The Bakili Muluzi AIDS Foundation



Spearheading a focused approach to **AIDS intervention**

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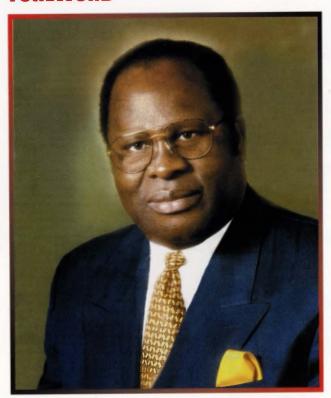


Spearheading a focused approach to AIDS intervention

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FOREWORD



The HIV/AIDS epidemic is a global challenge with devastating effects on development initiatives and social life. While the challenges posed by HIV/AIDS are not limited to particular geographical regions or nations, Africa has faced significant onslaught of the impact of the epidemic. A large portion of our population in Africa and, in particular, Malawi, is under severe stress from the epidemic; a situation that has necessitated a concerted response both at international and national levels. It is recognized that no single government, sector and institution can adequately respond to the threat posed by HIV/AIDS given its magnitude vis-a-vis the scope of resources required to combat the scourge. In the case of Malawi, therefore, Government has developed and adopted the HIV/AIDS Policy as well the National HIV/AIDS Strategic Framework to provide for collaboration and networking of various stakeholders at international and national levels, among other things, so as to effectively respond to the HIV/AIDS challenge.

In this regard, the establishment of the Bakili Muluzi AIDS Foundation is my personal motivation and commitment to compliment government efforts in combating HIV/AIDS in Malawi. It is my humble contribution in providing hope and future for sustainable development, particularly at community level, as well as promoting human dignity, which the epidemic has seriously eroded through stigmatization of those infected. To effectively respond and make the necessary impact requires institutional and human capacities in all the sectors of our society. In this connection, the Bakili Muluzi AIDS Foundation will play a catalytic role through the adoption of strategies that do not only focus on prevention and mitigation of HIV and AIDS but also promote action research, advocacy and social mobilization, fundraising, organizational and capacity building as well as the development of strategic partnership.

It is, therefore, my glowing hope that the Bakili Muluzi AIDS Foundation will live to the noble cause and goals for which it has been established, and will excel as a model institution in working with other agencies in the fight against HIV/AIDS. I invite all people of good will to join hands with me in my ardent desire and endeavour to spearhead a focused approach to the AIDS epidemic intervention for a healthy and better Malawi.



FOUNDER AND CHAIRMAN OF
THE BAKILI MULUZI AIDS FOUNDATION

EXECUTIVE SUMMARY

This document outlines the rationale and strategic thrust of the Bakili Muluzi AIDS Foundation whose establishment has been necessitated by the need to provide a strategic response to the challenges posed by the HIV/AIDS epidemic in order to alleviate its impact on the national development process and the suffering caused on the Malawian Society in general. The particular focus is on developing collaborative engagement through capacity building and organizational development as well as advocacy and social mobilization supported by action research to address practical challenges of HIV/AIDS among communities, families and individuals.

In this regard it is recognized that the HIV/AIDS epidemic continues to spread. By 2003, over 40 million people were living with HIV/AIDS and the majority (26.6 million) were in the Sub-Saharan Africa Region. Women and young people still remain the most at risk while children, the elderly and female-headed households bear the brunt of the impact. In the developing regions, the formal sectors are declining in performance, making economic recovery more difficult. However, achievements in countries like Uganda demonstrate that infections can be brought under control and that treatment can be expanded to give people hope of healthy lives.

In Malawi, about 1 million people are living with HIV/AIDS; the majority of them being young people aged 15-24 years, and especially females. The epidemic has trebled mortality, increased morbidity, reduced life expectancy, generated more orphans and exacerbated socio-economic vulnerability of women and children. HIV/AIDS has become a complex development crisis taking away hard-gained social and economic progress.

