



# **HIV AND AIDS STRATEGY FOR HIGHER EDUCATION INSTITUTIONS IN MALAWI**

2016 National AIDS Commission



## ACKNOWLEDGEMENTS

The Malawi National AIDS Commission is indebted to the Southern Africa Development Community (SADC) for funding the development of the HIV and AIDS Strategy for Higher Education Institutions (HEIs) in Malawi. Thanks also go to the National Emergency Response Council for HIV and AIDS (NERCHA) of Swaziland through which funding for the development of this strategy was channelled. The HIV and AIDS Strategy for Higher Education Institutions (HEIs) is a product of a series of consultations and collaborative efforts involving different partners and stakeholders in the national response to HIV and AIDS and with those involved in higher education in Malawi HIV and AIDS and higher education realms in Malawi. The National AIDS Commission (NAC) acknowledges the contributions and commitment of the HIV and AIDS Strategy Taskforce as well as the support from a number of partners who contributed to the conceptualisation and development of this Strategy particularly the National Council for Higher Education and the Ministry of Education, Science and Technology (Directorates of Higher Education and Planning). The members of the task force included Mrs. Rose Kalidzang'oma, Mrs. Mwawi Ng'ombe and Mrs. Sangalutso Matola of MOEST; Mr. Richmond Chinula of NCHE; Mr. Mahara Longwe of NAC.

The National AIDS Commission extends its utmost gratitude to Dr. Benjamin N. Kaneka, the Consultant, for spearheading the process and conclusion of the development of the strategy.

## ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARVs	Antiretroviral
BCCI	Behaviour Change Communication Interventions
BLM	Banja La Mtsogolo
CPR	Contraceptive Prevalence Rate
CTS	Clerical and Secretarial Staff
EC	Emergency Contraception
FBO	Faith Based Organization
FP	Family Planning
FPAM	Family Planning Association of Malawi
FSW	Female Sex Worker
GBV	Gender-based Violence
HEIs	Higher Education Institutions
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
IEC	Information, Education and Communication
MANASO	Malawi Network of AIDS Service Organisations
MANET+	Malawi Network of People Living with HIV
MARP	Most At Risk Population
MDG	Millennium Development Goals
MDHS	Malawi Demographic and Health Survey
M and E	Monitoring and Evaluation
MOEST	Ministry of Education, Science and Technology
MoGCSW	Ministry of Gender Community and Social Welfare
MOH	Ministry of Health

MSM	Men who have Sex with Men
MZUNI	Mzuzu University
NAC	National AIDS Commission
NAPHAM	National Association for People Living with HIV and AIDS in Malawi
NCHE	National Council For Higher Education
NPS	National HIV Prevention Strategy
NSO	National Statistical Office
NSP	National Strategic Plan
OPC	Office of the President and Cabinet
PEP	Post-Exposure Prophylaxis
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV and AIDS
PSI	Population Services International
SADC	Southern Africa Development Community
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TFaC	Theatre for a Change
TTC	Teacher Training College
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNIMA	University of Malawi
VMMC	Voluntary Male Medical Circumcision
WHO	World Health Organization
YFHS	Youth Friendly Health Services
YPLHIV	Young People Living with HIV

## **PREFACE**

The National AIDS Commission (NAC) was established to provide overall leadership and coordination of the national response to HIV and AIDS through sector or constituency oriented approaches. The Commission realises that the response require a multi-sectoral approach and interaction between HIV and AIDS and broader issues of population, economic development and management, social service provision, culture, community development, human rights and gender. NAC hosts bi-annual and annual reviews with its partners in various sectors and constituencies. At the 2013-2014 annual review whose theme was “The Role of the Academia in the National Response to HIV and AIDS”, the participants recommended that with the context of the National HIV Prevention Strategy (NPS) and within the context of the National Strategic Plan (NSP) , there should be a strategy that specifically relate to Higher Educational Institutions (HEIs) in Malawi. The design of this strategy is premised on the quest to provide an implementation framework, laying out strategic interventions to achieve the goal of creating demand from the students and staff for HIV and AIDS services that encourage health-seeking behaviours that would mitigate the social, economic and health impact of HIV and AIDS in HEIs in Malawi and make progress towards 90:90:90 (90 percent of people living with HIV should know their status, 90 percent of all people diagnosed with HIV will receive treatment and 90 percent of people receiving treatment will have viral suppression), hence treatment is prevention targets as elucidated in the NSP (2015-2020).

**Davie F. Kalomba**

**Executive Director**

## Table of Contents

ACKNOWLEDGEMENTS .....	2
ABBREVIATIONS AND ACRONYMS .....	3
PREFACE .....	5
Table of Contents .....	6
1.0 Background Information .....	8
1.1 Introduction .....	8
1.2 HIV and AIDS interventions in Malawi .....	9
1.3 HIV and AIDS response in HEIs .....	11
2.0 Developing the HIV Strategy for HEIs in Malawi.....	12
2.1 Rationale and significance for a HIV strategy for HEIs.....	12
2.2 Strategy Development Process .....	15
i) <i>Desk review</i> .....	15
ii) <i>Data collection sites and participants</i> .....	15
iii) <i>Data collection methods</i> .....	16
1. <i>Key Informant Interviews</i> .....	16
2. <i>Focus Group Discussions (FGDs)</i> .....	16
3. <i>In-depth Interviews</i> .....	17
<i>Stakeholder Consultative Meetings</i> .....	17
3.0 Defining the HIV and AIDS related risks and challenges in HEIs in Malawi .....	17
3.1 Wide range of interconnectedness in potential sexual relationships .....	18
3.2 Poverty and economic deprivation/inequalities .....	18
3.3 Social and Peer Pressure .....	19
3.4 Lack of /inadequate counselling services on campuses .....	20
3.5 Inadequate information and knowledge about HIV and AIDS .....	21
3.6 University/college culture .....	22
4.0 Goal, Purpose , Objectives and Guiding Principles of the Strategy .....	23
4.1 Goal .....	23
4.2 Purpose .....	23
4.3 Strategic Objectives.....	24

4.6 Strategic targets .....	24
4.7. Guiding Principles.....	25
5.0 Scope and application of the strategy .....	26
6.0 Policy Environment .....	26
7.0 Priority Areas of Focus (strategic interventions) .....	27
8.0 Coordination and collaboration mechanism .....	36
9.0 Monitoring and evaluation.....	37
10.0 Strategic Implementation .....	44
11.0 Time frame for the strategy.....	44
12.0 Costing .....	45

## **1.0 Background Information**

### **1.1 Introduction**

HIV and AIDS is still remains one of the most devastating epidemics and a major public health threat that is jeopardising lives of individuals, families and communities. It is a human crisis with social, economic, cultural and psychological dimensions. Sub-Saharan Africa continues to be the most seriously affected region where over 70 percent of all cases of HIV infection in the world are found. Heterosexual intercourse continues to be the most predominant mode of transmission of HIV in the region, accounting for approximately 90 percent of all infections. In addition, it is the only region where there are more women infected compared to men. Currently, in sub-Saharan Africa, 76 percent of young people (15-24 years) living with HIV are female. Of greater challenge currently is the growing infection rates among the young people aged 15 to 24 that account for 60 percent of all new infections<sup>1</sup>. Due to the disproportionately young populations in the region, there is resultant high concentration of new infections among these young people.

SADC has an estimated 12 million People Living with HIV (PLHIV), accounting for about 36 percent of all PLHIV globally. Additionally, the sub region accounts for over a third of new infections. HIV transmission in the region is also mainly heterosexual with an estimated 92% of all infections attributed to this mode of transmission. HIV is thus most prevalent in sexually active people in the 20-39 year age group. However, HIV infection and the effects of illness and deaths due to the epidemic reach into all age and population groups. While distribution of HIV varies within SADC countries, it is common that urban populations have higher prevalence than rural communities. In addition, more women are infected than men, and they are infected at earlier ages<sup>2</sup>.

In Malawi, the 2008 Population and Housing Census (PHC) had reported that the country has a youthful population structure with a median age of 17 years. Close to 65 percent of the population is below the age of 25 years (Government of Malawi, 2009). This population structure entails that every year a big wave of youths enter into reproductive age bracket while others reach the peak of their sexual and reproductive lives (Government of Malawi, 2013). HIV continues to be one of the most impactful public health threats in Malawi. The 2010

---

<sup>1</sup> SADC HIV and AIDS framework 2010 – 2015

<sup>2</sup> SADC HIV and AIDS framework 2010 – 2015



MDHS estimated the national HIV prevalence to be 10.6 percent (NSO & ICF, Macro, 2011). Close to 1 million Malawians are living with HIV of which about 180,000 are children aged below 15. Young people (15-24), an age group in which the majority of students in tertiary institutions belong, account for 50 percent of new HIV infections<sup>3</sup>, with rates being higher among younger women than those of young men. The prevalence among women aged 15–24 years was 15.3 percent compared to 7 percent of the young men of the same age group (NSO & ICF Macro, 2011) (i.e., younger women are being infected by older men). Over 95 percent of women aged 15–24 have heard of HIV and AIDS and almost all (99 percent) were aware of means of prevention. However, this high level of awareness has not translated reduction in risk behaviours. For example, according to the 2010 MDHS, only 42 percent of young people had used a condom at last sex with a non regular partner. The current and future impact of HIV and AIDS among young people is a cause for a great deal of consternation among policy-makers as it threatens to erode or derail the socio-economic development of the country through its associated increases in morbidity and mortality and loss of productivity.

