may indulge in bad behaviours

CATEGORY	ISSUES	EFFECTS	IMPACT ON MANASO
		access to services by affected communities	
Legal	i. Strong constitutional framework	i. Provides a platform for judicial reviews and pursuit for justice	i. On-going concern of MANASO is ensured
	ii. Health related laws and policies	ii. Provision of sanity in delivery of services iii. Protection of vulnerable groups against service access and quality barriers	ii. Provision of sanity in delivery of services iii. Protection of vulnerable groups against service access and quality barriers
	iii. Presence of the health regulatory and related bodies	iv. Professional regulations and standards enforcement, hence ensuring equity and efficiency, as well as ethics in service delivery	iv. Opportunity to back up and enforce standards and regulations

5.2 SWOT ANALYSIS

5.2.1 Introduction

This section looks at the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, related to MANASO. As MANASO defines its direction, it should consider these factors before proceeding. The strengths and weaknesses are factors within MANASO's control. MANASO can then work to make the most of its strengths and eliminate the weaknesses. Opportunities and threats, on the other hand, are external factors within the country and beyond that could affect MANASO's success. MANASO does not have much control over these situations, but it can exploit the opportunities to advance its agenda, while putting in place strategies to mitigate the impact of the threats.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> i. Sector Experience ii. Governance iii. Stakeholder engagement iv. Institutional Independence v. Diversification Drive vi. Registered by both CONGOMA and NGO Board vii. Mandated to operationalize the community charter and advocate for UNAIDS 90-90-90 viii. Membership across the country ix. It has attracted political will (local and international) x. Availability of district chapters 	<ul style="list-style-type: none"> i. Inadequate Collaboration ii. Skewed Resource Mobilization iii. Weak Organizational structure iv. Low Visibility v. Low membership attraction vi. Weak regional collaboration with other systems like with the district councils vii. Weak district chapters where there is not project viii. No regional collaboration with other systems. ix.
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> i. Clear Policy direction ii. Potential Members iii. NGO, CBO training space iv. Good will from strategic partners v. Demand for other health services apart from HIV and AIDS vi. Technological advancement vii. No coordinating structure for Malaria viii. International drive for the integration Agenda 	<ul style="list-style-type: none"> i. Global challenges ii. Corruption iii. Capacity challenges iv. Competing Organisations v. Most CBOs are not active

These are further elaborated as follows:

7.1 Strengths

7.1.1 Sector Experience

MANASO has since 1996, worked with CSOs and NGOs in Malawi and beyond in the areas of; strengthening coordination and collaboration, sharing of experiences and good practices, and improving their technical and financial capacities. It has accumulated reasonable and relevant experience in the coordination role.

7.1.2 Governance

MANASO has a Board of Trustees providing oversight of the organization. The board members come from the regional committees. This means the board members are essentially from member institutions of MANASO. Further, there is a secretariat with management that reports to the Board of Trustees through the Executive Directors office.

7.1.3 Secretariat Administration

The Secretariat has the leadership spanning on both administrative and technical areas. The staff are generally fitting for their current roles. At least in the past three years, the staff retention is good.

7.1.4 Resource Mobilization

MANASO has developed some resource mobilization mechanism that includes:

- i) Structured membership subscription fees
- ii) Donation from development partners and other agencies

Although these are not adequate, they have managed to keep the organizational buoyant.

7.1.5 Stakeholder engagement

MANASO has a record of engaging with other stakeholders. It has been an active part of the national events in the national response to HIV and AIDS. It has been participating in many forums, such as the MPF, drafting of funding applications to the Global Fund, revision of national policy and strategic frameworks, protocols/guidelines, ART supervision, among others.

7.1.6 Institutional Independence

MANASO enjoys independence in the execution of its functions. MANASO being a coordinating institution for CSOs, NGOs and CBOs and following the conventional business principles and ethics is non-political. Although it derives its objectives by way of aligning to the Government agenda, it has operational independence. This provides an opportunity for the organisation to expand or focus on areas it sees fit.

7.1.7 Diversification Drive

MANASO diversified its original HIV and AIDS focus to embrace other equally important areas like TB, Malaria, GBVs, Hepatitis, Nutrition and Humanitarian Response. This means:

- i) MANASO has demonstrated capacity to diversify its services creating more opportunities to reach out to more resources
- ii) MANASO has developed capacity to directly manage some projects

7.1.8 Registered by both CONGOMA and NGO Board

MANASO is registered with CONGOMA and NGO Board. This provides level of credibility to the organisation and at the same time provide visibility and potential source for more membership.

7.1.9 Mandated to operationalize the community charter and advocate for UNAIDS 90-90-90

This mandate empowers MANASO makes it credible amongst its members

7.1.10 Membership across the country

The membership across the country makes MANASO a national organisation with a huge potential to do more through the members.

7.2 Weaknesses

The key weaknesses that negatively impact operations of MANASO are as follows:

7.2.1 Collaboration

MANASO has collaborated with some institution for specific assignments. These arrangements have been project specific, without formal Memoranda of Understanding. All thematic areas that MANASO coordinates have institutions with specific technical expertise. MANASO has the potential to benefit from these if it worked in formal collaboration for technical guidance and opportunities and to effectively utilize resources.

7.2.2 Skewed Resource Mobilization

The Constitution mandates MANASO to spearhead resource mobilization. MANASO has been doing resources mobilizations for the Secretariat and the members institutions. Lately, MANASO has experienced some challenges to mobilize resources for sub-granting to its membership. Several reasons have emerged for this challenge and they include:

- i. Donor fatigue for resource donations
- ii. Lack of the resource mobilization strategy roadmap in the organization
- iii. The institutional structure is silent on the Resource Mobilization. This renders the task uncoordinated (appendix 2)

For MANASO, “resource mobilization” is much skewed to financial mobilization. It doesn’t embrace the process organizations use to acquire and put to use those things they need to implement activities and pursue the mission i.e. building a good reputation as part of a resource mobilization strategy that is not explicitly about looking for money. It does not include building valuable contacts and networks, and earning the interest, support, and in-kind contributions.

7.2.3 Organizational structure

The organization has some weak organizational structure to effectively respond to the mandates of MANASO. The structure is responsive to the mandate of MANASO. The functions are not also clear to respond to the mandate. The Reporting lines require some re-organization

7.2.4 Visibility

Visibility is not adequate. Although its presence through members in the districts is guaranteed, its brand visibility is minimal. MANASO does not publicize its services aggressively so that it may also attract new membership. It has inadequate structure to such function and it also has financial constraints for the same.

