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HIV/AIDS IN THE AGRICULTURE SECTOR POLICY AND STRATEGY

2003 – 2008

Prepared by:
The Malawi Ministry of Agriculture, Irrigation and Food Security
Family Health International

Funded by:
The United States Agency for International Development (USAID)
through the IMPACT Project (HRN-A-00-97-00017-00)

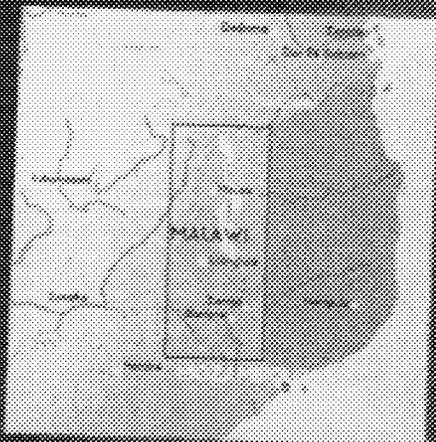
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HIV/AIDS in the Agricultural Sector: Policy and Strategy, 2003–2008



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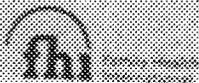


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FOREWORD

The HIV/AIDS epidemic is one of the many challenges facing the agriculture sector in Malawi. The need to mainstream HIV/AIDS issues and the related gender issues into the agriculture sector policies and programs arise from the dramatic impact of the epidemic on agricultural productivity, farmers, service providers, and government staff and their families. The agriculture sector is one of the largest employers in the public sector, and a source of livelihood for the majority of Malawians, yet it has been adversely affected by frequent deaths and illnesses of both farmers and employees. At the institutional level, frequent illnesses and death reportedly affect 29 staff members every month, undermining the capacity of the agriculture sector to respond to the challenges of the HIV/AIDS epidemic. Of the 2,500 agriculture extension sections, 1,200 have no staff to provide timely services to farming communities.

All stakeholders in the agriculture sector must recognize the urgency of the current situation and must participate in reversing the following trends:

- Increasing incidence of HIV/AIDS from lack of risk aversion, poor health-seeking behavior, and unequal gender relations;
- Increasing attrition rates from frequent and prolonged illnesses and frequent AIDS-related deaths; and
- Increasing disruptions in the workplace that reduce productivity:
 - Individual productivity—Psychosocial complexes and gender relations result in denial, stigmatization and discriminatory practices.
 - Workplace productivity—Human resources management, programming and delivery of services are not reoriented to take into account the resource dynamics brought about by the impact of HIV/AIDS.

The overall situation is made even worse because employees within the agriculture sector are not trained on how to address HIV/AIDS in the workplace and are not encouraged to seek testing and counseling to deal with their status.

Providing care and support for infected and affected individuals and their families, reducing the adverse impacts of AIDS and preventing the spread of HIV infection are central components in the response to the HIV/AIDS epidemic.

However, achieving the goals of these components with desired behavior change is not an easy task. Different categories of people—men, women, boys and girls—have different patterns of risk behavior with regard to HIV/AIDS, and they experience the consequences of the epidemic differently. Therefore, the Ministry of Agriculture, Irrigation and Food Security (MOAIFS), in consultation with the National AIDS Commission (NAC) and development partners, such as Family Health International (FHI), OXFAM, Project Hope, YouthNet and Counseling (YONECO), UNAIDS, United Nations Development Programme (UNDP), Agricultural Development and Marketing Corporation (ADMARC), Illovo, and Agricultural Research and Extension Trust (ARET), developed a policy and strategy document to guide Agricultural Extension Development Officers (AEDO), District Agricultural Development Officers (DADO), Subject Matter Specialists, Directors, Project and Program Managers and farmer associations in efforts to reduce the rate of HIV infection and the adverse socioeconomic impacts of AIDS and resultant gender disparities. Policy and strategy issues, therefore, focus on gender mainstreaming, economic empowerment, community-based support, food and nutrition security, expanded HIV/AIDS communication, human resources protection and management, workplace support and HIV/AIDS action research.