## **1.2 HIV and AIDS interventions in Malawi**

Since the first case of HIV was detected in 1985, there is now ample evidence that HIV can be prevented and controlled. The national efforts against HIV and AIDS have been expanded to a multisectoral level since the establishment of the National AIDS Commission (NAC) to provide effective coordination and leadership to the national response. Currently, the country is implementing the National Strategic Plan (NSP) 2015-2020. The NSP aims to translate the National HIV and AIDS Policy into action and provide a new framework for the implementation of HIV and AIDS interventions whose main target is the UNAIDS' 90:90:90 targets (90 percent of people living with HIV should know their status, 90 percent of all people diagnosed with HIV will receive treatment and 90 percent of people receiving treatment will have viral suppression). The NSP emphasizes intensifying the identification of previously undiagnosed HIV-infected children and adults by refocusing the provision of high quality provider initiated HIV testing and counselling (PITC) and targeted community testing services in settings where it is likely to identify many clients and sub-populations at high risk of HIV infection. It also emphasizes expanding access to antiretroviral therapy (ART) by continuing to roll out ART services to peripheral health facilities and increasing the number of HIV positive children and adults eligible for ART. Related to this, the nation is also implementing

---

<sup>3</sup> AVERT (2015) HIV and AIDS In Malawi  
Page | 9

the National HIV Prevention Strategy (NPS) 2015–2020 to which the current strategy for HEIs is aligned. The NPS recognizes the need to target specific HIV prevention interventions to key populations such as men who have sex with men (MSM) , female sex workers (FSW) , couples and young women aged 10-24 years. The NPS provides a framework for overcoming challenges experienced in implementing traditional HIV transmission reduction interventions such as condom use, treatment of sexually-transmitted infections (STIs) and VMMC, and promotes the use of human rights- and gender-based approaches in implementing HIV preventive interventions. It also recognizes the importance of high ART coverage as an HIV prevention intervention and includes specific interventions to support PLHIVs by promoting treatment adherence, addressing stigma and discrimination and providing social protection.

To sustain the response, the country is investing resources in a variety of interventions particularly on HIV prevention and demand creation for HIV and AIDS services. The most critical ones are male and female condom promotion, Voluntary Male Medical Circumcision (VMMC), AIDS education in schools, HIV counselling and testing, behaviour change communication, blood safety, provision of antiretroviral drugs, and structural interventions such as reduction of stigma and discrimination and gender-based violence (GBV) prevention and response. There has been up scaling of “test and treat”, whereby any person who tests HIV-infected is immediately enrolled into antiretroviral therapy (ART), Option B as soon as they are identified HIV positive, regardless of their CD4 or health status is effective in reducing the viral load of HIV-infected persons, thus making them less infectious to others, reducing the probability of viral transmission. In terms of HTC, the country is now shifting from the community-based testing model which focuses on general population access, to HIV testing services (HTS) that are focused and targeted on those key and vulnerable populations in which the highest HIV incidence and prevalence are noted. The most anticipated outcome of the interventions is the reduction of HIV incidence from sexual transmission in the general adult population, particularly among adolescent girls, young women and youth in general. This population level reduction in incidence will be achieved by reducing the overall viral load in the population through ART scale-up to reach the 90-90-90 targets, complemented by targeted interventions to prevent new infections among most at risk females (15-24 years) and key and other vulnerable populations. With increased HIV prevalence among adolescent girls and boys, priority is now given to preventing new infections among vulnerable girls and boys through empowerment strategies targeting individual risk factors, damaging community norms that

promote early sexual initiation, marriage and gender based violence (GBV), and facilitate access to youth friendly health services including VMMC for males 15-34 years of age.

*The National HIV Prevention Strategy (2015-2020)* identified female youths as one of the most vulnerable groups requiring special attention and interventions. The prevalence among women aged 15–24 years was 15.3 percent compared to 7 percent of the young men of the same age group<sup>4</sup>. While students in institutions of higher learning might be considered enlightened, inspired and able to act upon the information they receive, their age group remains among the most vulnerable to HIV, given their susceptibility to succumb to risky sexual behaviours.

### **1.3 HIV and AIDS response in HEIs**

There have been various measures and initiatives have been undertaken to prevent and control HIV and AIDS within the HEIs, particularly in the public universities and colleges. However, the interventions have been sporadic and lackadaisical, focusing mainly on IEC to create awareness about HIV and AIDS among staff and students. In some universities there are campus clinics that provide primary healthcare and curative services to the students and staff. They also provide sexual and reproductive health (SRH) education and services such as family planning, treatment of sexually transmitted infections (STIs). Some provide HIV and AIDS specific services such as HTC, post-exposure prophylaxis (PEP) and ART. Staff at the institutional based clinics reported very low patronage of students and staff particularly to the HTS (HTC and PITC), PEP, and voluntary male medical circumcision and ART services. These services are under-utilised purportedly for lack of confidentiality and privacy, self-stigma, and stigmatisation and discrimination that are associated with seeking these services, particularly HTC and ART. In addition, most of these campus clinics have mainly clinical officers, laboratory technicians and nurses that only provide health related support. Most of them have no expertise in counselling students and staff on various other issues pertaining to HIV and AIDS that could be professional handled by clinical psychologists or social welfare workers.

In some colleges, there are HIV and AIDS coordinating committees. However, most of these committees are idle most of the times and only become active where there are donor funded activities on campuses. Most members are volunteers while a few are included in the

---

<sup>4</sup> National Statistical Office and IFC Macro, 2011 Malawi Demographic and Health Survey Report  
Page | 11

committees by virtue of their positions, as is the case with Dean of Students or Heads of Campus Clinics. Their meetings are irregular with poor attendance. There are indications that there is a limit to what a committee operating on a voluntary basis can achieve as such given other equally pressing matters; they do not prioritise these activities. Individual workloads and lack of means of motivation act as hindrances to active participation in the activities of the committee. In addition, other segments of the college communities such as Clerical and Technical Staff (CTS) feel being excluded as they are not properly represented.

Some faculty members, particularly in health related studies, social sciences and nursing programs, are involved in HIV and AIDS research and training. There have also been efforts by individual lecturers to provide knowledge to students about HIV and AIDS through the curriculum and courses offered. However, these efforts are limited and depend largely on the interest of the individual lecturers.

In some universities and colleges, it was found that there were some HIV and AIDS clubs or organisations formed and run by the students. However, their membership, being voluntary, was very small. For example at Lilongwe Teachers Training College, only those students who were members of the HIV and AIDS clubs were trained as peer educators by Theatre for Change (TfAC) were active members of the clubs. At Chancellor College of the University of Malawi, it was found that only about 100 out of the student population of about 3200 undergraduates were members of HIV and AIDS related organisations.

Overall, these interventions suffer from lack of resources (finances, materials and equipment, and human resources in the form of skilled and experienced people) to ensure that the HIV and AIDS activities are effectively and efficiently implemented. In addition, as has been elucidated above, these volunteers engage in these activities without professional orientation or capacity building interventions. Consequently, they lack technical knowledge and advice to help and support them in planning, budgeting and proposal writing for resource mobilisation for their projects and activities.

## **2.0 Developing the HIV Strategy for HEIs in Malawi**

### **2.1 Rationale and significance for a HIV strategy for HEIs**

The general picture is that there is a dearth of information about the magnitude of HIV and AIDS interventions in HEIs in Malawi. Although there have been various interventions and

that some faculty and students in some universities and colleges have been involved in HIV and AIDS research and training, the existing HIV and AIDS activities have not been properly planned, implemented, coordinated, monitored or evaluated. In addition, there has been no mainstreaming of HIV and AIDS activities in programmes and undertakings of the HEIs in the country.

The National AIDS Commission (NAC) coordinates the national responses to HIV and AIDS through sector or constituency oriented approaches. NAC hosts bi-annual and annual reviews with key implementers, coordinators of the response plus development partners (as per their Memorandum of Understanding between NAC and donors) in the various sectors and constituency. For the 2013-2014, the theme of the review was “The Role of the Academia in the National Response to HIV and AIDS”. The participants recommended that Malawi needs an HIV and AIDS strategy for Higher Education Institutions (HEIs). There is also the Ministry of Education, Science and Technology (MoEST)’s National Education Sector Plan (NESP) that outlines how the sector (from primary to tertiary levels) would respond to HIV and AIDS in order to protect learners and staff from the scourge of the epidemic.

This strategy presents a foundation on which tertiary institutions in the country can base their HIV and AIDS programs and interventions. The development of the strategy for HEIs is in line with the objectives of NSP, NPS and NESP. The student population in most universities and colleges in Malawi is composed mainly of those in the age bracket of 18 -24 years. The median age for Malawian tertiary level students is 19.5 which is within the at risk age group. As highlighted, this age bracket is more sexually active and vulnerable than other age groups to HIV infection. This makes HEIs key entry points to reduce HIV transmission primarily amongst this vulnerable population (youth aged 15– 24 years). The secondary targets are mature and postgraduate students (who are mostly outside this age range) and members of academic and support staff in these HEIs. The interventions in the strategy will create demand from the students and staff for HIV and AIDS related information and services and a variety of health and educational resources to encourage health-seeking behaviours that enhance the progress towards 90:90:90 targets.