Malawi has developed a National HIV/AIDS Policy framework that underscores the centrality of local leadership, partnership, collaboration and multi-sectoral approaches to the epidemic. The Bakili Muluzi AIDS Foundation (BMAF) will compliment government efforts in addressing HIV/AIDS. It responds to Government 'call to renewed action' and will support mobilization, management and allocation of resources; build capacity of implementing organizations and promote knowledge development and information sharing. The Foundation will also set up a model of excellence in HIV/AIDS programming for communities and institutions and will replicate high quality interventions nationwide. Strategic emphasis will be laid upon the capacity of rural communities, mitigation of social and economic impacts and improving the situation of Malawians particularly women and children.

1.0 INTRODUCTION

This document presents the corporate mandate of the Bakili Muluzi AIDS Foundation (BMAF) in its endeavor to respond to the challenges posed by the HIV/AIDS epidemic to the Malawi nation. In particular, it outlines the background and purpose for its establishment; the vision, mission, values and principles, strategic objectives, and strategies. The document further outlines the appropriate institutional and management arrangements for carrying out the daily operations of the Foundation. The main aim of the document is, therefore, to provide a corporate governance framework for the operations of the Bakili Muluzi AIDS Foundation and for subsequent organizational reviews to enable it respond to changing realities in order to remain relevant in its role and contribution in dealing with the HIV/AIDS epidemic.

2.0 BACKGROUND

The establishment of the Bakili Muluzi AIDS Foundation was initiated in February, 2004 and was informed by a number of key factors which included the following:

2.1 Global and Regional HIV/AIDS Situation

The Human Immuno-deficiency Virus (HIV) epidemic continues to spread around the world. The Joint United Nations Programme on HIV/AIDS (UNAIDS) indicates that by the end of 2003, over 40 million people globally were living with HIV/AIDS. The most severely affected region is the Sub-Saharan Africa Region, which, while contributing to about 2% of global population, contributes over 67% of all people now living with HIV/AIDS in the world. This represents about 26.6 million men, women and children. In addition, 77% of the world's AIDS deaths have occurred in this region. This situation will worsen because, among other things, people in this region will be the least likely to benefit from life prolonging therapies being developed and provided in the West.

The spread of HIV in this region has, since the start of the epidemic, been mostly through unprotected sex between women and men. This means that, unlike in other regions where the spread of HIV is mostly through men having sex with men and intravenous drug use, women in Sub-Saharan Africa are more heavily affected. According to UNAIDS, about 80% of all HIV positive women in the world live in Africa.

Of the children living with HIV, 87% live in Africa. The reasons contributing to this include a high number of HIV infections in reproductive age women, high fertility rate, almost universal breast-feeding, and poor access to drugs and technologies that reduce the risk of mother to child HIV transmission.

Despite the high levels of HIV infections and the associated socio-economic impacts, there is hope that countries in this region can reverse the situation with well-planned, coordinated and broad based approaches. This has been demonstrated in Uganda, where HIV levels in young women attending antenatal clinics are falling. This, with other behavioural indicators, suggests that new HIV infections can be reduced through well-planned interventions.

2.2 HIV/AIDS Situation in Malawi

Malawi has one of the highest HIV infection rates in the Africa region and in the world. The HIV infection rapidly penetrated the population during the early 1980s and the impact of this in terms of illness, death and orphans, reduced productivity is now being increasingly felt. The national HIV seroprevalence for adults 15-49 years is 14.4% representing a total of 760,000 adults living with HIV/AIDS (NAC, 2003). Furthermore, the majority of these are

young people aged 15-24 years who are the foundation of the future of the nation. At the same time, more females than males of the same age get infected with HIV at the ratio of up to 6:1. Indeed, the epidemic in Malawi as in the region is fast wearing 'a woman's face' and yet women remain the most powerless in aspects of social authority and means to sustainable livelihood.

The epidemic will continue to increase the death rate at all ages, which is already severe among adults aged 15-49 years and among under-five children. Without AIDS the death rate should have been around 22,000 per year. However AIDS has more than tripled the death rate to over 80,000 a year. To date, it is estimated that more than 650,000 Malawians have died since the start of the epidemic in 1985.