7.2.5 Low membership attraction

MANASO membership has largely been stagnant. Whilst some members have come in, some members have also left the organization citing that they no longer enjoy any benefits from MANASO. Reasons for exiting MANASO include:

- i) It no longer holds regular trainings
- ii) It no longer provides information, education and communication (IEC) materials
- iii) It focusses on HIV and AIDS only
- iv) It never publicizes itself to attract others from whom existing members could benefit, through interactions

7.3 Opportunities

7.3.1 Policy direction

Malawi has laws for the broader health care delivery system and other related interventions (some of them stated above) and policies that provide guidance on service delivery. This does not only show Government commitment, but also creates a clear path to follow in the development and targeting of services. This provides opportunity to MANASO as there is sanity in the operations and can clearly define its operations within the macro policy environment.

7.3.2 Potential Members

There are a number of non-member organizations, within the INGO, LNGO and CBO space that can be reached out and possibly join MANASO. This has to be matched with corresponding increase in resource mobilization efforts, in order to satisfy their expectations that largely incline on financial and capacity building benefits. However, there is need to increase its funding base and definition of activities to meet the demands and expectations, as most of the CSOs would like to join the network that can sub-grant, build capacity and invite them to events, etc. They want to see clear value of being MANASO members.

7.3.3 NGO, CBO training space

There are a number of public universities and training institutions, such as Malawi School of Government, Kamuzu University of Health Sciences (KUHES) who could offer capacity building expertise. These offer some generic programmes that can benefit the members of MANASO. MANASO has already partnered with KUHES on community systems development and this should be scaled up to cover other relevant capacity gap areas, through customized training programmes. MANASO should also expedite plans to engage other institutions to collaborate as it pursues its mission.

7.3.4 Good will from strategic partners

MANASO enjoys good working relationship with MOH, development partners plus other stakeholders who are current members. These strategic partners have always been supportive of MANASO's endeavors and facilitate attainment of its objectives around policy advocacy, resource mobilization and program scaling up, in order to meet overall Government strategic goals.

7.3.5 Demand for other health services apart from HIV and AIDS

Both existing and potential members have indicated the need to include and continue embracing other emerging issues, such as pandemics and natural disasters, as well as health related interventions offered by MANASO i.e. TB and Malaria. Demonstrating the potential impact of integrated approach to service delivery, in terms of efficiency and impact provides a potential springboard for resource mobilization.

7.3.6 Technological advancement

Malawi continues to adopt advancements in technology, which can easily be tapped to improve and advance the core business of MANASO and promote communication, as well as timely information sharing. The digital economy in Malawi is driving growth and innovations, bringing some people into the formal economy and connecting people to each other and to markets. The digital developments are expected to grow as envisioned in the African Agenda 2063, where Malawi will experience the same. MANASO should build on on-going efforts to utilize social media platforms such as WhatsApp, Facebook and Instagram to engage with its membership and the wider stakeholders, as well as share critical information. It should also ensure that it has an up-to-date website and the social media platforms are also updated regularly.

7.4 Threats

7.4.1 Global challenges

Heightened global tensions, arising particularly from Israel's war with Hamas and the conflict in Ukraine, pose the risk of weak economic growth. Further, the World Bank expresses worry that deeply indebted poor countries cannot afford to make necessary investments to fight climate change and poverty. These global tensions have potential adverse effects on the national economy and also on the development partners, as they lead to major shifts in financial commitments and adversely impact on resource mobilization prospects for beneficiary sectors and organisations.

On a related note, owing to global economic shocks, natural disasters and disease outbreaks, per capita income growth for most countries in the Southern Africa region is short of the growth rate needed to reverse the increase in poverty and to put the region on track to meet the SDG10¹². This has significant bearing on NGOs and CBOs' capacity to acquire resources for their capacity development, let alone sustained payment of membership subscriptions.

7.4.2 Corruption

Corruption level in Malawi is relatively high, with Transparency International ranking Malawi at 123/180 economies in 2019. Other countries neighboring Malawi have also high corruption perceptions (Table 5). High corruption index creates a bad perception. Investors and development partners may shy away and that could pose a challenge on resource mobilisation and at the same time also affect service delivery.

¹² Reduce inequality within and among countries (UNDP 2015)

Table 5: Doing Business in some African Countries

Country	Official Language	Ease to do business Index ¹³	2024 Corruption Index /180 ¹⁴	Nominal GDP ¹⁵
Malawi	English	60.9	123	399.10
Zambia	English	66.9	113	1001.44
Mozambique	Portuguese	55.0	146	455.01
Tanzania	English	54.5	96	1105.55
Zimbabwe	English	54.6	158	921.85
Uganda	English	60.0	137	915.35
Kenya	English	73.2	137	2075.22
Rwanda	English	76.5	53	823.40
Botswana	English	66.2	61	6557.51

7.4.3 Capacity challenges

More often than not, development partners are rigid towards supporting capacity building efforts as usually the assumption is beneficiary institutions meet a minimum capacity requirement before accessing grants. This does not align well with the expected levels of knowledge and skills in a continuously evolving service delivery environment, characterized by technological advancements, innovation and emerging evidence base. On the other hand, local NGOs and CBOs do not usually prioritize capacity building for their staff when developing budgets, and where that is done, the budgets run a risk of being redirected towards something else, as and when organisations feel so. This poses a challenge for capacity building needs planning and projection.

7.4.4 Competing Organisations

There are several coordinating bodies working in the same space as MANASO. Despite the original clarity of mandates for sectoral coordinating bodies, the dwindling financial base, coupled with the evolving and diversified focus areas, have inevitably created competition in resource mobilization and a challenge in demarcating mandate boundaries that has tended to confuse members. Such institutions include People Living with HIV (MANET+), National Association of People Living with HIV (NAPHAM), Malawi Business Coalition on Health (MBCHealth), among others. The competition for resources is even more pronounced at CBO level, since their survival is largely dictated by availability of funding and support by INGOs and LNGOs. This situation has created ‘unhealth’; competition that has compromised co-existence and oneness, leading to questions about integrity before existing and potential funders. Until synergies and linkages are enhanced, this kind of competition will remain, or even escalate.

¹³ The higher the figure the more conducive the environment –WB 2020

¹⁴ Lower the index the better corruption status – CPI Report 2020

¹⁵ The higher the figure the more productive the economy is.

8 OVERVIEW OF MANASO

8.1 Operating Framework

MANASO is a membership organization for Community Based Organizations that constitute at least 70% and the rest are local NGOs, as well as a small number of international NGOs. MANASO's management structure includes a management and executive committee, responsible for the day-to-day management of the network, a 9member Board for policy guidance, regional and district committees and the General meeting, which is the highest decision-making body of the network.

MANASO is currently funded from two fronts: annual subscriptions from Network members and institutional donors. MANASO enjoys social capital, arising from the vast and diverse membership, as the sheer numbers allows it to command influence in the country, the SADC region, and beyond. The second tier of funding for MANASO is from institutional donors, largely from bilateral and multilateral ones, such as PEPFAR and the Global Fund.

8.2 Thematic Areas

MANASO Secretariat has been working with CSOs that have been involved in the implementation of HIV prevention, treatment, care and support, and impact mitigation at community level. Since 2019, MANASO expanded its thematic areas.