Interventions developed for the general population may not be appropriate for these tertiary level students and staff as they have distinct environments and risks. The strategy puts attention on the design and placement of interventions that are aligned to the economic and social

conditions in which the students and staff in HEIs find themselves in . This will ensure an effective response. In terms of academic and support staff, the institutional costs of recruitment and training due to increased morbidity, premature deaths, and costs incurred in the form of employee benefits for health care during illnesses, funeral benefits after death and pension fund commitments can escalate due to unexpected early retirements. These would divert funds meant for educational improvement and growth. For sponsored students, the sponsor also loses out in investing in the students if they die either in the course of their work or indeed immediately they are out of college.

HEIs train people with the aim of transforming them into highly skilled human resources in all sectors of the country's economy. This calls for sustained measures to curb the loss of staff and students, who are the cream of the society, through sickness and death. Providing this human resource with skills in HIV and AIDS prevention and management will not only preserve them but will have a multiplier effect as they take these skills to their respective work places. For example, teachers with HIV prevention and management skills will directly impact on the lives of many younger students in secondary schools. Similarly, those in other forms of employment will have developed skills and attitudes which they can use for HIV and AIDS response activities in their workplaces. Further, with the intensified programs and interventions, HEIs will turn into a more enlightened group that can play pivotal roles by providing the necessary technical support at all levels in implementing the NSP and NPS in the country. They can act as centres of excellence in strategic research in HIV and AIDS realms, provide high level think tanks and take a leading role in HIV and AIDS advocacy. They can also collaborate and network with Government, NGOs, the private sector, UN organizations, other agencies and other stakeholders and learn from success stories from within the country, region, other parts of Africa and the world at large.

The graduates in HEIs that are produced at great financial and economic costs to the government, parents and guardians, students themselves and the nation as a whole need to be protected and be provided with a conducive environment for HIV prevention, treatment, care and support. The future developments in the public, civil society and private sectors, which will require highly educated and skilled personnel, could be severely compromised due to the effects of HIV and AIDS on students and staff.

## 2.2 Strategy Development Process

The process used multifaceted participatory approaches with both intended beneficiaries (students and staff in HEIs) and other stakeholders. The approaches included desk review, qualitative (key informant and focus group discussions and individual in-depth interviews) data collection methods and consultative meetings with the taskforce comprising NAC, NCHE, MoEST and HEI representatives that provided guidance to the entire strategy development process and periodic consultative meetings and workshops with other stakeholders in HEIs.

### *i) Desk review*

There was a review of relevant national documents such as National HIV and AIDS Action Framework, National HIV Prevention Strategy (2015 – 2020), National Strategic Plan for HIV and AIDS (2015 – 2020), National HIV and AIDS Policy (2013-2017), National Youth Policy (2013-2017), National Education Sector Plan (2008 -2017) and Health Sector Strategic Plan (2010-2016). In addition, the current HIV and AIDS activities in the tertiary institutions as championed by BLM, PSI/M, Theatre for Change and ZAMANAWA were also reviewed. Informed by the literature review, three data collection tools were developed and employed to generate data for the development of the strategy. These tools were (a) focus group discussion (FGD) guide for students in the selected institutions (b) key informant interview (KII) guides with student leaders, students, staff and stakeholders (NAC, NCHE and MoEST and other stakeholders); (c) in-depth interviews (IDI) guide with students.

### *ii) Data collection sites and participants*

The primary participants were the students currently enrolled within HEIs. Others included academic and administrative staff and clerical and technical support staff. The first stage was the categorisation of tertiary institutions into three broad categories from which a sample of 6 was drawn. The first was the categorisation between public universities and private/church based universities. Two (University of Malawi (with its 4 colleges) and Mzuzu University) out of the four public universities were included and other four private universities were randomly selected from the list of private universities as provided by the National Council for Higher Education. Efforts were made to include those private universities and colleges that enrol mature (already in employment) students and those whose students are mostly day scholars that commute from home to the campuses every day. Exploits University, Catholic

University of Malawi, Blantyre International University and University of Livingstonia (Ekwendeni College of Health Sciences) were sampled and participated in the consultations.

Within the public and private universities, students were categorised by the sex (male and female), residential status (on campus vs. off campus), entry status (generic vs mature) program of study and year of study and by financial arrangements (government sponsored vs. self-sponsored) where applicable. For staff, it was by departments and areas of speciality (field of study and rank). The aim was to be as inclusive as possible and to gather diverse perspectives of the issues under discussions.

The third category of tertiary institutions was a wide range of public and private colleges ( post secondary institutions). This category comprised technical colleges, teachers' training colleges (TTC), nursing colleges and business related colleges. The study sites were categorised by type of college (TTC or nursing or other) and geographical/regional. The selected ones were: Malawi College for Health Sciences (Zomba Campus), Mzuzu Technical College, St John of God College for Health Sciences, Lilongwe Teachers Training College, and Lilongwe Technical College.

### *iii) Data collection methods*

#### *1. Key Informant Interviews*

The key informant interviews were conducted with staff members in academic, administrative and support categories on a face-to-face basis. These included deans of student, student leaders and clinical personnel (in cases whereby there was a clinic located within the institution) and other academic, administrative and support categories of staff in tertiary institutions. Some chaplains and matrons also participated in the consultations. The number of key informants were 48 (3 per every identified institution).

#### *2. Focus Group Discussions (FGDs)*

Two FGDs were conducted at each sampled tertiary institution. In each FGD there was a minimum of 8 and maximum of 12 participants as a standard requirement. The participants were purposively sampled to reflect a mixed group (males and females) of students. Participants in the FGDs were excluded from IDIs and key informant interviews to avoid



getting duplicated information from the same study participants. Discussions were tape-recorded and transcribed. A total of 24 FGDs were conducted.

### *3. In-depth Interviews*

A crucial source of information were students' IDIs since the students are the main stakeholders in the tertiary institutions and prime beneficiaries of the strategy. The IDIs were drawn from a wide range of tertiary institutions that include universities (public and private universities), public and private and colleges (such as TTCs, nursing, business and technical). Students who are required to spend part of their years of studies doing field practice such as nurses, teachers, doctors, engineers were also of particular interest to the consultations as they may face peculiar circumstances.

### *Stakeholder Consultative Meetings*

A highly participatory and consultative approach in which all the relevant stakeholders participated was adopted in developing the strategy. A multi-disciplinary steering committee (SC) was formed to provide overall guidance to the process. The steering committee was responsible for endorsing the progress of each step of the process. The approach included an extensive desk review, consultations and information gathering from selected HEIs and consultations with the steering committee members and stakeholders in specifically convened meetings and workshops. The steering committee included officers from the Ministry of Education Science and Technology (Directorates of Planning and Higher Education), University of Malawi, NCHE and NAC to review the inception report as presented by the consultant. Stakeholders from HEIs, youth organizations, MOH, MEST, CS and other partners convened for a day-long meeting for the validation of the findings of the issues of HIV and AIDS as they relate to HEIs and the discussions of the proposed interventions that have formed the basis for the current strategic interventions of the strategy.

## **3.0 Defining the HIV and AIDS related risks and challenges in HEIs in Malawi**

In spite of some successes in the HIV and AIDS response, there are still a myriad of sources of risks persistent in HEIs. There is a range of factors that predispose members of the university and college communities, particularly students, to the risk of HIV infection. One critical issue is the gap between HIV and AIDS knowledge and behaviour or practice. Broadly, the risks, challenges and vulnerabilities, can be summed up in the following ways:

### **3.1 Wide range of interconnectedness in potential sexual relationships**

In a college/university environment, there are webs of social and relational interactions and linkages as below:

- Students and fellow students
- Students and academic and administrative (A&A) staff
- Students and Clerical and Technical Staff (CTS) Students and community members
- A & A staff with fellow A & A staff
- A & A staff with CTS staff
- A & A staff with community members
- CTS staff with fellow CTS staff
- CTS staff with community members

These provide opportunities for engaging in multiple and concurrent sexual relationships within these webs.

### **3.2 Poverty and economic deprivation/inequalities**

- Transactional sex (in exchange for money and other favours), particularly involving female students, in the changing economic landscape and new admission mechanism that include non-residential and self-financing arrangements in public universities and colleges and high fees and cost of living/lodging in private universities and colleges has been identified as one of the risks. There is desperation among both male and female students to supplement their disposable/living/subsistence incomes and finance their education that compel some to engage in transactional sexual relationships and unprotected sex both within and outside campuses hence putting themselves at risk of HIV and AIDS.
- Multiple and concurrent sexual partnerships were reported to be a common feature (for both males and females) among both students and staff. The situation is widespread across campuses and colleges. However, it was more commonplace in more expensive private institutions. There were also some female students who could have as many as three simultaneous sexual relationships to serve different purposes. These included relationships with a tutor/lecturer/instructor for academic survival and to see the female student through college/university to receiving a degree (sex for grades), a “sponsor” or so call “ATMs” to pay for her living expenses and tuition fees, and a boyfriend for the purposes of marriage in future. In a related manner, because of a high concentration

of females at one place, there were reports of male staff who have multiple sexual relationships with both female students and female members of staff.