Increased death has in turn increased the number of orphans. Currently, it is estimated that there are over 850,000 orphans and over half of these are a result of HIV/AIDS. The Malawi National AIDS Commission estimates that the number of orphans will grow at the rate of up to 70,000 children per year; more than what the normal social services and the extended family can cope with.

It is, however, gratifying to note that the national adult HIV prevalence has now remained around 14-15% for over three years. This perhaps indicates some stability in the national prevalence over the past three consecutive years and there are indications of a decline in some parts of the country. However, for years to come, HIV/AIDS will still be the main cause of death for adults and the greatest development threat and challenge facing Malawi.

2.3 The Impact of HIV/AIDS on National Development.

Of particular significance is the impact of HIV/AIDS on national development. Currently, Malawi has an estimated population of 10,386,000 people with a crude birth rate of 37.9 and a crude death rate of 25 resulting in an annual population growth rate of around 2% (National Statistical Office, 2001). While fertility rates are decreasing, household size is increasing slightly; in part as a result of the HIV/AIDS epidemic as more and more families take in orphans.

The life expectancy at birth has dropped from 43 years in 1996 to 38 years in 2001(UNICEF 2001) largely because of HIV/AIDS. In 2000, the infant and under five mortality rates were estimated to be 104 and 189 deaths per 1000 live births, respectively. The maternal mortality rate in 2000 was estimated at 1,120 deaths per 100,000 live births (MDHS 2000), a rise from 620 in 1990 and largely due to HIV/AIDS.

Malawi has been grappling with HIV/AIDS since 1985. During this period, global and national understanding of the epidemic has evolved from one limited to health to a more complex view that encompasses national development. HIV/AIDS itself has evolved in its complexity, its spread and its impact. Today HIV/AIDS is fundamentally a development crisis that entails issues of social norms, cultural traditions, religion, values and practices, poverty and wealth, sex and sexuality, female and male gender and sexual relationships; and human inequalities.

This situation has serious implications for a nation like Malawi that has an agro-based economy. As the structure of the rural population is changing, the number of farmers is declining and the labour force is diminishing due to illness and death. The sectors of Agriculture, Education, Health, and Industry among others including the entire Malawian society have been affected by the epidemic. The extended family, which, for a long time has been the essence of social security, is now greatly challenged. Many households are struggling after losing their productive members. More and more children are left in the care of old grandparents or young siblings who have neither the energy nor the resources to take care of these children.

Children orphaned by AIDS, even if they may escape infection, will often become street children or be moved from one household to another where resources, orphan care skills and the right attitudes are often limited. In some cases, the older sibling and normally the girl child is forced to become the head of the household, providing basic daily needs such as food and clothing. Poverty and powerlessness often place the people, especially the young, in vulnerable situations. The teenage girls may be coerced into sexual relationships with older men who could be infected with HIV.

To address the situation and ensure capacity for sustainable development, Malawi has committed herself to a number of legal instruments that provide the framework for a more robust response, including: The Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). In order to respond effectively, Malawi has further developed institutions to support its liberal Constitution [e.g. Law Commission and the Human Rights Commission] that support equal worth, dignity and rights of all citizens.

This framework and environment, therefore, enables Malawi to respond to the spread and impact of HIV/AIDS in a way that empowers all people regardless of age or sex, economic status and race to live better lives. In this regard, it is recognized that fighting the spread of AIDS not only requires specific HIV-prevention activities, but also actions that take into account all the realities and concerns in the lives of children, youth, women and men. The above Conventions demand, among other things: improved education, health care, employment opportunities, and recreation services. To realize this, a more strategic response to HIV/AIDS involving collaborative efforts of all sectors is required to which the Foundation is committed for strategic partnership with other stakeholders at all levels.

3.0 RATIONALE FOR THE ESTABLISHMENT OF BMAF

The justification for the establishment of the Bakili Muluzi AIDS Foundation has taken into account a number of cross-cutting and long-term development policy initiatives and strategies based on international and national frameworks which are relevant in responding to HIV/AIDS challenges. At international level, of particular importance are the Millennium Development Goals. At the national level, key long-term development policy and strategy considerations to HIV/AIDS include: Vision 2020, the Malawi Poverty Reduction Strategy, The Decentralization Policy, The National HIV/AIDS Policy and the National HIV/AIDS Strategic Framework, and The Gender Policy. These are briefly elaborated below.