The agriculture sector's response to HIV/AIDS should ensure that both staff and farming clientele, or communities, have access to, and control of, resources (such as information, user-friendly and well-packaged technologies) to ensure food security, good nutrition, income-generating activities, efficiently linked health services and subsequent benefits from mainstream agricultural programs and projects. Therefore, efforts to reduce HIV infection and the socioeconomic impact of the HIV/AIDS epidemic must be coordinated with efforts to reduce gender disparities in agricultural development. It is hoped that all stakeholders in the agriculture sector will advocate and implement the policies and strategies presented in this document in practical ways at both the workplace and within the farming communities.



CHAKUFWA TOM CHIHANA
Second Vice President and
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ACKNOWLEDGMENTS

The Ministry of Agriculture, Irrigation and Food Security sincerely appreciates the support and cooperation rendered by various agriculture sector institutions, non-governmental organizations (NGOs), private organizations and companies, donors and the farming community for the final consultative preparations and reviews as this document was being developed. Special thanks are due to Family Health International (FHI) and the United States Agency for International Development (USAID) for providing financial and technical support throughout the period of policy and strategy development. Professor Patrick Kenya, the Executive Director for International Centre for Health Interventions and Research in Africa (ICHIRA) and an FHI Consultant, deserves special appreciation for developing the first draft, and Ms. Victoria Lonje, the Project Officer (FHI), for administrative and logistical support.

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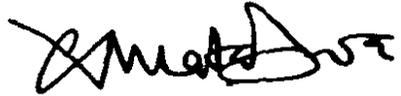
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ACRONYMS AND ABBREVIATIONS

AEDO	Agricultural Extension Development Officer
ADMARC	Agricultural Development and Marketing Cooperative
AIDS	Acquired Immunodeficiency Syndrome
ARET	Agricultural Research and Extension Trust
ARV	Antiretroviral
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BPA	Beijing Platform of Action
CAC	Community AIDS Committee
CARE	Co-operative Relief and Assistance Everywhere
CBO	Community-Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination
CIDA	Canadian International Development agency
DAC	District AIDS Committee
DAES	Department of Agricultural Extension Services
DADO	District Agricultural Development Officer
DARS	Department of Agricultural Research and Extension Services
FAO	Food and Agriculture Organisation
FBO	Faith Based Organization
FHI	Family Health International
GDP	Gross Domestic Product
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
ICHIRA	International Centre for Health Interventions and Research in Africa
ICRW	International Centre for Research on Women
IEC	Information, Education and Communication
ITIEC	Integrated Technology, Information, Education and Communication
ILO	International Labor Organization
MOAIFS	Ministry of Agriculture, Irrigation and Food Security
M&E	Monitoring and Evaluation
MANASO	Malawi Network of AIDS Service Organizations
MANET	Malawi Network of People Living with HIV/AIDS
MASHA	Malawi Agriculture Sector for HIV/AIDS
MASIP	Malawi Agricultural Sector Investment Process
MPRSP	Malawi Poverty Reduction Strategy Paper
NAC	National AIDS Commission
NACP	National AIDS Control Programme
NGO	Non-Governmental Organization
NAPHAM	National Association of People Living with HIV/AIDS in Malawi

NRC	Natural Resources College
OPC	Office of the President and Cabinet
PLWHA	People Living with HIV/AIDS
PROCSE	Participation, Responsibility, Opportunity, Commitment, Security and Empowerment
PRSP	Poverty Reduction Strategy Paper
SADC	Southern Africa Development Community
SRH	Sex and Reproduction Health
STI	Sexually Transmitted Infection
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VAC	Village AIDS Committee
VCT	Voluntary Counseling and Testing
WB	World Bank
YONECO	YouthNet and Counseling

EXECUTIVE SUMMARY

Background

The HIV/AIDS situation in Africa has reached a crisis, with an estimated 28 million people in the productive age group of 15 to 49 years living with HIV/AIDS. Malawi's infection rate—around 10% in rural areas, and as high as 30% in urban areas—is one of the highest in the region and in the world. HIV infection rates are higher among women, who bear a disproportionate share of the burden for care and support for the sick. These two factors place women in a more disadvantaged position than others. HIV/AIDS is, therefore, both a gender issue and an intersectoral issue.