- There is lack of or inadequate opportunities for part time or vocational employment that can be a source of income to finance their education. Only a small proportion of tertiary students get vocational employment. Faced with a real prospect of withdrawing from colleges for financial reasons, some female students engage in sexual relationships (they entice or get enticed) in order to get resources necessary to meet basic needs at the university/college.
- There is lack of or inadequate financial support by most parents and guardians to their children/wards who are in HEIs. Some parents, especially those who are poor, appeared to be tired of supporting their children/wards beyond secondary school hence leaving their children to fend for themselves once they get to tertiary institutions. There is inadequate communication between parents and their tertiary level children on matters of academics and finances with parents assuming that their children/wards are adequately knowledgeable on these issues. Once they send their children to colleges, many parents and guardians feel financially relieved without realising that the students' financial needs tend to be greater while in tertiary institutions than was the case in secondary schools. Inadequate financial support predisposes some students in HEIs to engage in risky sexual behaviours in order to meet the basic needs of their studies.
- The neighbourhoods of some HEIs' are poorer than the campuses. For example at Malawi Adventist University, Catholic University of Malawi, University of Livingstonia and Chancellor College of the UNIMA, some girls and women from neighbouring communities come on the campuses to look for and perform piecework (such as washing clothes and ironing) for students and staff. These girls and young women look forward to financially benefit from the male students through sexual relationships. The reality has been that they seek out such relationships every year targeting new students, hence exacerbating the risk of multiple sexual partnerships which may lead to HIV infection.

### **3.3 Social and Peer Pressure**

- Social and peer pressure to have sexual relationships once young people get to colleges or universities has been a norm for some students. For first year students, it is a sign that they are part of the university or college culture and that they are accepted and attractive. For those in third and fourth years of study, female students move from one relationship to the other in a bid to attract future husbands. There are fears that they can be “left on the shelf” which means remain unattached as they appear to run out of time of being on the campuses fearing that competition for marriage partners is deemed to be too stiff once they leave college. This puts both male and females at risk. Some female students were reported to end up having as many serial sexual relationships in the end. Some male students also take advantage of the prevailing situation and have multiple sexual relationships (both concurrent and serial). In both cases there could be a high risk of contracting HIV if partners are not following safer sex practices.
- For those pursuing programs in Nursing, there is what the students and staff described as ‘a nursing syndrome’ whereby female nurses are said not to be favoured as marriage partners. It is alleged that when they go for night shifts they sleep with their bosses (doctors, clinicians or senior nurses), patients, and patient guardians or easily find opportunities to meet secret lovers even outside the health facilities. Consequently, they are eager to attract future husbands at any given opportunity. The situation is worsened by the fact that enrolment for the nursing courses is skewed in favour of females.
- There is peer pressure to fit in and belong to peers and friends by imitating what they do and get what they have. Some feel pressured to have relationships while others engage in transactional sex to obtain benefits in form of lunches, outings, expensive clothing, jewellery, fashionable hairstyles, make up and gadgets such as phones and laptops (also critical for academic use) in order to fit in. Some students fail to accept one’s social standing/economic situation. Some of those who come to colleges these days are still young and lack maturity and self esteem and still look up to others for approval and validation about the style of college lives.

### **3.4 Lack of /inadequate counselling services on campuses**

- There are poor or no counselling services on most campuses. While some colleges have offices of the Chaplain, Dean of Students/Warden and matron, many other colleges have no chaplain or counsellor that can spearhead counselling students on various issues (not only spiritual) they encounter during their years of study. Studies

in HEIs are often challenging and that some students when faced with stressful academic pressure or are discouraged by poor grades, the stress that ensues would compel some to relieve stress by engaging in risky behaviours such as alcohol and substance abuse and unprotected risky sexual acts.

- Students in HEIs are left to take care of themselves as adults. They are said to be mature and can easily make independent decisions. Most tutors/instructors/lecturers or administration do not have time to care for what students do or face in their daily lives as long as they are doing well academically. Yet most of them are still young, especially currently when even 16 year olds are entering colleges and universities, and they still need guidance and counselling from those who assume the roles of “surrogate parents” in these colleges and universities.

### **3.5 Inadequate information and knowledge about HIV and AIDS**

- Attitudes towards HIV and AIDS have shifted from fear to, with the coming in of ARVs, AIDS being like any other manageable chronic disease because the messages that are being currently propagated have reduced the threat and seriousness of HIV and AIDS as an epidemic. There is a feeling that the tone in the current messages is not strong enough to get young people to reflect on the long term risks of their sexual behaviours (especially those in HEIs who feel invincible).
- While HIV and AIDS is taught and graded in some health related colleges and universities and other colleges where HIV and AIDS management is a programme of study leading to award of diplomas, these efforts just constitute a small proportion of HEIs; the majority of HEIs (particularly Teachers Training Colleges (TTCs) and most Technical Colleges) do not offer such courses.
- There is poor or inadequate information about a wide range of HIV and AIDS issues including lack of knowledge and understanding about the efficacy of medical male circumcision in HIV prevention as some think of circumcision as a licence to unprotected sex. There is also inadequate knowledge on human sexuality, including the onset of puberty and sexual activity in young people, especially those in non

medical/health related colleges. In addition, there is inadequate understanding of the meaning and importance of HTC, PEP and ART.

### **3.6 University/college culture**

- There are general feelings of invincibility among students in HEIs. For many in this age group, it is a period of initiation and experimentation with sex, alcohol, and/or drugs, especially given that many are away from their parents, families and communities for the first time in a much less regulated environment. There is a prevailing culture and a general expectation that college life is supposed to be enjoyed. In this respect, students tend to be more inclined to take risks such as unplanned sexual encounters sometimes under the influence of alcohol or drugs. Some students turn out to be sexually adventurous often with multiple serial or concurrent partners and most of them do not have consistent access and use of protective measures including condoms, emergency contraception (EC) and PEP. Those pursuing health related courses tend to be too familiar with HIV and AIDS issues and messages such that they feel too invincible to be infected by the virus.
- There are expressed strong feelings among students that there is a problem with the methods of assessment in colleges and universities that place vast powers in the hands of tutors/instructors/lecturers to decide on the academic future of students in terms of passing or failing a student. At times such powers were reported to be abused by lecturers/tutors/instructors and also by the students mostly the female ones. Some lecturers/tutors/instructors coerce female students into sexual liaisons in exchange for passing grades. Similarly some female students entice male tutors/instructors/lecturers who teach difficult courses with the aim of getting good grades. There were also reported cases where some lecturers/tutors/instructors have consensual sexual relations with female students for the same purposes.
- There is gender based violence and sexual harassment of female students by male students and staff, as well as by other men that takes place particularly in the off campus self boarding/flatting facilities. Needy students choose cheap accommodation places that are also preferred by some people with risky behaviours such as sex workers or vendors who also seek cheap accommodation. Female students that are off campus are more vulnerable than those in halls of residence on campuses. Boys and men can invade

into their places of accommodation at any time without restrictions. Roommates who have guests of the opposite sex over night may also exert pressure on their roommates to take risks with sexual partnerships. The overall environment prevalent in these off campus places of accommodation tends to provide wide opportunities for peer pressure to engage in risky sexual behaviours.

- There are social activities in many campuses that are deemed to promote sexual activities. These include social weekends, parties, social marketing platforms such as Chishango nights and bashes and pageants that are also open to males and females from outside the campuses. There are reported incidences of excessive drinking and substance abuse during these events and a great deal of sexual activities hence putting lives at risk.
- In the course of their trainings, some students particularly those pursuing health related professions, cite risks they encounter in the course of doing their practices or attachments. For example, they are exposed to a wide range of individuals (for example, supervisors, patients, guardians) on a daily basis that exert influence and pressure on them to engage in sexual liaisons that can at times be risky relationships.
- There were gender inequalities and masculinity perceptions among male students that skew sexual relationships in favour of males. It was found that males mostly assume that acceptance of a love relationship is an acceptance of sexual liaisons, meaning that sex is a non negotiable part of a relationship. This entails males being more dominant over females in decision making on issues of sex and sexuality that would include how and when sex should be experienced. Female students also shared these perceptions.

#### **4.0 Goal, Purpose , Objectives and Guiding Principles of the Strategy**

##### **4.1 Goal**

Advocate for and contribute to the prevention of HIV transmission and mitigation of the social, economic and health impact of AIDS in HEIs.

##### **4.2 Purpose**

To establish a robust framework for identification, implementation and coordination of interventions designed to enhance HIV prevention and mitigation of the social, economic impacts of HIV and AIDS in HEIs in Malawi. This is a broad national strategy that guides interventions and pools together issues from a cross section of stakeholders in promoting HIV prevention and HIV and AIDS impact mitigation as well as HIV and AIDS mainstreaming as related to their areas of comparative advantage in HEIs in Malawi.