In the 2019-2021 Strategic Plan, MANASO realized the need to align itself to the Health Sector Strategic Plan II, by expanding the thematic areas to include TB, Malaria, Hepatitis, GBV, SRHR, Nutrition and Human Response. In any case, these were considered to have close linkage to HIV and AIDS, hence the relevance to embrace them.

8.3 MANASO Mandate

MANASO is mandated to coordinate Civil Society and Community based Organisations, through a human rights-based approach to community systems strengthening for health, so that ultimately, all Malawians can lead a life free from HIV, TB, and Malaria and other public health related issues.

8.4 MANASO Theory of Change

The Malawi Society will attain a society free of HIV and AIDS, TB, Malaria, Hepatitis, GBVs and enjoy good nutrition and SRHR if the CBOs and NGOs in the CSO ¹⁶ space play their role and contribute to the national agenda. This shall become possible if the CSOs build their purposive individual and collective power, take action to have a coordinated drive and collaborate in their endeavors realizing that collective efforts and struggles are more impactful when linked through empowerment, solidarity, campaigning and common cause. This includes advocacy, campaigning and policy influencing to engage with power structures from local to national levels.

¹⁶ Local NGOs, International NGOs, CBOs, FBOs

Through a coordinated process, members shall have a common voice for advocacy, resourced through joint resource mobilizations and they shall benefit from need based capacity development to attain a Malawian community free of HIV and AIDS, TB, Malaria, Hepatitis, GBVs and enjoy good nutrition and SRHR.

MANASO Theory of Change

MANASO Theory of Change is contributing to the Overall National Frameworks on HIV and AIDS, TB, Malaria, SRHR, Hepatitis, GBV and Nutrition

MANASO STRATEGIC PLAN 2024 - 2030

Empowerment	Harnessing collective power	National Solidarity	Influencing and campaigning	Generating alternatives
Build capacity of CSOs (Local NGOs, International NGOs, CBOs, FBOs)	Build of collectives, mobilise one voice and collaborate in all programming	Build solidarity and alliances with CSOs and NGOs plus like minded institutions	Mobilise and strengthen the network to advocate policies, guidelines that are HRB	Coordinate capacity building of members

So Then

The CBOs and NGOs adopt HRBA programming	Strengthen capacities of collectives to influence processes of change.	Strengthen the voice of NGOs and CSOs	Increased joint advocacy and strengthen voices of CSOs and NGOs and joint resource mobilization and increased capacity development of and for the members	Engaged in HIV and AIDS and other public health issues
------------------------------------------	------------------------------------------------------------------------	---------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------

Immediate Outcome	Increased capacity and power of CBOs and NGOs
--------------------------	------------------------------------------------------

So Then

<i>Intermediate Outcome</i>	<i>Coordinated power and working through collaborations and partnerships</i>
-----------------------------	------------------------------------------------------------------------------

Meta Change. Changes in CBOs and NGOs adopting HRBA, coordinated initiatives, joint advocacy, knowledge sharing and resource mobilization.	Subtle Change. Quality and openness of consultation processes and engagements, corruption free environment. Transparent and accountable processes
------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------

So Then

<i>Ultimate Impact</i>	<i>CBOs and NGOs are coordinated, resourced and benefit in capacity developments</i>
------------------------	--------------------------------------------------------------------------------------

So Then

<i>Long term Impact</i>	<i>CBOs and NGOs contribute to a Malawian community free of HIV and AIDS. Malaria, TB, Hepatitis, GBV whilst also attaining SRHR and nutritional services</i>
-------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

8.5 MANASO Approaches

The 2024-2030 Strategic Plan period, MANASO programming will be based on four facets (see Figure 1 below). These are explained below:

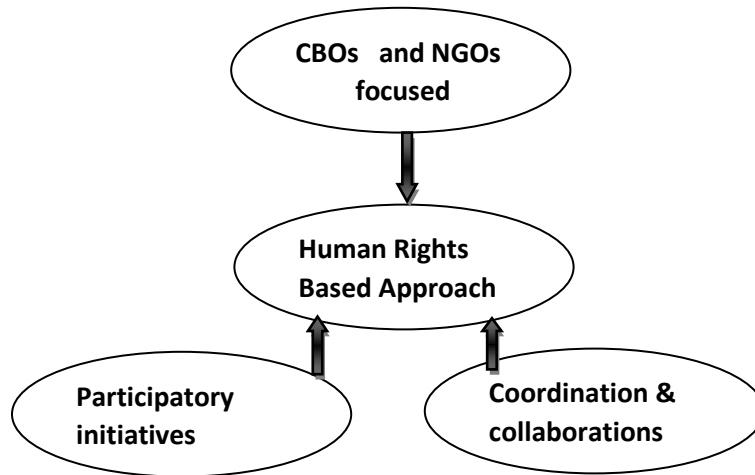


Figure 1: HRBA Approach

8.5.1 The Human Rights Based Approach

MANASO adopts the Human Rights Based Approach (HRBA) as the basis for all its programming. Its aim is to promote CBOs and NGOs at Local and National levels to make such institutions fulfil their duties and obligations to realize the rights of the constituents they serve. MANASO will use a human rights-based Service Modelling approach, to advocate for the integration of human rights principles into services rendered by members, emphasizing respect, protection, and fulfilment of human rights.

8.5.2 CSOs and NGOs Focus

In this period, MANASO as a secretariat works with its members who are CBOs and NGOs. These institutions must be those working in the spaces of HIV and AIDS, Hepatitis, Malaria, TB, SRHR, Nutrition and those fighting against GBVs.

8.5.3 Collaborations and Partnerships

MANASO has in the past worked with and through partners. A systematic process of partner selection and capacity building will be undertaken for its members' sake. It shall continuously scrutinize, engage, and collaborate with its partners where it instills the HRBA Approach, and all safeguarding policy adherence and incorporating all principles of equality and equity.

8.5.4 Participatory Engagement methodologies and tools

MANASO has in the past used participatory methodologies to engage with its members and other stakeholders in planning, and executing its mandates. This means MANASO approach to programming and engagements lies in the participatory methodologies that also promote critical reflection and improve quality of the process and outcomes of the programmes. MANASO will continue with this approach.

9 EMERGING STRATEGIC ISSUES

The key emerging strategic issues come from consultations with a cross section of stakeholders, literature review as well as the observations. The emerging strategic issues are also based on the strengths, weaknesses, opportunities and threats in the internal and external environment of MANASO. These are discussed in detail below:

9.1 Financial Growth

MANASO has managed to increase funding for its operations over the years. However, sustainability of such funding inflows remains erratic and unpredictable, as explained below:

- i. **Financial sustainability** MANASO managed to increase its revenue from USD287,991 to USD1,508,579 in 2020 to 2022, representing 524% increase as shown in (Table 11). However, over 90% of this revenue were grants from development partners. Whilst the grants increase could demonstrate donor confidence in MANASO, the extent of overreliance on these grants poses significant sustainability challenges. The ratio of self-generated versus grants is too huge.