The devastating impact of HIV/AIDS on agriculture is causing untold misery to most households in Malawi, especially in rural areas where agriculture is synonymous with livelihood security. The impacts of HIV/AIDS are reducing agricultural productivity and increasing poverty.

This policy and strategy document is intended to help mitigate these impacts, which are in line with the goals of the Malawi Poverty Reduction Strategy, the National Strategic Framework for HIV/AIDS 2000–2004, and the Malawi Gender Policy. The overall goals of these strategies and policies include reducing the HIV infection rate, reducing poverty, increasing agriculture output and productivity, and improving food security.

Rationale for the HIV/AIDS Policy Development in the Agriculture Sector

The HIV/AIDS epidemic and the resultant gender disparities are inhibiting development, eroding previous economic gains and decreasing the security of people's livelihood. Gender disparities are apparent in the following:

- Sex (male/female), age (youth/adults/elderly) and class (poor/rich);
- Aspects significant to agricultural productive roles, such as technology development and transfer, agricultural inputs, competence, and services necessary to adopt and benefit from improved agricultural technologies;
- Literacy and physical disabilities, including among HIV/AIDS-infected and -affected individuals; and
- Changing gender roles within the agriculture sector.

HIV/AIDS and gender issues must be recognized and mainstreamed into policies and programs, both in the workplace and in the farming communities. If they are not, it will be difficult to reduce the HIV/AIDS infection rate and to mitigate the adverse impacts and resultant gender disparities on productivity and livelihoods. The loss of human resources in the agriculture sector, severe food shortages and loss of labor and skills, therefore, make it imperative that Malawi develop an HIV/AIDS policy and strategy for the agriculture sector.

Achievements

The agriculture sector, in collaboration with the National AIDS Commission (formerly the National AIDS Secretariat) and other development partners, has made significant strides toward mainstreaming HIV/AIDS and gender issues into ongoing programs, particularly at the core functional level, in farming communities. Impact studies are also being carried out within the agriculture sector by the Ministry of Agriculture, Irrigation and Food Security and Food and Agriculture Organization (FAO), Project Hope and Care International. These studies are providing information that is already being used to design policies and programs. For example, Agricultural Development and Marketing Cooperative (ADMARC) is already sharing best practices for workplace programs to be replicated in other institutions within the sector; and OXFAM, in collaboration with the MOAIFS, is trying to establish a common understanding and application of mainstreaming HIV/AIDS and gender issues into the core business of the agriculture sector.

Challenges

Major challenges to effective implementation of the policy include:

- Lack of resources to scale-up cost-effective interventions against HIV/AIDS, compounded by increasing unemployment due to HIV/AIDS;
- Poor health and nutrition status due to HIV/AIDS;
- Slow change in "risky" sexual behavior due to cultural beliefs and widespread poverty; and
- Inadequate capacity and lack of coordinated efforts to mainstream HIV/AIDS and gender issues into agricultural development projects.

Guiding Principles for Policy Development

Policy development is guided by a set of principles to provide users with a framework for operations. The framework is intended to promote efficient coordination, resource mobilization, stronger linkages for care and support, HIV prevention and mitigation of HIV/AIDS impacts. The principles ensure recognition and integration of human rights, gender issues and equal participation by various gender categories.

Priority Areas for Policy Development and Strategic Focus

Policy recommendations, strategies and major actions have been developed for the following eight defined priority sectoral policy areas:

- Gender and HIV/AIDS mainstreaming;
- Economic empowerment;
- Community-based support;
- Food and nutrition security;
- Expanded HIV/AIDS communication;

- Human resources protection and management;
- Workplace support; and
- HIV/AIDS action research.