3.1 The Millennium Development Goals.

The Malawi Government signed The Millennium Declaration that was adopted in September 2000. There are eight goals in the declaration ranging from halving extreme poverty to halting the spread of HIV/AIDS. These are:

- Eradicating extreme poverty and hunger;
- Achieving universal primary education;
- Promoting gender equality and empower women;
- Reducing child mortality;
- Improving maternal health;
- Combating HIV/AIDS, malaria and other diseases; and
- Ensuring environmental sustainability.

The Millennium Development Goals (MDGs) are interrelated, time-bound, measurable, and easily understood and hold both Government and the international community accountable for their achievement. The role and contribution of Bakili Muluzi AIDS Foundation in

facilitating the realization of these goals will be through Five Pillars or Strategies, namely: Advocacy and Social Mobilization; Fundraising and Grant Making; Organizational Development and Capacity Building; Strategic Partnership Building; and Action Research.

3.2 Vision 2020

This is a long-term development policy of the Malawi Government by which, among other things, Malawi is envisioned to achieve socio-economic reliance and raise health standards for all citizens. This calls for developing strategic partnerships in implementing the policies, and the Bakili Muluzi AIDS Foundation seeks to complement government efforts and those of other players in responding to HIV/AIDS to build a healthy Malawi.

3.3 Malawi Poverty Reduction Strategy

The Malawi Poverty Reduction Strategy (MPRS) provides a general framework for focusing on pro-poor strategies especially relating to local communities. The strategies include the mainstreaming of HIV/AIDS issues into sectoral policies as well as prevention and mitigation strategies. The role and contribution of the Foundation will be to ensure and facilitate a responsive policy framework or environment to HIV/AIDS through systematic and interrelated strategies as well as linking with the Bakili Muluzi Institute (BMI), some of whose objectives are capacity building, improving health and HIV/AIDS qwreness and interventions

3.4 Decentralization Policy

The Decentralization Policy is consistent with the overall goal of the MPRS, which is to achieve "sustainable poverty reduction through socio-economic and political empowerment of the poor". In this regard, BMAF is expected to raise financial resources and make grants to support HIV/AIDS related interventions at community level. The overall aim will be to ensure meaningful participation of the poor in socio-economic activities that help to define and determine their development destiny.

3.5 National HIV/AIDS Policy and the National Strategic Framework

The response to the HIV/AIDS challenge requires coordinated and collaborative effort of government, private, non-governmental, faith based and community based organizations and individuals. In its Guiding Principles, the National HIV/AIDS Policy for Malawi highlights the centrality of 'political leadership and commitment' and 'active involvement of all sectors of society' in the national response. Great stress is laid upon 'partnerships, consultation and coordination with all stakeholders'.

In view of the foregoing, the Bakili Muluzi AIDS Foundation intends to collaborate with Government and other partners in providing and supporting HIV/AIDS services and empowering Malawians to respond to all development challenges, including the epidemic that has so badly threatened the very existence of the Malawi nation.

The Foundation is, therefore, expected to make a more positive impact on the lives of women, men and the youth. In this regard, the Foundation is responding to Government's 'Call to Renewed Action' that forms the leading slogan for the National HIV/AIDS Policy (November 2003).

The Foundation also recognizes that Malawi has identified a decentralized community-focused response as the hub of its efforts to turn the tide of the epidemic. Accordingly, the Bakili Muluzi AIDS Foundation undertakes to build capacity at the local community level for households, local groups, institutions, and individuals to mount a stronger and better-coordinated response at the grassroots level.