Table 11: Financial Resources from 2020 to 2022

Source	2020 USD	2021 USD	2022 USD
Grants	287,991	927,134	1,508,579
Other income	1,062	7,192	11,421
Total expenses	287,991	927,134	1,508,579

Source: MANASO Audited Accounts

The expenses for MANASO have been increasing at the rate of the revenue from the donations. This demonstrates that budgeting is based on the supply side and not necessarily informed by the operational demands.

- ii. **Financial Base:** After funding from grants, the other source of income is the member subscriptions. The financial revenue sources are narrow and restrictive
- iii. **Business Planning:** MANASO has a draft. MANASO does planning in terms of projected costs and revenues and financing mechanisms. However, these need to be intensified and consolidated in view of the expansion and diversification drive MANASO has taken.

9.2 Mandate Execution

MANASO witnessed some challenges to effectively execute its mandate as follows:

i. Coordination and Capacity Development

According to article 10 of the constitution, MANASO is a coordinating body for all NGOs, CBOs and CSOs in the HIV and AID response. Whilst that is being executed there is a strong growing perception among member organisations, local and international NGOs, as well as funding partners that MANASO is becoming a direct program implementer, thereby encroaching into its own members' space. On the other hand, the Secretariat feels that the nature of the projects it has been implementing are of a coordination nature. This clearly shows knowledge asymmetry between the secretariat and its stakeholders, and therefore requires aggressive communication and information sharing to clarify matters or re-align focus.

ARTICLE 10: Mission Statement

To provide leadership in the civil society response to HIV and AIDS in Malawi through coordination, capacity building, resource mobilization, advocacy and knowledge sharing

Further, MANASO had limited efforts on capacity development for its members. It didn't not develop a capacity development agenda and strategy for the same. However, some of the factors contributing to this situation include lack of financial resource and capacity development plan.

ii. Advocacy and knowledge sharing

Advocacy and knowledge sharing requires continuous innovation, creation of multiple platforms and maximized utilization of existing ones to fully accomplish the relevant objectives. While platforms such as district committees, COS networks and the Global Fund Country Coordinating Mechanism do exist, there is an observation by stakeholders that these have not been fully exploited to the benefit of MANASO in its quest for sustained stakeholder engagement and communication, as well as effective policy influence. Further, limited monitoring, evaluation and learning system, and organizational set-up challenges, affected the evidence based advocacy and knowledge sharing

iii. Service Portfolio and Thematic Focus

Since 2019, guided by its strategic plan, MANASO diversified HIV and AIDS interventions to embraced other related areas i.e TB, Malaria, SGBV, SRH and nutrition. However, the articles on the objectives in the Constitutions have not reflected that direction:

Constitution Objectives

- i) *Improve coordination and networking for the civil society sector response to HIV and AIDS in Malawi*

- ii) Increase technical capacity of civil society organizations implementing HIV and AIDS programs in Malawi*
- iii) Improve technical capacity of MANASO to coordinate civil society response to HIV and AIDS*
- iv) Strengthen governance structures for HIV and AIDS Organisations*
- v) Influence change and raising awareness of key issues, policies and practices impacting HIV and AIDS*

The objectives are specific for HIV and AIDS, thereby rendering less authority, power and legality to embrace other thematic areas. The upcoming Functional Review must endeavour to resolve this discrepancy.

iv. Membership

The Constitution provides wide constituents for potential membership and that includes:

- Potential membership**
- i) Registered Civil Society Organisations implementing HIV and AIDS and related programmes.*
 - ii) International NGOs registered in parent countries and in Malawi implementing HIV and AIDS and related programmes.*
 - iii) Networks of organisations implementing HIV and AIDS and related programmes.*
 - iv) Networks/Associations of community-based organisations advancing the HIV and AIDS and related agenda.*
 - v) Registered Local Non-governmental Organizations implementing HIV and AIDS and related programs.*
 - vi) Organizations, academic institutes, companies or individuals that contribute towards fighting against AIDS, directly or indirectly, as per the objectives of MANASO as discussed in Article 11.*

However, MANASO has remained focusing on NGOs and CBOs. Within the NGO and Civil Society space, MANASO has been focusing on the local NGOs. MANASO has had challenges to grow the membership, because it failed to provide its relevance to the interests of existing and potential members. In addition, MANASO did not extend the membership to cater for other types of institutions.

9.3 General Assembly

Article 42 of the MANASO Constitution requires that it holds the biennial general meeting (BGM) every two years. This has not taken place for more than six years. This implies that MANASO is operating on a compromised credibility. Factors such as lack of financial resources have had an impact on this hence compromising MANASO on transparency and accountability, as the article dictates that the following are undertaken during the BGM:

Part of Article 42:

- a) *Consideration of the biennial report of the trustees and other reports.*
- b) *Consideration of the biennial financial report of MANASO and, if required by the constitution, the appointment of auditors for the ensuing year.*
- c) *Special Resolutions.*

9.4 Governance Arrangements

According to Articles 36 of the Constitution, the Board of MANASO is supposed to run a maximum of two terms of 3 years each. However, the serving Board has gone beyond the two-term limit. Although oversight role has been provided over the years, it has affected the credibility of the process.

ARTICLE 36: Tenure of a Trustee

- i) *A member of the Board of Trustees shall hold office for three years and shall be eligible for re-nomination for a further period of three years.*
- ii) *No trustee may serve more than two (2) consecutive full terms of office.*

9.5 Image and Integrity MANASO

MANASO enjoys a great acceptance amongst its members and it well recognized in the national response to HIV and AIDs. It also enjoys the credibility amongst the development partners in the country. However, there are some issues that need attention to enhance the positive image.

- i. **Integrity:** MANASO's role to coordinate, facilitate capacity building, advocate for policies is compromised by the institutional integrity challenges that include:
 - c) MANASO is expected to propagate governance best practices in the member institutions. However, as discussed above, the governance of MANASO itself is compromised.
 - d) The institution is supposed to promote transparency and accountability, even at secretariat level. There is evidence that MANASO has been conducting independent audits for its accounts and financial reviews by specific funding partners, such as USAID and UNAIDS.
- ii. **Brand Value:** MANASO, as a corporate brand, has great recognition, but largely for coordination of the response to the HIV and AIDS, and little for the other related areas (e.g. TB and Malaria). The brand name has created a biased perception that it can only handle HIV and AIDS specific issues. MANASO has had a challenge to effectively communicate and broaden the brand value expectations. Since MANASO is a great brand, it is considered to be retained whilst embracing other thematic areas

- iii. **Mandate:** The Vision empowers it to offer services that are directly or indirectly related to HIV and AIDS. Although the vision could allow MANASO to do so, as noted earlier, the current mandate, especially the objectives, require redefinition and enhancement, in order to explicitly reflect MANASO’s evolving scope of mandate. Such redefinition means the objectives and the functions must be reframed to remove ambiguity and create clarity that could instill confidence in both existing and potential members.
- iv. **Inadequate engagement and collaboration:** MANASO has opportunities to engage with its membership and beyond for better service delivery. There are areas of concern expressed by members with regard to engagement. MANASO has generally not been proactive in engaging the public to understand their needs and the manner of delivery. Its public relations with the members and other stakeholders have largely been reactionary. The views of, and feedback mechanisms to the members are not systematically sought in an institutionalized manner. This inadequacy in engagement is also evident in the absence of the general assembly meetings, which is the highest decision-making forum for MANASO.