### **4.3 Strategic Objectives**

The strategy is geared to:

- Provide a framework for and guide the harmonisation of HIV and AIDS responses in HEIs,
- Provide a platform for students and staff confront salient issues about HIV and AIDS that specifically affect HEIs' communities and create a culture of openness and acceptance of the realities of the health, social and economic effects of HIV and AIDS in their communities
- Facilitate demand creation for and promote access to HIV and AIDS related services and commodities (male and female condoms, PEP, EC, HTC, ART) in HEIs.
- Support sustainable service delivery systems of HIV and AIDS information and services in all HEIs through mainstreaming of HIV and AIDS in the core business of HEIs.
- Provide a source document for individual colleges and universities to develop their own college/university specific strategies, plans and policies.
- Provide a framework for monitoring and evaluation of HIV and AIDS activities and programmes in HEIs.

### **4.6 Strategic targets**

The strategy's focus is on achieving the following targets in HEIs:

1. At least 70 percent of students and staff have access HCT services.
2. At least 90 percent of HIV-positive students and staff have access antiretroviral (ARV) services
3. At least 80 percent of students and staff with STI symptoms have access to treatment services.
4. At least 80 percent of students and staff have comprehensive knowledge on HIV and AIDS and situational and environment specific preventive measures.



5. At least 80 percent of staff and students adopt positive behaviours (abstinence, consistent and correct condom use and reduced number of sexual partners to one).
6. At least 50 percent of HIV and AIDS program costs being mobilised internally

#### **4.7. Guiding Principles**

The HIV and AIDS Strategy for HEIs and its implementation are guided by the following principles:

- *HIV and AIDS Mainstreaming*: HEIs are an integral part of the Malawi society that has been heavily affected by the effects of HIV and AIDS, and as such the interventions in the strategy fit into the country's overall national response to HIV and AIDS as espoused in the NSP (2015-2020). Interventions under this strategy are to be integrated in the mainstream programmes and activities of HEIs.
- *Flexibility* : HEIs in Malawi vary in their inclination, focus, affiliation and operations; as such the strategy has been made to be flexible and amenable to modification to address emerging issues in the HIV epidemic, fit new developments in the management and control of HIV and AIDS and be in line with localised opportunities and challenges in particular institutions and their surrounding communities.
- *Multi-Sectoral Response*: Given that the HIV and AIDS epidemic is dynamic in nature with ever-changing multi-dimensional and multisectoral ramifications and implications, the strategy calls for a multi-sectoral approach mainly among individual colleges and universities, MOEST, NAC, NCHE, development partners, the private sector, civil society organizations and the surrounding communities in the implementation of the suggested interventions.
- *Active participation and inclusion*: Given that HIV and AIDS affect different population groups differently, it advocates for the creation of a conducive environment for the active participation of all segments of university and college communities including minority groups such as MSM and LGBT and surrounding communities in prevention, support and impact mitigation with robust commitment from management.
- *Upholding Human Rights and Ethical Principles*: Within the scope of human rights, there is a need for elimination of stigma, discrimination and marginalization,

particularly of some populations such as MSM and LGBT, those most vulnerable to HIV infection and those already infected and affected by HIV and AIDS, while maintaining their privacy and confidentiality.

- *Adherence to the Principles of Gender Equality, Equity and Women's Empowerment:* The strategy recognises the importance of making commitments to eliminate gender- and sex based violence among students and staff and address the underlying social and economic causes that make students and staff, particularly females, vulnerable to the risks of HIV and AIDS.
- *Sustained Resource Mobilisation:* Makes a commitment to mobilisation of requisite resources (financial, human and materials) to facilitate harmonization, coordination, dissemination, popularization, and implementation of the strategic interventions.

## **5.0 Scope and application of the strategy**

The *HIV and AIDS Strategy for HEIs* in Malawi shall be applied to:

- All institutions of higher learning in Malawi
- All undergraduate and postgraduate students enrolled in HEIs
- All employees, including temporary, permanent and contractual staff of these institutions and their families
- Where possible, communities surrounding HEI establishments in Malawi

Based on the current information from the NCHE on HEIs in Malawi, the accredited HEIs are four public universities with UNIMA having four colleges and Lilongwe University of Agriculture and Natural Resources (LUANAR) having two colleges; 18 private universities and colleges and many colleges Christian Health Association of Malawi (CHAM). Taking into consideration the student and staff population, family members and immediate communities, the strategy focuses on an estimated audience of close to 2 million people categorised into primary, secondary and tertiary targets (audiences).

## **6.0 Policy Environment**

The Ministry of Education, Science and Technology (MoEST) developed the *The National Education Sector Plan (NESP) (2008-2017)*, which outlines how the sector responds to HIV

and AIDS epidemic in order to protect learners and members of staff from the effects of the epidemic. The *National Strategic Plan (NSP) for HIV and AIDS (2015-2020)* and the *National HIV Prevention Strategy (NPS) (2015-2020)* guide efforts to contain the epidemic in Malawi. Both documents identify young people (the group in which a majority of students in HEI belong), particularly females, among others, as a priority group highly vulnerable to HIV infection. Both documents have outlined and prioritized strategic interventions targeting these target groups.

## **7.0 Priority Areas of Focus (strategic interventions)**

The critical interventions outlined in the HIV and AIDS strategy for HEIs in Malawi are arranged into six key areas of focus. These were identified and based on the findings of the consultation processes with HEIs and other stakeholders in higher education in the country as explained in the strategy development process section. They are summarised as below:

- Committed leadership and strong institutional structures to spearhead the implementation of the strategy;
- Sustained resource mobilisation for HIV and AIDS activities and services on campuses;
- Enhanced capacity of academic staff to integrate HIV and AIDS in the curriculum and conduct HIV and AIDS related research to enhance knowledge and skills
- Enhanced knowledge, skills and capacity to prevent HIV and create demand for HIV and AIDS services;
- Enhanced access to quality and comprehensive HIV and AIDS service delivery relating to HIV prevention, treatment, care and support on campuses;
- Enhanced professional counselling on campuses;
- Conducive environment for students and staff to avoid risky behaviours.

### ***Committed leadership and strong structures to spearhead the implementation of the HIV strategy at institutional level***

Strong and committed leadership structures at HEIs refer to the quality, adequacy and appropriateness of the implementation mechanisms for the HIV and AIDS response at institutional level. As highlighted, although some colleges and universities have some campus based HIV and AIDS activities, such activities tend to be uncoordinated and sporadic without

the requisite planning, monitoring and evaluation mechanisms. Priority interventions identified herein include the establishment of strong implementation structures as outlined below:

- Establish/ strengthen institutional HIV and AIDS coordinating committees and make them a formal part of the institutional set up and hierarchy. They should be responsible for leading and spearheading the HIV and AIDS interventions at institutional level. The committees should be well resourced, incentivised and representative of all the categories of staff (academic, administrative and support staff) with a clear and robust (not adhoc) calendar of events and activities to enhance ownership and active involvement.
- Appoint a high level officer such as the Chancellor or the Vice Chancellor to be the Patron for the HIV and AIDS Committee while the Registrar or someone on similar high level should have the high level implementation responsibilities.
- Establish/strengthen campus based student HIV and AIDS organisations, clubs and societies to spearhead the HIV and AIDS response among all manner students (residential and non residential, normal entry and mature entry, undergraduate and postgraduate) at each HEI campuses.

### ***Sustained resource mobilisation for HIV and AIDS activities and services on campuses***

Mobilising and committing requisite resources (financial, material and human) are central to the implementation of this strategy. One of the critical challenges is the presence of a strategy with no resources committed to its implementation. Such challenges account for gaps between what is in the strategy and what is actually being implemented (practice). Interventions identified in this area of focus relate to activity based planning and committing specific budget lines in colleges and universities and robust resourcing among staff and students for the implementation of the HIV and AIDS interventions on their respective campuses. The following are some of the strategic interventions:

- Include in the universities and colleges' budgets resources for HIV and AIDS interventions. This can be supplemented by soliciting of funding from the private sector and other funding agencies to finance the HIV and AIDS responses on campuses. In order to ensure fairness, it would be advisable that the HIV and AIDS allocation be tied to a percentage of the budget, for example, 5 percent of the total recurrent expenditure.

- Enhance the capacity of students and staff through trainings and advocacy to pool together their creativity and networks and mobilise resources through proposal development and networking with other governmental and non-governmental organisations from within and outside the country to promote HIV and AIDS activities in the institutions.