3.6 The National Gender Policy

Many studies continue to underline gender as the major critical social factor that needs to be addressed with greater will and determination for Africa to reverse the devastating trends of HIV/AIDS. In Malawi, the impact of the epidemic on women and children has become more pronounced in recent years and now needs a more vigorous campaign and dedication to change the pattern. The Bakili Muluzi AIDS Foundation will lay strategic efforts on women and children both to achieve the decline of HIV infection and particularly to support qualitative improvements of the lives already affected by the epidemic

4.0. THE STRATEGIC MANDATE OF BMAF

4.1 The Vision

The Vision of the Foundation is:

A Malawi with the necessary resources and capacity to effectively respond to the HIV/AIDS epidemic.

4.2 The Mission

The Mission of the Foundation is:

To strengthen Malawi's response to HIV/AIDS through advocacy, mobilization and allocation of critical resources, capacity development, collaboration, and knowledge and information sharing among communities to sustain national development.

4.3 Guiding Principles

The Foundation believes that:

- HIV/AIDS is a serious development challenge for Malawi and will continue to retard national development efforts if left unchecked;
- HIV/AIDS impacts on every level of society and the need, therefore, for society to be capacitated and empowered to respond concertedly;
- All Malawians have the right to equal access to information to stay free from infection, to access and or render appropriate care and support if infected or affected;
- Collaborative efforts and robust partnerships throughout the country are critical and remain the mainstay of an effective national response;
- Culture and religion have a strong influence on lifestyle choices and should, therefore, be nurtured to play a more positive role in the prevention of HIV and mitigation of HIV/AIDS; and
- Negative social, political and economic conditions create and sustain high levels of vulnerability to HIV infection, including: gender inequalities, economic inequities, poverty, stigma and discrimination and sexual violence.

As such, the Foundation will be guided by the following principles:

4.3.1 Transparency and Accountability

Resources must be effectively deployed to provide maximum benefit to all those in need regardless of their ethnic background and tribe, gender, economic and marital status, and age. The Foundation shall, therefore, endeavour to be transparent and accountable in its operations in the mobilization, allocation and utilization of resources.

4.3.2 Promotion and Protection of Human Rights

The rights to equality before the law and freedom from discrimination must be respected, protected and fulfilled.

This is particularly significant in dealing with people affected by HIV/AIDS and requires development and application of comprehensive policies, strategies, systems and guidelines to promote and protect human rights through effective coordination and collaboration.

4.3.3 Greater Involvement of People Living With HIV and AIDS (PLWAs)

People living with HIV/AIDS must be meaningfully involved at all levels if the response is to be effective. They must have the right of equal access to work, housing, education and social services; with the right to marry, with freedom of movement, belief and association; with the right to justice, counseling, care and treatment.

4.3.4 Partnership and Consensus-Building

All persons, couples, families, and communities must work together with compassion to build and share a common vision. Partnerships must reflect, strengthen and actively promote solidarity, inclusion, integration, linkages, dialogue, participation and harmony.

4.3.5 Empowerment and Engagement

The empowerment of every person, but particularly at the community level, is essential and must guide all actions. Empowerment requires recognition of the rights and responsibilities to knowledge, information and technology, freedom of choice and economic opportunity. It also requires active participation and involvement in decision making and gaining relevant experience in the process. Since every person, family, community and institution is affected, directly or indirectly by HIV/AIDS, there is need to respond with commitment, concern, courage and hope for the future.

4.4 Strategic Objectives

The Foundation will strive to achieve its Vision and Mission through the following objectives:

- a) To support efforts made by the people of Malawi to mitigate the impact of HIV/AIDS especially at community and household levels;
- b) To strengthen the capacity of communities and institutions to respond more effectively to HIV/AIDS;
- To share knowledge, information and experiences that build a better and stronger response for Malawi;
- d) To advocate, at national and international levels, for HIV and AIDS issues;

- e) To advocate for ownership and commitment by Malawians to plan, implement and ensure sustainability of HIV/AIDS activities; and
- f) To support research and development and generate relevant new knowledge that enhances the national response.

4.5 Key Strategies

The Foundation will have five main strategies; namely,

- High-level Advocacy and Social Mobilization.
- Fundraising and grants- making.
- Organizational Development and Capacity Building.
- Strategic Partnership Development.
- Action Research.