9.6 Institutional Arrangements and Capacity

MANASO has some institutional capacity issues that require strategic attention as follows:

- i. **Performance management:** MANASO has a performance management arrangements and systems that helps it to design, track and report performance. Objectives are set at the beginning of the year and annual reviews are conducted.
- ii. **Awareness:** MANASO and its mandate are reasonably known in Government Ministries, Departments and Agencies, and also to its members. MANASO’s presence in the districts is ensured through its membership. However, the brand visibility is compromised by inadequate branding and communication in the districts. There is need to demonstrate benefits to the membership which may include:

Possible benefits:

- i. Collective Voice to engage and influence Government and other stakeholders on issues of concern to CSOs and CBOs.
- ii. Sharing, Learning and Networking through the platform character of MANASO that fosters reflection space and open debate on important issues for engagement.
- iii. Representation of members’ views and interests in lobbying for relevant change at national fora.
- iv. Participation and involvement in strategy development and decision making to shape the direction of the organization. In relation influence decisions on MANASO policies, priorities, and actions including attending the General Meeting
- v. Participation in MANASO organized national and district dialogues
- vi. Opportunity to stand for election to MANASO Governance Organs such as the Board. Members can provide comment and offer recommendations to the Governance Organs on matters relevant to the activities of MANASO
- vii. Technical specialized advice and support on different aspects to enable your organization grow and improve its work.
- viii. Access to MANASOs Resource center
- ix. Policy and Advocacy toolkits on current health issues
- x. Capacity building opportunities and tools for your organization
- xi. Connections and partnerships and networking with other organizations, and a range of other stakeholders

- iii. **Organizational coordination arrangements:** MANASO is a member-based institution, spread through-out the country. It has the district and regional committees for purposes of coordination that is meant to facilitate timely reach to the network members
- iv. **Functional and Structural Challenge:** MANASO's structure is limiting to aggressively coordinate, develop business, contribute to policy and market the Organization. For MANASO to effectively influence policy, it needs to adopt evidence-based practices. However, the Monitoring and Evaluation function needs robust systems and the filling of the vacancy. On communication and marketing, MANASO has these challenges:
 - a) Low visibility in the districts
 - b) Inadequate marketing to potential members
 - c) Failure to adequately communicate value for being members of MANASO
 - d) Rapport building with current and potential resource providers

The role of resource mobilization is also obscure, rendering that function weak.

- v. **Lack of Permanent Office Space:** MANASO is housed in a rented building in Lilongwe. Whilst that is okay, in the long run it may prove ineffective, as rentals keep on rising, and MANASO will always be under financial obligation burden. Several relocations (changes of premises) particularly in the past, validates that renting will not be sustainable for MANASO.
- vi. **Monitoring and Evaluation:** The projects have monitoring and evaluation officers that track the progress of the projects. However, such efforts at the project level are not coordinated and consolidated. This has denied MANASO to have holistic approach in Monitoring and evaluation.

10 STRATEGIC DIRECTION

The emerging strategic issues are considered to be addressed through the following pillars:

- i) Coordination and Collaboration/partnership
- ii) Advocacy and Knowledge Sharing
- iii) Financial Sustainability
- iv) MANASO Image and Visibility
- v) Institutional Capacity and capability

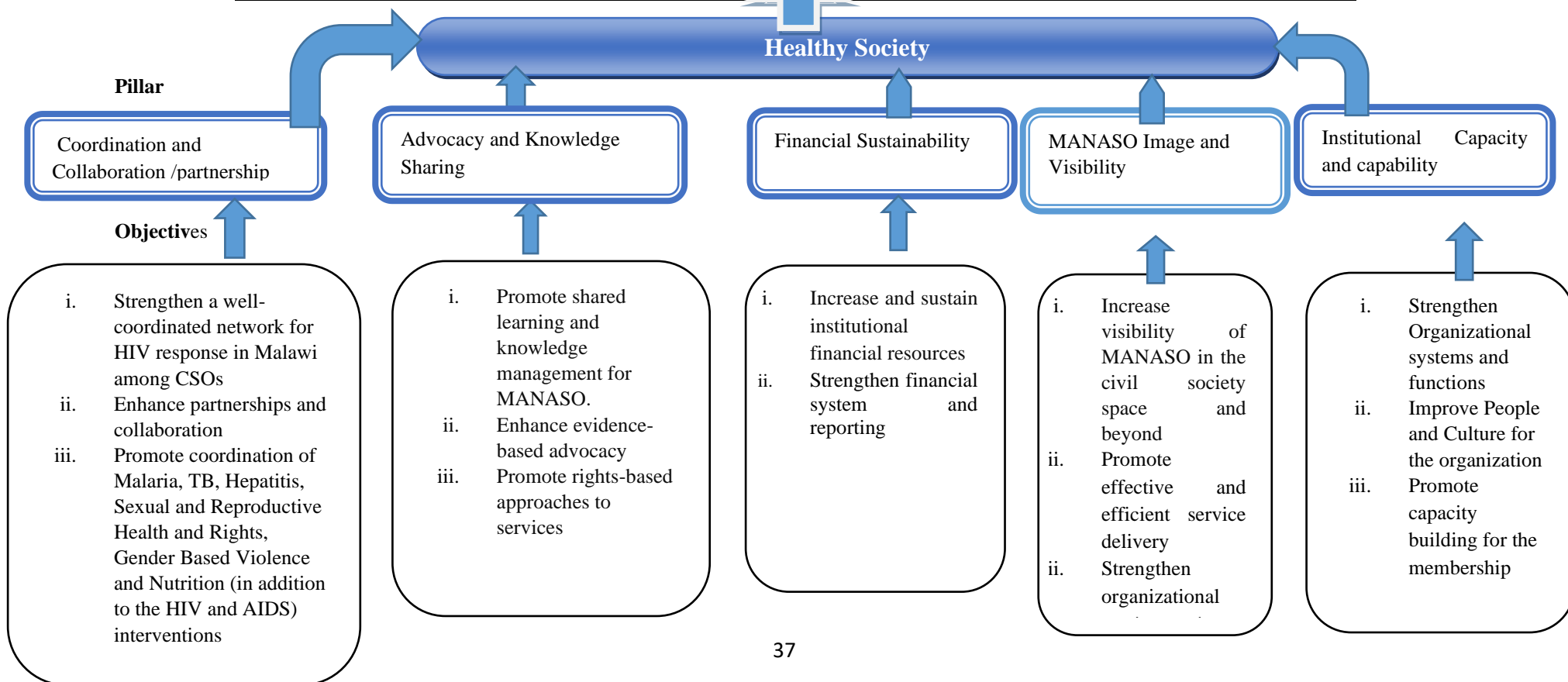
11 STRATEGY MAP

SUSTAINABLE DEVELOPMENT GOALS

SDG 3: <i>Ensure health lives and promote wellbeing for all people at all ages</i>	
3.3 <i>'End AIDS as a public health threat by 2030</i>	3.8 <i>'Achieve universal health coverage, access to quality health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all'</i>