***Enhanced capacity of academic staff to integrate HIV and AIDS in the curriculum and conduct HIV and AIDS related research to enhance knowledge and skills***

The curriculum can be robust and readily available entry point for HIV and AIDS intervention on campuses. It provides a conducive environment for interrogating issues pertaining to HIV and AIDS that can enhance knowledge and skills to deal with the epidemic. The following are some strategic interventions:

- Review, develop and infuse HIV and AIDS related courses for all programs in universities and colleges such that there is scheduled teaching of HIV and AIDS issues based on the curriculum. HIV and AIDS can be mainstreamed into courses of study and curricula . This requires a policy directive with regard to mainstreaming of HIV and AIDS into the curriculum. The colleges /universities can appoint an appropriately qualified curriculum development expert who would ensure that aspects of HIV and AIDS are fully incorporated into the curriculum of every qualification (diploma or degree) offered by HEIs. Alternatively, HEIs can make HIV and AIDS one of the compulsory courses in the first year of study, regardless of the program.
- As HIV and AIDS interfaces with other aspects of people’s lives such as gender, sexuality, human rights, culture, the media, economy, morality, spirituality, protection and security, HEIs can create discipline specific HIV and AIDS courses such as HIV and AIDS in Literature, the Psychology of HIV and AIDS, HIV and AIDS risks in Engineering, for example, to ensure that HIV and AIDS issues are tackled in ways that are relevant to the staff and students of a particular discipline.
- Promote the participation of staff and students in national and international specialised HIV and AIDS courses as offered through e-Learning or Open and Distance Learning (ODL) modes to increase their knowledge and improve their skills HIV and AIDS

issues . Further, arouse interest and provide opportunities for postgraduate studies to develop future HIV and AIDS researchers and scholars.

- Promote student and staff involvement in field placements and extracurricular activities such as community projects where HIV and AIDS is the focus or integrated among the activities being carried out in those communities.
- Provide opportunities for students and staff to increase the quantity, quality and relevance of research on HIV and AIDS through internal and external collaboration, networking and partnerships with other universities, colleges and agencies. In addition, research forums and HIV and AIDS related data bases can be established and capacitate staff and students as upcoming researchers to actively utilise these forums and access the databases for further research and analysis of HIV and AIDS related issues.

***Enhanced knowledge, skills and capacity to prevent and manage HIV and create demand for HIV and AIDS knowledge, skills and services***

Strengthening of capacities to understand the nuances of HIV and AIDS is central to the increased knowledge, attitudes and skills required to appreciate the underlying risks, vulnerabilities and challenges to HIV and AIDS faced by various stakeholders in HEIs. Interventions in this area of focus include behavioural change communication using a variety of channels that are relevant to the youth and adults in HEIs in particular as elucidated below:

- Empower the student body and staff with relevant and situation specific and personal knowledge and skills for prevention of HIV in their respective loci of influence and interaction. For example, the provision of comprehensive HIV prevention knowledge and skills aimed at invoking behavioural change and risk reduction aspects that include consistent and correct condom use, PEP and EC use, reduced number of sexual partners to one , abstinence from drug and alcohol use and avoidance of unwanted and exploitative sexual relationships.
- Utilise a variety of innovative media outlets to highlight HIV and AIDS risks as encountered by various groups in the HEIs' communities. These outlets include interactive websites and forums where staff and students can interact and share

knowledge. These websites should contain at all times information on HIV and AIDS related activities and share links to local and international sources of information. The National AIDS Commission (as a coordinating agency) needs to urge its partners to also provide up to date HIV and AIDS related information on their websites for use by the HEIs communities.

- Use other interactive methods of reaching out to the youth and adults in HEIs through music and drama, interactive programs on radio and television stations and social media targeting specific risky environments and behaviours. In addition, both students and staff can use the mass media outlets such as national newspapers and magazines to write feature articles and stories about HIV and AIDS and specific risks encountered on HEI campuses and surrounding communities and generate national debates on these risks in the public domain.
- Develop HIV and AIDS related branding and rallying points for HIV and AIDS responses for each institution (institution specific bill boards, leaflets, booklets, newsletter, magazines, brochures) to popularise the response and provide information. In addition, there should be intensified use of the internet and other cellular phone based networking applications and social media (for example, Whatsapp groups and Facebook groups ) for the dissemination of HIV and AIDS information, where to access services and any other discussions related to HIV and AIDS in HEIs.
- Participate in and popularise important international and national HIV and AIDS commemorative days such as the World AIDS Day, HIV Testing and Counselling Week and Candlelight Memorial Days to raise HIV and AIDS awareness and provide a forum for further education and communication among communities on campuses of universities and colleges.
- Participate in and share knowledge and best practices during national and international HIV and AIDS related conferences and forums by students and staff.
- Expand HIV and AIDS related knowledge and skills through attending symposia, seminars, workshops and trainings with national and international agencies involving

staff and students on various issues pertaining to HIV and AIDS, services and the prevailing risks on campuses. These can include International AIDS Conference (IAC) and International Conference for AIDS and Sexually Transmitted Diseases in Africa (ICASA).

- Expand and sustain HIV prevention and management activities by means of community interaction through partnering with outside organisations in implementing HIV prevention, care treatment and support initiatives on campuses using existing respective structures. The external organisations that include Government and non governmental organisations and agencies (for example, NAC, BLM, FPAM, PSI, NAPHAM) in HIV and AIDS realms should be invited and hold open days on campus regularly (for example once a semester) for each organisation to make the campaigns more interesting.
- Scaling up of comprehensive sexuality and life skills education in HEIs through training and support of peer educators and mentors to educate and refer students and staff on sexual and reproductive health matters and HIV and AIDS services (HTC, PEP, ART) as part of HIV prevention and management. This should cater to the needs of all students and staff, regardless of their sexual or gender orientation so they may adequately protect themselves against HIV and other STIs.
- Utilise the most attractive and popular functions on campuses such as social weekends, sports festivals, pageants, drama or music festivals to infuse demand creation and behavioural change communication themes for HIV and AIDS information and services such that HIV prevention should feature highly in the activities.

#### ***Enhanced professional counseling on campuses***

- Strengthen and popularise the offices of Dean of students, chaplain, matron or warden so that students can have a wide range of sources of counselling on a variety of issues that affect their lives on college and university campuses.
- Identify and train female counsellors to enhance the quality of counselling to the specific and distinct challenges of female students.



- All HEI based counsellors should have training in gender and sexual diversity (GSD) and GSD counselling to be able to appropriately counsel students and staff who have GSD support needs or questions. Students and staff with GSD questions or needs should have appropriate counselling support given the lack of appropriately targeted HIV, health and other information and services available to them and the stigma and discrimination experienced by many GSD individuals.
- Establish and strengthen the personal tutor system where tutors should receive intensive, on-going trainings imparting of knowledge and skills so that they have the commitment and capacity to respond to the diverse needs of the students that they will have to assist.
- Empower and counsel students to value themselves and their sexuality.

***Ready access to quality and comprehensive HIV and AIDS service delivery relating to HIV prevention, treatment, care and support on campuses***

- Establish HIV and AIDS service clinics or service delivery points on campuses where students and staff can access services such as HTC, PEP, and ART. The staff at these service delivery points should come from outside and be rotated to enhance privacy and confidentiality, or NGOs should be used to provide such services at regular intervals (for example once a week).
- Promote a supportive environment and enhance positive living by enforcing non discriminatory practices with respect to HIV and AIDS for students and staff and promote human rights aspects in HIV and AIDS related services on campuses. This should apply to all students and staff, regardless of their sexual or gender orientation or identity.
- Maintain widespread and sustainable delivery systems of HIV and AIDS and SRH services such as HTC, ART, PEP, EC, condoms and other family planning methods such that they can be readily accessed on campuses if needed.
- Provide comprehensive support services to students and staff by means of a combination of in-house and referral systems and linkage of HIV and AIDS related services to specific personal and group risks.

***Conducive environment for students to study, live and (as needed) work safely to avoid risky behaviours***

- Provide more on-campus accommodation to take in more students so that they are protected from the risks and vulnerabilities that characterise the off-campus accommodation environment, particularly among female students. In addition, HEIs should support mechanisms, policies and processes that promote safe, affordable off-campus accommodation where on-campus accommodation is inadequate, such as off-campus accommodation inspections and recommended rental contact lists.
- Introduce, where absent and enforce, where they are existing, unbiased gender or anti-sexual harassment policies and codes of conduct in universities and colleges that prohibit lecturer/tutor/instructor – student sexual relationships as they tend to have skewed power relations in favour of the lecturer, tutor or instructor and are, more generally speaking, unethical. There should be mechanisms for students to report such exploitative sexual relationships to other authorities within and outside colleges such as NAC, NCHE, ACB, or Ministry of Education. There should be strong sanctions and serious consequences for lecturers/tutors /instructors who intimidate or force students into sexual relationships for whatever reason, including in exchange for good grades to pass examinations. Regardless of whom may instigate such conduct (lecturer or student), the lecturer/tutor/instructor should bear ultimate responsibility given their ethical and professional responsibilities as adults and staff, and the power dynamics of such relationships.
- Provide adequate sporting and athletic facilities and activities that can constructively and healthfully engage students to reduce idle time, particularly during weekends that might otherwise be spent engaging in activities such as under-age drinking or unsafe sexual practices in the communities.
- Counsel female students (young women) to empower them 1) with knowledge about their right to make their own choices about their sexuality and reproductive health, 2) to resist giving in to peer and other pressures to engage in sexual relationships before they are ready, and 3) to make informed choices about engaging in sexual activity when they are ready to do so, including understanding safe sexual practices, as well as the potential emotional, health, economic, and other consequences. Female students should also be counseled to understand that they have the right to give, deny, and withdraw their consent for engaging in any sexual activity at any point during a relationship or sexual encounter.