These strategies are elaborated below:

4.5.1 High-level Advocacy and Social Mobilization.

In confronting the challenges of the HIV/AIDS epidemic, advocacy and social mobilization are recognized to be powerful tools in supporting prevention and treatment efforts and reducing the stigmatization of people living with HIV/AIDS. The Foundation will, therefore, actively be involved with a number of coalitions and organizations concerned with the health and well-being of persons infected with, or at high-risk of HIV infection in order to strengthen advocacy activities.

The Foundation will strive to ensure that social mobilization, particularly at community or village level, involves local leadership including traditional and religious leaders. Their involvement will greatly help to build commitment at individual and community level; to capacitate and empower them to use local resources and solutions.

4.5.2 Fundraising and Grants-making.

The Foundation will mobilize both local and international funds. In this regard, the Foundation will endeavour to establish responsive linkages with the Global Fund and other International Agencies as well as donors within Malawi, and the private sector to effectively mobilize financial resources. The overall aim is to provide mechanisms for strategic partnerships and sustainability through carefully thought out plans for the prevention and mitigation of HIV/AIDS. These funds will then be allocated in response to national, district and community initiatives.

With particular regard to local fundraising, it is, first and foremost, imperative that communities recognize the impact of HIV/AIDS in their areas and, therefore, ensure that appropriate interventions, including HIV/AIDS education are taking place. In order to complement community efforts, the Foundation will urge well-wishers to identify and support community projects. Funds raised by the Foundation will be allocated to projects that offer essential interventions in terms of education, impact mitigation, care, treatment and support; social empowerment and action research. Particular emphasis will be placed on funding projects involved with:

(a) Education and prevention programmes.

- HIV/AIDS awareness;
- Promotion of safer sex;
- Training of traditional and religious leaders in HIV/AIDS;
- Programmes targeting school-age children and people with disabilities;
- Programmes targeting women, girls and boys; marginalized youth and street children;
- HIV/AIDS training in the workplace; and
- One-on-one and group presentations, which promote safer sex for individuals who engage in high-risk activities.

(b) HIV/AIDS Management Programmes

- Provision of Care for People Living with HIV/AIDS including HIV positive infants;
- Support groups;
- Counseling programmes;
- Para-legal and financial services;
- Skills enhancement and support for care-givers;

- Drug revolving funds; and
- Provision of actual care.

(c) Socio-economic development

- Self-help income generating projects for HIV support groups;
- Child care centers;
- Educational and medical bursaries;
- Food security and relief programme; and
- Orphans and other vulnerable children.

4.5.3 Strategic Partnership Building

The Foundation will build partnerships with key players, as well as establishing local and overseas funding partnerships and funded initiatives. The Foundation will garner information on activities throughout the country for purposes of responding to gaps with appropriate project interventions. The Foundation will:

- Build partnerships with key role-players in area of HIV/AIDS;
- Link funded initiatives with HIV and AIDS service organizations as per need;
- Establish partnerships with funded initiatives; and
- Establish partnerships with the private sector, Faith Based Communities, etc.

In establishing strategic partnerships, the Foundation will also consider twinning arrangements to benefit from the experiences of such well-established Foundations as: Agha Khan, Bill and Melinda Gates, Ford, Carter, Clinton, Nelson Mandela Children's Fund, and such other charities. This will be done in order to further the aims of Bakili Muluzi AIDS Foundation and benefit from their generous sponsorships.

4.5.4 Organizational Development and Capacity Building

Organizational Development (OD) and Capacity Building (CB) are about capabilities to plan, develop, implement and monitor as well as review programme delivery. In this regard, the Foundation will ensure that institutional and management capabilities are available among various stakeholders, particularly communities, to effectively respond to HIV/AIDS issues. This will be done through facilitating the identification of trainers, organizations, development workers and managers for effective implementation of HIV/AIDS projects and programmes. Specifically, the Foundation will:

- Develop OD programmes to build capacity within funded initiatives;
- Develop skill-building programmes aimed at increasing skills within organizations and initiatives;
- Undertake organizational development and capacity building studies to strengthen institutional response and promote sustainability in matters of resource mobilization and utilization; and
- Promote learning and sharing of experiences through innovative use of existing facilities and needs-driven training programmes.