National HIV and Aids Strategic Plan 2020-2025: It aims at guiding the multi-sectoral response to the HIV epidemic in Malawi. It aims at meeting 95:95:95 targets and eliminating HIV as a public health threat by 2030 hence its vision “A health and prosperous nation free from HIV and AIDS.”

HIV and AIDS (Prevention and Management) Act
This legislation makes provision for the prevention and management of HIV and AIDS; the rights and obligations of people infected and affected by HIV and AIDS;



12 STRATEGIC PILLARS AND OBJECTIVES

This Strategic Plan has one overarching goal which is ‘Healthy society’. This overarching goal is supported by five strategic pillars. Subsequently, the pillars will be achieved through implementation of respective strategic objectives. The pillars and objectives have been established following the situation review and analysis.

Table 6: Strategic Pillars and Objectives

Strategic pillar	Rationale for the Pillar	Objectives
1. Coordination and collaboration / partnership	MANASO is mandated to provide leadership in the civil society response to HIV and AIDS, TB, Malaria and other health issues in Malawi. Whilst it has done the coordination role, there are issues to work on that include: more mobilization of membership to create stronger voice; provide guidance on the best practices, mobilizing organizations to implement projects. MANASO expansion to other thematic areas requires more coordination efforts. It also needs to collaborate with various stakeholders to advance various agenda	i. Strengthen a well-coordinated network for HIV and other public Health issues ¹⁷ response in Malawi among CSOs
		ii. Enhance Partnerships and Collaborations
		iii. Promote coordination of Malaria, TB, Hepatitis, Sexual Reproductive Health and Rights, Gender Based Violence fights and nutrition (in addition to the HIV and AIDS)
2. Advocacy and Knowledge Sharing	MANASO is mandated to coordinate advocacy and knowledge sharing. This calls for internal (Secretariat) capacity development to pursue the agenda. MANASO requires knowledge management (KM) for process capturing, organizing, disseminating, and utilizing knowledge to improve organizational performance. The communication and documentation of successes and challenges have also not been adequately done. It needs but not limited to: surveys, reports, and interviews to capture knowledge; databases to store and organize knowledge; meetings and communities of practice (CoP) to disseminate knowledge; and workflow integration to ensure effective utilization of the knowledge. This will eventually contribute to the effective and evidence-based advocacy	i. Increased shared learning and knowledge management for MANASO.
		ii. Increased evidence-based advocacy
		iii. Promote rights-based approaches to services
3. Financial	The MANASO has managed to increase funding for its	i. Grow and sustain

¹⁷ Malaria, TB, Hepatitis, Sexual Reproductive Health and Rights, Gender Based Violence fights and nutrition

Strategic pillar	Rationale for the Pillar	Objectives
Sustainability	<p>operations over the years. However, sustainability of such funding inflows remains erratic and unpredictable. It has managed to increase its revenue over the years but about 90% of this revenue were grants from development partners. Whilst the grants increase could demonstrate donor confidence in MANASO, the extent of overreliance on these grants poses significant sustainability challenges. It has limited revenue sources.</p> <p>In view of the programming expansion, MANASO will require more resource mobilization and business planning. There is apparent need for MANASO to diversify sources of income.</p>	<p>institutional financial resources</p> <p>ii. Strengthen financial system and reporting</p>
4. MANASO Image and Visibility	<p>MANASO is a coordinating body and not the projects implementing institution. MANASO coordinates implementation of projects.</p> <p>The institution is present in almost all districts in the country through its members. However, it has not done well in branding itself in the district hence compromising its visibility.</p>	<p>i. Increased visibility of MANASO in the civil society space</p> <p>ii. Promote service delivery</p> <p>iii. Strengthen organizational marketing drive</p>
5. Institutional capacity and capabilities	<p>MANASO is mandated to coordinate some capacity development of its membership. It needs to understand the capacity needs landscape and assist its membership. The Secretariat faces some institutional challenges that include a very lean organization with restrictive structure to execute its mandate. With the growth in staff size there is need for more developed human resource systems and enhanced performance management system.</p> <p>There should be alignment of the functions to the organization strategy. Although staff have received some capacity building, there are notable indications of the need for more of the capacity building, as the organization embarks on diversification that require various expertise and collaborations.</p> <p>The organization needs to strengthen its governance structure and adherence to the constitution.</p>	<p>i. Strengthen Organizational systems and functions</p> <p>ii. Improve People and Culture for the organization</p> <p>iii. Promote capacity building in the membership</p>

13 IMPLEMENTATION PLAN

The plan includes the strategies, activities, key performance indicators, responsibility, baselines, targets, and timeframe for implementation.

13.1 Pillar #1: Coordination and collaboration / partnership

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD											
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30	
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
To Strengthen a well-coordinated network for HIV and other public health issues response in Malawi among CSOs	1	Improve alignment of member operations to national frameworks ¹⁸	Provide access to strategic and guiding frameworks to members	# %of Frameworks accessed	ED	50%	100%	X	X	X	X	X	X	X	X	X	X	X	X
			Monitor adherence to the national frameworks	# % of organizations complying with national frameworks	ED	50% of current membership	100%	X	X	X	X	X	X	X	X	X	X	X	X
	Promote joint planning and consultations	Conduct the BGM	# of BGMs conducted	Board	0	Biennially													
		Develop and run peer learning forums including	# of learning forums running	ED	0	24	X	X	X	X	X	X	X	X	X	X	X	X	X

¹⁸ Strategic Plans, Policies and regulations for respective thematic areas

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD															
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30					
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2				
			to improve collaboration and interaction				LinkedIn, I cloud																
			Train and re-orient partners on evolving systems, while maintaining routine practices	% of partners trained/re-oriented	ED	5%	100%																
			Conduct mapping of existing and new partnership platforms that are working on common agenda	Stakeholder map	ED	25 (NAC, Ministries)	1020																
			Participate in joint/network spaces	# of network spaces participated	Programme Manager	Once a year	Quarterly																