- Counsel male students (young men) to empower them to 1) make their own choices about their sexuality and sexual relationships, 2) resist giving in to peer and other pressures to engage in sexual relationships before they are ready, 3) make informed choices about engaging in sexual activity when they are ready to do so, including understanding safe sexual practices, as well as the potential emotional, health, economic, and other consequences. Male students should also be counseled to understand that they must obtain explicit consent from sexual partners before engaging in sexual activity with anyone and that they also have the right to give, deny, and withdraw their own consent for engaging in sexual activity at any point during a relationship or sexual encounter.
- Introduce/improve entertainment and recreational facilities for campus based entertainment to dissuade students from going out to public places where they can be exposed to undesirable elements and risks.
- Organise spiritual crusades and prayer sessions on campuses to cater to the spiritual part of students' lives.
- Engage women in high positions or careers who have attended these universities and colleges as role models, having them participate in seminars or fairs to educate, encourage and counsel young women on life, careers, marriage and healthy sexual relationships.
- Sensitise parents and guardians to understand that attending college requires adequate resources so they should plan and work with their children and wards so that there is adequate financial support for them, particularly female students, to attend and graduate from college.
- Enforce existing (or establish as needed) rules and regulations in colleges and universities that aim to protect students' health, safety and welfare, such as guiding student-student interactions (for example, prescribed visiting hours, locating female halls away from male halls), student-faculty/staff interactions, and student-outsider interactions to reduce negative peer and social pressure and risks.

## **8.0 Coordination and collaboration mechanism**

At the national level, the Office of the President and Cabinet (OPC) provides overall leadership and policy directions on all matters of HIV and AIDS in Malawi<sup>5</sup>. The President is the Minister responsible for HIV and AIDS. The National AIDS Commission (NAC) established by the Malawi Government under a trust deed provides leadership and coordinates the national response to HIV and AIDS in the country. Specific roles of the Commission are to: (i) guide development and implementation of the national strategy; (ii) facilitate policy and strategic planning in sectors, including local government; (iii) advocate and conduct social mobilization in all sectors at all levels; (iv) mobilize, allocate and track resources; (v) build partnerships among all stakeholders in country, regionally and internationally; (vi) knowledge management through documentation, dissemination and promotion of best practices; (vii) map interventions to indicate coverage and scope; (viii) facilitate and support capacity building; (ix) overall monitoring and evaluation of the national response; and (x) facilitate HIV and AIDS research. To strengthen the national and multi-sectoral coordination of the response amongst the stakeholders so that they effectively respond to HIV and AIDS and minimize wasteful duplication of efforts, NAC established the Malawi Partnership Forum (MPF) for HIV and AIDS in 2005. The forum provides a formal and representative forum for discussion, information sharing, consensus building, joint planning, and mutual support for all partners in the national response through the Joint Annual Review (JAR), Technical Working Group (TWGs and other structures such as the HIV and AIDS Development Group (HADG) and sectoral coordinating bodies. Of critical importance for HEIs is the National Youth Council of Malawi (NYCOM) that coordinates all youth organizations implementing HIV and AIDS interventions and MANET+ that focus on those who are HIV positive or affected by HIV and AIDS.

A successful HIV and AIDS response strategy for HEIs must be inclusive, effective and well coordinated. The strategy is anchored by the National Council for Higher Education (NCHE) on behalf of the Ministry of Education, Science and Technology as lead agency. Overall coordination is by NCHE using its current structure and establishment. NCHE should make sure that statutes creating its being and its strategic implementation mechanisms include issues of HIV and AIDS. In this case coordination of HIV and AIDS would be part and parcel of NCHE overall coordinating mandate.

---

<sup>5</sup> National HIV Prevention Strategy (2015-2020)

## 9.0 Monitoring and evaluation

The need for the HIV and AIDS Strategy Monitoring and Evaluation ( M and E) system with appropriate and specific mechanisms, tools and indicators for monitoring the effectiveness of the strategy in achieving its outcomes is being emphasised. The M and E system must support the incorporation of HIV and AIDS related data into the existing Education Management Information System (EMIS) and HIV and AIDS database of the National AIDS Commission. NCHE will include issues highlighted in this strategy in its day to day monitoring of its own mandate and activities.

### Monitoring and Evaluation for HIV and AIDS strategy for HEIs

<b>Goal: Promote HIV prevention and mitigation of the social, economic and health impact of HIV and AIDS in HEIs in Malawi.</b>
<b>Area of Focus One:</b> <b>Strong and committed leadership structures to spearhead the implementation of the HIV strategy at institutional levels in HEIs.</b>
<b>Outputs:</b> <ul style="list-style-type: none"><li>• Established or strengthened institutional HIV and AIDS coordinating committees at each HEI campus.</li><li>• Established or strengthened campus based HIV and AIDS organisations, clubs and societies at each HEI campus.</li><li>• Officers responsible for HIV and AIDS at various levels of the Institutions' hierarchy appointed</li></ul>
<b>Activities:</b> <ul style="list-style-type: none"><li>• Establish HIV and AIDS coordinating committees</li><li>• Establish/strengthen campus based students HIV and AIDS organisations, clubs and societies</li><li>• Appoint officers responsible for HIV and AIDS ' activities in each HEI</li></ul>
<b>Area of focus Two:</b> <b>Enhanced knowledge, skills and capacity to prevent HIV and create demand for HIV and AIDS services in HEIs' communities</b>
<b>Outputs</b> <ul style="list-style-type: none"><li>• Relevant and comprehensive knowledge and skills for HIV prevention developed.</li></ul>

- Information on behavioural change and risk reduction aspects that include consistent and correct condom use, PEP and EC use, reduced number of sexual partners to one, abstinence from drugs and moderate and responsible alcohol use, and avoidance of exploitative and unplanned relationships provided.
- A variety of innovative outlets such as websites and professional forums by various groups in the college or university communities to provide and share HIV and AIDS related information and links with local and international sources of information on HIV and AIDS established.
- Interactive channels to reach out to the youth through music and drama, interactive programs on radio and television stations, and social media targeting HEIs' students employed.
- Use of the internet and social media (Whatsapp groups, Facebook group) in the provision of information on HIV and AIDS intensified.
- Mass media outlets such as newspapers, newsletters and magazines used to write feature articles and stories about HIV and AIDS particularly on the risks and vulnerability of students and staff in HEI and how to enhance the response.
- International and national HIV and AIDS commemorative days such as the World AIDS Day, HIV Testing and Counselling Week and Candlelight Memorial Days popularised on campuses.
- National and international HIV and AIDS related conferences and forums aimed at enhance knowledge and exchange expertise attended by students and staff
- HIV-related seminars, workshops and trainings with national and international agencies attended by staff and students to increase knowledge, build skills and enhance capacity to effectively response to HIV and AIDS in HEIs
- Community interaction through partnering with outside organisations in implementing HIV prevention initiatives on campuses using existing respective structures intensified.
- HIV and AIDS related branding and rallying points for HIV and AIDS response for each institution (bill boards, leaflets, booklets, newsletter, magazine, brochures) developed.
- Sexuality and life skills education among tertiary students through training and support of peer educators and mentors scaled up on campuses.

- Most attractive and popular functions on campuses such as social weekends, sports festivals, pageants, drama or music festivals to infuse HIV and AIDS information, education and communication (IEC) messages utilised.

### **Activities**

- Provide student body and staff committees with relevant and comprehensive knowledge and skills for prevention and behavioural change and risk reduction aspects that include consistent and correct condom use, PEP and EC use, reduced number of sexual partners to one, abstinence from drugs and moderate and responsible alcohol use and avoidance of unplanned relationships.
- Utilise a variety of innovative outlets such as websites and professional forums both local and international to exchange information and research findings
- Establish links with local and international sources of information on HIV and AIDS for more education on HIV and AIDS related matters.
- Employ interactive channels such as music and drama, and interactive programs on radio and television to enhance discussions.
- Intensify use of the internet and social media (Whatsapp groups, Facebook groups) in the provision of information on HIV and AIDS.
- Write articles about HIV and AIDS in newspapers, magazines and newsletters by students and staff in HEIs .
- Participate in and popularise important international and national HIV and AIDS commemorative days such as the World AIDS Day, HIV Testing and Counselling Week and Candlelight Memorial Days
- Participate at national and international HIV and AIDS related conferences and forums by students and staff
- Attend HIV and AIDS-related seminars, workshops and trainings with national and international agencies to enhance knowledge and skills.
- Expand community interaction through partnering with organisations outside the campuses in implementing HIV prevention initiatives on campuses.
- Develop HIV and AIDS related brands and rallying points for HIV and AIDS response for each institution (bill boards, leaflets, booklets, newsletter, magazine, brochures).

- Scale up sexuality and life skills education through training and support of peer educators and mentors.
- Infuse HIV and AIDS IEC messages into the most attractive and popular functions such as social weekends, sports festivals, pageants, drama or music festivals.
- Establish inter universities networks and links for sharing HIV and AIDS information and data.