4.5.5 Action Research

The HIV/AIDS situation in Malawi is characterized by a complex interplay of biomedical, social, cultural, economic, human rights, gender, legal and ethical issues. These factors, to some extent, explain the course of the epidemic and its impact on the structure and organization of the Malawian society, and on institutions and national development.

The Foundation will support organizations to develop a deeper understanding of these and related factors for appropriate policy formulation and programme development. Research, in particular operational research, will form an important part of the Foundation's Strategy. This will include developing new knowledge and dissemination of such knowledge among concerned parties. Overall, the Foundation will promote the development of programmes and policies that are research and knowledge-based to deal with practical issues emanating from HIV/AIDS challenge.

5.0 INSTITUTIONAL AND MANAGEMENT ARRANGEMENTS

To realize the foregoing requires effective institutional and management arrangements. In particular, the arrangements have to take into account the structural design, management and staffing requirements as well as financial sustainability. In the establishment of the Bakili Muluzi AIDS Foundation, considerable thought has been given to these issues as outlined below.

5.1 Institutional Arrangements.

The Bakili Muluzi AIDS Foundation shall be an independent, autonomous, non-profit, non-partisan institution established under the Trusteeship Act. The institutional arrangements shall include the Board of Trustees, Advisory Committee and Organization and Staffing. The role and purpose of these are elaborated below:

5.1.1 The Board of Trustees

(a) Role and Responsibilities

The Board of Trustees will provide policy oversight and overall supervision and management of the Foundation. The Board shall be accountable to the Founder as well as make necessary linkages with other institutions for the effective discharge of the Foundation's mandate. It shall also have the power to appoint any person to serve on the Advisory Committee or any special Committee as may be necessary.

(b) Membership

The membership of the Board shall consists of high profile persons from the private sector, faith based organizations and the public sector. Such persons shall be appointed based on their experience, competency and high-level commitment to issues of HIV/AIDS. The Board Members shall serve under the Chairmanship of the Founder, His Excellency Dr Bakili Muluzi, for a term of three years and reelective. Membership shall be limited to six persons taking into account gender representation.

5.1.2 The Advisory Committee

(a) Role and Responsibilities

The Advisory Committee shall provide an advisory role to the Board of Trustees. In particular, it shall act as a think tank to synthesize and put into perspective and interpret various policy issues, review proposals for funding, establish networks and create the synergy to move forward initiatives supported by the Foundation. A specific role and responsibility of the Committee shall be to explore ways and means of resource mobilization to ensure sustainability of the Foundation on behalf of the Board of Trustees.

(b) Membership

The Committee shall consist of persons with relevant technical and management background to effectively support the work of the Board of Trustees. The Committee shall consist of membership not exceeding seven including the Chairperson who shall be appointed by the Board of Trustees. Membership shall be three years and re-elective.

5.2 The Secretariat

Organization and staffing requirements of the Foundation's Secretariat will focus on the need to effectively deliver programmes to meet the strategic objectives. For this reason, the Foundation shall adopt a strategic planning process that will help to review the organization and staffing requirements of the Secretariat to reflect the growing responsibilities as may be necessary from time to time. To ensure cost-effectiveness in its operations, the Foundation will advocate a lean structure for its Secretariat which shall evolve with time and expanded responsibilities. Appendix 1 presents the proposed organization structure, which shall be adopted with the approval of the Board of Trustees once appointed.

In terms of the day-to-day management of the Foundation, overall responsibility will rest with the Executive Director who shall be appointed by the Board of Trustees. The Executive Director shall primarily be responsible for programme planning and implementation. The specific purpose and responsibilities of the various units as well as key positions have been outlined in Figure 1 next page.