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD														
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30				
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2			
Health and Rights, Gender Based Violence fights and nutrition (in addition to the HIV and AIDS) interventions			national bodies	national bodies																		
		Promote awareness of all thematic areas	Conduct sensitization campaigns	# of campaigns conducted	PM	0	10															
			Collaborate with national thematic technical institutions	# of technical expert institutions engaged	PM	6	10															

13.2 Pillar #2: Advocacy and Knowledge sharing

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD														
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30				
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2			
Increase shared learning and knowledge management for MANASO.	1	Promote shared learning and knowledge management	Develop advocacy strategy	Developed strategy	PM	0	1															
			Disseminate the advocacy strategy and guidelines	# Dissemination sessions	PM	0	3 per year															
Increased evidence-based advocacy	2	Enhance evidence generation for policy advocacy and program development	Develop a research strategy	Research strategy developed	MEL	0	1															
			Implement periodic surveys, program reviews and evaluations	# of surveys/evaluations conducted	MEL	0	2 per annum															
			Disseminate evidence	# of Dissemination sessions	ED	0	2 per annum															
		Diversify and customize strategic information products	Map out targeted audiences for strategic information	Mapping exercise	MEL and Communications Officer	0	1 mapping report															

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD														
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30				
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2			
			Develop routine and periodic strategic information products	# of information products leaflets, brochures ,flyers???	MEL and Communications Officer	4	10 per year															
			Collaborate with thematic technical experts	# of collaborative efforts conducted	ED	6	10															
		Lobby and advocate for HIV and AIDS and other public health issues friendly policies	Engage government, traditional and religious leaders and donors on inclusive and HRBA policies	# of stakeholder engagement sessions conducted	ED	12	24															
			Hold policy sensitization sessions at both district and traditional levels	# of sessions conducted at district and T/A levels	PM	1	6															
			Utilize various	# and type of	Communic	-TBD	TBD															

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD														
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30				
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2			
			media /channels to advance an agenda	media sessions conducted channels	ation Office																	
Promote rights-based approaches to services	3	Provide adequate and relevant knowledge and skills on HRBA	Conduct training for members on HRBA	# of partners/Members trained in HRBA	ED	4	1000															
			Integrate HRB principles in all Projects	# of programmes incorporating HRBA	PM	TBD	TBD															

13.3 Pillar # 3: Financial Sustainability

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD													
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30			
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2		
Increase and sustain institutional financial resources	1	Increase revenue	Participate in consortium based requests for funding applications <ul style="list-style-type: none"> Submit proposals to donors 	# of consortium based RFA participated in	RMM	-	At least 10 bids per year														
			<ul style="list-style-type: none"> Review membership fees Propose amount (CBO, 25,000, LNGO 100,000, INGO 300,000) 	Revised annual subscriptions	FM	MK ²¹	TBD														
		Create more revenue streams	Establish more revenue generating activities ²²	# of new funding streams implemented	ED	0	3 more introduced IGA														

²¹ Current is MK2,500 for CBOs and MK15,000 for NGOs

²² Building offices for rentals, fundraising activities, online subscriptions

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD															
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30					
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2				
Strengthen financial system and reporting	2	Identify appropriate financial system	Procure Upgrade the agile financial system	System procured and installed	FM	0	System functional																
			Develop and review financial policy/manual	Financial manual developed	FM	0																	
			Conduct appropriate usage training	# of staff trained	FM	0	TBD																
		Institutionalise financial reporting processes	Estimate revenues versus expenses	Annual Financial estimates	FM	-	Annual Estimates																
			Carrying out internal and external Audits Annual budgets Revenue estimates	# of audits conducted	FM		1 external audits and 2 Internal audits																

13.4 Pillar #4: MANASO Image and Visibility

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD															
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30					
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2				
Increased visibility of MANASO in the civil society space	1	Intensify MANASO brand communication	Develop /Review a media and communication strategy	Media and Communication Strategy developed	ED	0	Revised Media and Communication Strategy																
			Develop and distribute IEC materials (Billboards,) Ps: Branded materials to also be used for resource mobilisation	IEC materials developed and distributed	Communication Officer																		
			Conduct periodic gap assessments of MANASO's visibility	Biennial assessments	M & E	0	Biennial																
		Create platforms for dissemination and	Promote online handles i.e facebook, twitter	# of online platforms	Communication Officer	TBD	TBD																
			Use, update online handles	# of online platforms	Communication	TBD	TBD																

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD															
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30					
								Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2				
		collaboration	i.e facebook, twitter	functional	Officer																		
			Review and update the institutional website and make it interactive	Website up and running	Communications Officer	0	Monthly																
Promote service delivery	2	Develop service delivery standards	Create a Service Charter	Service Charter developed	ED	-	Service Charter in place																
			Conduct biennial stakeholder satisfactions survey	Biennial stakeholder satisfaction surveys conducted	ED	0	Biennial surveys																
Strengthen organizational marketing drive	3	Utilize interactive marketing tools	Segment the membership into categories ²³	Membership segments	ED	-	Segments																
			Develop value of benefits for each category	Categories of benefits developed	ED	-	Categories of benefits																

²³ Bronze, Silver, Platinum, Gold, Uranium

13.5 Pillar #5: Institutional Capacity and capabilities

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD																
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30						
								H 1	H 2	H 1	H 2	H 1	H 2	H 1	H 2	H 1	H 2	H 1	H 2					
Strengthen Organizational governance, systems and functions	1	Enhance MANASO Governance Structure	Broaden the membership of the board ²⁴	# and type of board membership	ED	TBD	Inclusive board																	
			Create additional sub-committee that deals with programming	Sub-committee on programmes constituted	Board	0	Programmes sub-committee																	
		Intensify MANASO integrity	Institutionalize board office tenure	Strict board tenure instituted	ED	0	3-year term																	
			Hold annual General meetings	GM held	Board	-	GM																	
			Revise the BGM attendance to representation format	# of constituencies represented	Board	-	BGM																	
		Strengthen	Conduct systems	System integrity	ED	0	Systems assessment																	

²⁴ Of the 9 seats on the board three should be reserved for independence members whose institutions are not members of MANASO

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD															
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30					
								H 1	H 2	H 1	H 2	H 1	H 2	H 1	H 2	H 1	H 2	H 1	H 2				
		systems ²⁵	assessment	assessments conducted																			
			Procure and install the recommended systems	# of systems installed	ED	TBD	TBD																
Improve People and Culture for the organization	2	Increase employee engagement and capacity building (Incentives, staff retention)	Conduct training for staff on Human Rights Based Approaches	# of staff trained on HRBA	ED	-	All staff																
			Support employees in their professional growth and encourage a culture of continuous learning	# of staff supported with professional growth	ED	0	TBD																
			Implement a recognition program to	# of staff rewarded	ED	0	TBD																

²⁵ Systems including Monitoring and Evaluation, Human Resources System and Financial System