**Focus Area Three:**

**Enhanced access to quality and comprehensive HIV and AIDS services relating to prevention, treatment, care and support on HEI campuses**

**Outputs:**

- HIV and AIDS service delivery points/clinics established on campuses
- Comprehensive support services and robust referral system and linkages of HIV and AIDS related services with other service providers off campuses established.
- Non- discriminatory practices and respect for human rights in the provision of HIV and AIDS related services on campuses enforced.
- A widespread and sustainable delivery system for HIV and AIDS services such as HTC, ART, PEP, EC and condoms maintained on all campuses or linked with service providers within the vicinity of the institution.
- More campus based health providers in key areas of the epidemic such VMMC, HTC, PITC, ART and PMTCT trained.
- Facilities and equipment to help health personnel smoothly discharge their duties such as refurbishment of HTC or ART clinics, provision of HTC kits and VMMC kits provided.
- Services' integration for HIV and AIDS and other health services provided at the campus consolidated

**Activities**

- Establish HIV and AIDS service clinics or service delivery points on campuses where students and staff can access services that include HTC, PEP, and ART.
- Provide comprehensive support services to students and staff by means of a robust referral system and linkages of HIV and AIDS related services to specific personal and group risks on and off campus.



- Enforce non-discriminatory practices with respect to HIV and AIDS and promote human rights in the provision of HIV and AIDS related services on campuses.
- Maintain a widespread and sustainable delivery system for HIV and AIDS services such as HTC, ART, PEP, EC, and condoms on campuses or link with service providers within the vicinity of the campuses
- Train more campus based health providers in key areas such as VMMC, HTC, PITC, ART and PMTCT.
- Provide facilities and equipment to help health personnel smoothly discharge their duties such as refurbishment of HTC or ART clinics and provision of HTC kits and VMMC kits.
- Integrate HIV and AIDS services with other health services provided at the campus

**Area of Focus Four:**

**A conducive environment for students and staff in HEIs reduces risky behaviours that predispose them to HIV**

**Outputs**

- More campus accommodation provided on each campus particularly for female students and more monitoring and oversight of off-campus accommodation.
- Gender equality and anti-sexual harassment policies established.
- Mechanisms for students to report any misconduct of academic staff to authorities within and outside campuses established.
- Lecturers/tutors/instructors that intimidate or force students into sexual relationships in exchange for good grades or any other reason disciplined.
- Adequate sporting and athletic facilities and activities provided on campuses.
- Spiritual crusades and prayer sessions organised.
- Seminars or fairs on various life skills and HIV and AIDS risks facilitated by role models held on campuses
- Parents' need to provide adequate financial support to their children and wards, particularly female students, throughout the course of their studies emphasised .
- Entertainment and recreational facilities for campus based entertainment established.
- Rules and regulations on discipline in colleges and universities particularly those that might have a bearing on behaviours that can increase the risks of contracting HIV established or reinforced

## **Activities**

- Provide more on-campus accommodation to take in more students particularly female students; promote safe, affordable off-campus accommodation where on-campus accommodation is inadequate, such as off-campus accommodation inspections and recommended rental contact lists.
- Introduce/enforce gender or anti-sexual harassment policies in colleges that prohibit lecturer/tutor/instructor – student sexual relationships as they tend to have skewed power relations in favour of the lecturer, tutor or instructor.
- Set up mechanisms for students to report exploitative sexual relationships to other authorities within and outside colleges such as NAC, NCHE or ACB or Ministry of Education.
- Provide robust discipline mechanisms for lecturers/tutors/instructors that intimidate or force students into sexual relationships in exchange for good grades or any other reason, regardless of who initiated the relationship.
- Provide adequate sporting and athletic facilities and activities to productively engage students and promote physical, emotional and social health.
- Organise spiritual crusades and prayer sessions in colleges to deal with the spiritual part of students' lives.
- Hold seminars or fairs facilitated by role models to educate, encourage and counsel young women on life skills , careers, marriage and how illicit sexual relationships can ruin their lives.
- Sensitise parents on the need to adequately financially support their children and wards, particularly female students, during the course of their studies.
- Introduce/improve entertainment and recreational facilities for campus based entertainment to avoid students' going out to public places where they are exposed to undesirable elements.
- Enforce established rules and regulations in colleges and universities such as student-to-student and student-to-staff interactions ( including visiting hours and visitations to hostels of the opposite sex) as well as interactions with outsiders to deal with peer and other pressures that contribute to risky sexual behaviours.

## **Focus Area Five:**

### **Enhanced professional counselling services on HEI campuses**

**Outputs**

- The offices of dean of students, chaplain, matron or warden established/strengthened to handle problems requiring counselling and also deal with sexual harassment and other related offences .
- Female counsellors specifically for females trained
- Personal tutor system established and strengthened
- Student peer educators trained
- Tutors trained to impart knowledge and skills to respond to the diverse needs of the students.
- Female students empowered to make their own informed choices regarding their sexuality and reproductive health and resist giving in to peer and other pressures to engage in sexual relationships before they are ready.

**Activities**

- Establish/Strengthen and popularise the offices of dean of students, chaplain, matron or warden on campuses for a wide range of counselling services to students
- Identify and train female counsellors specifically for females to enhance the quality of counselling to the specific and distinct challenges of female students.
- Establish and strengthen the personal tutor system to enhance counselling of students
- Identify and train students as peer educators of various HIV and AIDS related issues
- Provide trainings to tutors to impart knowledge and skills to respond to the diverse needs of the students
- Empower female students to make their own informed choices regarding their sexuality and reproductive health and resist giving in to peer and other pressures to engage in sexual relationships before they are ready.

**Focus Area Six:****Resource mobilisation for HIV and AIDS activities and services on campuses****Outputs**

- Resources for HIV and AIDS interventions included in the universities' and colleges' budgets
- Financial support from the private sector and other funding agencies to finance the HIV and AIDS responses on campuses solicited
- Students and staff trained in resource mobilisation from within and outside the country for HIV and AIDS activities in their campuses.

- Student bodies capacitated and empowered to solicit funds on their own from donors

#### **Activities**

- Include resources for HIV and AIDS interventions in the universities' and colleges' budgets
- Solicit financial support from the private sector and other funding sources to finance the HIV and AIDS responses on campuses
- Train students and staff to mobilise resources from within and outside the country for HIV and AIDS activities in their campuses

### **10.0 Strategic Implementation**

Central to the *HIV and AIDS Strategy for HEIs* is the understanding that the impact of interventions is maximized when they are delivered in an integrated manner. For example, demand for HIV and AIDS services would be enhanced when accompanied by sustained imparting of HIV and AIDS knowledge and skills and easy access to HIV and AIDS services. In this respect the *Strategy* highlights the opportunities for coordination and cooperation that can be realized. The strategy needs to be implemented using inter-sectoral and multi-sectoral approaches that require effective partnership between various critical stakeholders. The Ministry of Education, Science and Technology through NCHE retains the responsibility for the coordination of the implementation of the interventions in the strategy. The Ministry of Youth, Labour and Manpower Development, Ministry of Gender and Community Services, Technical Vocational and Entrepreneurship Training Authority (TEVETA) Christian Health Association of Malawi (CHAM) and the religious mother bodies that run universities will need to identify responsibilities and present coordinated actions. This implementation set up brings together government sectors, development partners, members of the NGO sector, staff and students in HEIs and the private sector. All these will all be instrumental in contributing technical, financial, material and other resources.

### **11.0 Time frame for the strategy**

The time frame for the strategy shall be 5 years (2017 – 2021). A review of the strategy will be carried out at the expiration of this period of implementation.

## 12.0 Costing

The principle of investing in those interventions that will produce the most optimal results in HIV prevention and achieving the 90-90-90 targets has been the focus of this strategy. The *Strategy* has been designed to ensure access to HIV and AIDS information and create demand for HIV and AIDS services within HEIs. With the input of stakeholders, a cost analysis exercise was conducted to get a picture of the financial requirements in the period 2017-2021 to implement the strategy's interventions. The assumption is that the HEIs will meet the costs of staff time, office space, utilities and other overhead costs. The costs have been arrived at in consultation with the selected HEIs having been asked how much would be required in a year to implement the interventions in their respective campuses. The costing is principally an estimation of the financial requirements to complete the interventions and obtain the results. The total financial resources required are estimated at **US 9.12 million dollars**.

### Estimated costs by Area of Focus

Focus Areas/Outcomes	Cost in US\$ (millions)					
	2017	2018	2019	2020	2021	Total
Established strong leadership and committed structures in HEIs	0.20	0.12	0.09	0	0	0.31
Enhanced knowledge, skills and capacity to prevent HIV and create demand for HIV and AIDS services	0.56	0.50	0.45	0.40	0.30	2.21
Enhanced access to quality and comprehensive HIV and AIDS services on campuses	0.80	0.80	0.80	0.80	0.80	4.0
A conducive environment for students and staff in HEIs reduce risky behaviours that predispose them to HIV	0.30	0.30	0.28	0.20	0.20	1.28
Enhanced professional counselling services on HEI campuses	0.20	0.20	0.20	0.20	0.20	1.0
Resource mobilisation for HIV and AIDS activities and services on campuses	0.10	0.10	0.05	0.03	0.02	0.30
<b>Totals</b>	<b>2.16</b>	<b>2.02</b>	<b>1.81</b>	<b>1.63</b>	<b>1.52</b>	<b>9.12</b>