Functional Structure	Purpose and Responsibilities Requirements	Human Resource	
Board of Trustees	 Provide policy direction and leadership to Management Review corporate performance of the Foundation Approve operational budget reports 	1 x Chairperson 6 x Members	
Advisory Committee	 Provide advice to the Board on various policies and programmes Assist in the mobilization and allocation of resources Review programmes and reports for the approval of the Board 	1 x Chairperson6 x Members	
Management Unit	 Policy formulation Strategic planning Management of BMAF's resources Provision of leadership Public Relations and Marketing 	1 X Suport Manager	
Programme Planning and Implementation	 Advocacy and Social Mobilization Fundraising and Grants management Organization Development and Capacity Building Strategic Partnership Development Action Research 	 1 x Programme Manager 1 x Grants Manager 1 x Monitoring and Evaluation Manager 	
Administrative Support Services	 Finance and Accounting services Human Resources Logistical and Procurement Services Office Services 	 1 x Finance and Administration Manager 2 x Secretary 2 x Accounts Assistant 1 x Clerical Officer 2 x Driver / Messenger 	

As the Foundation will play a catalytic role in facilitating responses to the HIV/AIDS epidemic, emphasis will be placed on the recruitment of high caliber staff who shall possess the required competencies as outlined in the job descriptions for the various key positions. This is because the Executive Director and all members of staff will have to be results-oriented; capable of meeting exacting demands from both international and local agencies.

5.3 Operational Budget

A lager part of the operational budget shall be for addressing the challenges posed by HIV/AIDS. Activities for the operational budget shall include those outlined in the strategic objectives and strategies. During the first year, the operational budget is estimated at US\$711,495. The overall budget is summarised as follows:

Table 2: Total Budget (in US\$)

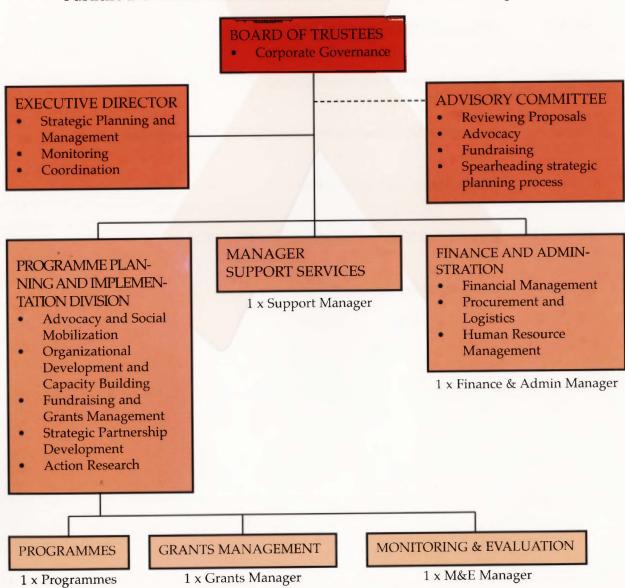
Manager

Item	Year 1	Year 2	Year 3	Total
Administration	222,500	233,300	371,470	827,270
costs				
Direct Costs	109,100	389,550	566,800	1,065,450
Assets	363,035			363,035
Accessories	16,860			16,860
TOTALS (US\$)	711,495	622,850	938,270	227,2615

6.0 THE WAY FORWARD

Following the formal launch of the Bakili Muluzi AIDS Foundation and the operationalisation of the Board of Trustees, the next steps will be to undertake the following:

- Recruitment of Executive Director to spearhead the strategic planning process as well as recruitment of staff;
- Define budgetary and logistical requirements to ensure that the availability of the necessary financial and administrative capacity for programme implementation; and
- Publicise and market Bakili Muluzi AIDS Foundation activities or operations.



GLOSSARY OF ABBREVIATIONS AIDS Acquired Immuno-Deficiency Syndrome **BMAF** Bakili Muluzi AIDS Foundation **BMI** Bakili Muluzi Institute CB Capacity Building **CEDAW** Convention on the Elimination of all forms of Discrimination Against Women Human Immuno-deficiency Virus HIV **MDGs** Millennium Development Goals **MPRS** Malawi Poverty Reduction Strategy **NACOD** National AIDS Commission Organizational Development **PLWAs** People Living with HIV/AIDS **UNAIDS** Joint United Nations Programme on HIV/AIDS United Nations Children's Fund UNICEF

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