Strategic Objective	Ref	Strategies	Activities	Key Performance Indicators	Responsible officer	Baseline	Target	PERIOD															
								2024/25		2025/26		2026/27		2027/28		2028/29		2029/30					
								H1	H2	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2				
			recognize/celebrate hard work, successes and motivate employee																				
		Inculcate Organizational culture	Create channels for open and honest communication, and feedback	# c	ED	-																	
Promote capacity building in the membership	3	Develop membership capacity needs profiles	Conduct capacity needs assessment	Capacity needs report produced	PM	-	Capacity needs report																
			Integrate the members capacity needs into operational plans	# of capacity building initiatives implemented	PM	TBD	TBD																
		Update regular profile of the members																					
		Develop MOUs with institutions																					

14 STRATEGIC PLAN MONITORING

14.1 Reporting

The following reports will be submitted to the general assembly: Mid-year activity reports, Annual activity and financial reports; and annual audit reports. Copies of these documents will also be shared with relevant stakeholders. Most of the indicators have no measurable baseline and target values at the moment. It is imperative that a baseline assessment be conducted prior to commencement of implementation so that the values are updated accordingly.

14.2 Accountability to the members and collaborating partners

The members and other collaborating partners will be involved in planning meetings and periodic review/feedback meetings, in addition to regular surveys, evaluations and networking during the course of the strategic plan. These are sessions where lessons learned are shared and avenues explored to ensure maximum beneficiary satisfaction within the constraints of the implementation of the plan.

14.3 Annual audit

It is expected that the annual audit will merge both financial, physical and community views – an independent perspective, which will then feed into the annual planning process.

The success of all these monitoring activities requires that:

- i) A clear annual work-plan and budget is developed.
- ii) Activity, progress and annual reporting formats are designed and put to use.
- iii) Systems for control of assets and funds are put in place.
- iv) The code of conduct is enforced both internally and with members.
- v) Activity mainstreaming is given due attention.

APPENDIX 1: LIST OF DOCUMENTS REVIEWED

- i) Audited Accounts Reports for the past three years 2022, 2021, 2020
- ii) Conditions of Service for MANASO
- iii) Health Sector Strategic Plan (2017-2022)
- iv) HIV and AIDS (Prevention and Management) Act
- v) List of Clients
- vi) List of Directors and Designations
- vii) MANASO Strategic Plan (2019-2021)
- viii) National Health Policy (2018 – 2030)
- ix) National HIV and AIDS Policy
- x) National HIV and AIDS Strategic Plan (2020-2025)
- xi) National HIV Prevention Framework (2023-2027)
- xii) Memorandum and Articles of Association for MANASO
- xiii) Organizational Structure for MANASO
- xiv) Sustainable Development Goals
- xv) UNAIDS Fast Track Strategy
- xvi) The Constitution of the Republic of Malawi
- xvii) Policy on Equity in Access to Antiretroviral Therapy (Art) In Malawi

Appendix 2: List of People Consulted

PERSON	ORGANIZATION	DESIGNATION
Madziko Matemba	Health and Rights Education Programme	Executive Director and Board Chair for MANASO
Emily kayimba	MANASO	Executive Director
Cicey Nuah	UNIAIDS	Country Representative
Eric Mcheka	UNIAIDS	Project Manager for CLM
Uchechi Roxo	Pepfer	Director
Dominc Likongwe	UKAID	Liaison Manager
Chimwemwe Mabulekisi	National AIDS Commission	Director of Programmes
Tione Chilambe	National AIDS Commission	Head of coordination and capacity building
Dr. Bridget Malewezi	Mother-2-Mother	Executive Director
Tendai Matani Kaunda	Mother-2-Mother	Programmes Manager
Mara Kumbweza Banda	Paradiso TB Centre	Director
Phillip Mthobwas	Likuledzi Project	Director
Rev. Silent Mtambo	Ebenazar Foundation	Executive Director
Jonh Bamusi	Local NGO Forum	Chairperson
Maxwell Maida	National Planning Commission	Communication Manager
Happy Chibvunga	MANASO	Head of Finance and Administration
Kondwani Makwenda	MANASO	Head of Programmes
Godfrey Kammunda		Director
Pastor Lilian Kumwenda		Board Member
Treza Mphwatiwa	MBCHealth	Chief Executive Officer
Tryness Chilema	Kitta & Co	Legal Consultant
Oirira Ndaferankhande	MIAA	Executive Director
Mr Gift Mwale	Kasalika Community Development Organization	MANASO Board member
Dr Biziwik Mwale	World Vision International	Director
Agness Mangochi	MANASO	Board Member
MacDonald Makande	MANASO	Human Resources Officer
GodfreyKaunda	Ladder	Executive Director
Sandra Mapemba	Palladium	Director
Mr Gilbert Kambale	Mphunda CBO	Director
Mr Kachibonga	Chimombo CBO	Director
Mr Cuthbert Nyirenda	Global Fund Country Coordinating Mechanism	Manager
Mr Patrick Phiri	Malawi Redcross Society	Director
Mr Braxton Banda	DREAM	Director
Mr Mathias Nkhoma	DREAM	Coordinator
Mr Lameck Thambo	PACAM	Coordinator
Ms Mwahedi Mwandida	Masangano CBO	Coordinator

Appendix 2: List of People Consulted		
PERSON	ORGANIZATION	DESIGNATION
Mr Starlin Mwandira	Shine On	Director
Mr Paul Manyamba	NAPHAM	
Mr David Kamkwamba	JONEHA	Executive Director
Huxley Kamwamba	Independent Schools Association of Malawi (ISAMA); Lilongwe	Coordinator
Ben Kalua	Mtende CBO, Mzimba North	Director
Dollah Banda	Chikondi CBO, Mchinji	Director
Esulo Nyondo	Chicoyo, Chitipa	Director
George Kanyemba	Samala CBO, Salima	Director
Taison Dinga	CCSET, Nsanje	Director
Precious Phiri	MoH- CHSS	CPHO
Sellina Bomani	TIPOLISO, Zomba	Executive Director
Mahara Longwe	AGYW Secretariat	Director
Kuzani Mbendera	NTLEP	Director
Enock Bonongwe	Ministry of Social Welfare	Director
Cuthbert Nyirenda	GF CCM Secretariat	Director
Edna Tembo	COWLA	Director
Thokozi Phiri Nkhoma	FACT TB	Director
Danker Kamba	Diversity Forum	Director
Jonasi January	NYADE - Nsanje	Director
Linly Matanya	WOFAD - Blantyre	Director
Erick Dakamau	NAC	CCBO
Sam Kalimba	MANASO	CHAO
Hana Chinura	MANASO	PA
Hadwell Becha	Ebenazar	Driver
Lerenza Ngwira	WFNR	Driver
Edward Phiri	CRIDO	Executive Director
Bellinda Chirombo	Youth Impact	Executive Director