Implementation Strategy

The implementation strategy provides guidance for HIV/AIDS-related activities in the agriculture sector and establishes a framework for planning, implementation, coordination, resource mobilization and accountability. The strategy will help strengthen both institutional capacity and coordination at all levels. The strategic components of the implementation framework include:

- **Participatory Planning**—Principal to participatory planning are (i) participatory diagnostic surveys to identify deeper issues to be addressed, (ii) concurrent mainstreaming of HIV/AIDS and gender issues and (iii) strategic campaigns to promote the mainstreaming effort;
- **Multi-Sectoral Strategic Plan**—The strategic plan is multi-sectoral in that it recognizes the importance of involving various stakeholders from the agriculture sector and from other related areas;
- **Implementation of Plans**—Implementation should focus on ongoing capacity development as recommended by various key players;
- **Coordination and Management**—Successful implementation of the strategic plan requires comprehensive and effective management and coordination arrangements to be in place to address a number of complex and strategic issues. This is coupled with stronger linkages with other governmental institutions, NGOs, CBOs and people living with HIV/AIDS to provide: voluntary counseling and testing, treatment of sexually transmitted infections and opportunistic infections, condoms, antiretroviral drugs and home-based services at the workplace and in the communities. A coordinating body, the Malawi Agriculture Sector for HIV/AIDS (MASHA), was created to ensure that interventions within the sector are targeted appropriately; and
- **Participatory Monitoring and Evaluation**—Successful management and implementation of the Strategic Plan depends on effective monitoring and evaluation. Monitoring and evaluation activities will take place through two separate mechanisms:
 - Annual reports to the coordinating and management body by all intervention programs and projects in the sector; and

- **Biannual Joint HIV/AIDS Program Reviews by stakeholders to assess the progress and evaluate obstacles and solutions.**

SECTION 1: CONTEXTUAL BACKGROUND

COMPONENT 1

1 GLOBAL HIV/AIDS SITUATION

More than 40 million people in the world are currently living with HIV/AIDS; one-third of these are the youth aged between 10 and 24 (World Bank 2001). In sub-Saharan Africa, there are more than 28 million men and women ages 15 to 49 living with HIV/AIDS, which represents almost three-fourths of the world's total infected population (World Bank 2001). Young people, particularly girls and women, are susceptible to contracting sexually transmitted infections (STIs), including HIV, because of differences in power relations among boys, girls, men and women. The powerlessness of girls and women is worsened by low literacy and income levels that render them vulnerable to risky sexual behaviors.

Efforts to mitigate the impacts of the HIV/AIDS epidemic compete for the same resources as efforts to mitigate other social problems, such as poverty. This means that the HIV/AIDS issue must be highly compelling if it is to be included in national initiatives such as the Poverty Reduction Strategic Programme (PRSP) and the Highly Indebted Poor Countries (HIPC) documents. The argument for addressing HIV/AIDS issues must clearly demonstrate that poverty reduction cannot be achieved without increased attention to HIV/AIDS and that an effective HIV/AIDS program will contribute to the reduction of poverty and the increased welfare of the people. This can be achieved by clearly outlining the benefits of HIV/AIDS programs and the related cost of implementation.

1.1 HIV/AIDS in Malawi

Malawi has one of the highest HIV infection rates in the region and in the world. Recent estimates by the National AIDS Commission (NAC) of Malawi indicate that infection rates in women attending antenatal clinics range from 10 percent in rural areas to nearly 30 percent in urban areas. This high infection rate of HIV in women of childbearing age suggests that many children are born infected with HIV.

HIV infection in people aged between 15 and 49 is concentrated in the younger half (ages 15 to 24), particularly women. Most of these HIV-infected individuals do not know their status. HIV infection rates continue to increase despite the apparent high awareness of HIV/AIDS among the general population.

1.2 National Response to HIV/AIDS in Malawi

Since the onset of HIV/AIDS in Malawi during the mid 1980s, Malawi has continued to improve its national response through medium-term plans 1 and 2 (1987-1997). A

strategic review of these responses (undertaken from 1998 to 2000) culminated in the preparation of a National HIV/AIDS Strategic Framework for the period 2000–2004.

In 1989, the government established the National AIDS Control Programme (NACP) and a National AIDS Secretariat, which collaborated with the Ministry of Health and Population. The Secretariat (recently renamed the National AIDS Commission) provides technical services in the areas of research, monitoring, and evaluation; counseling; home-based care; control and management of STIs; information, education, and communication (IEC); and behavior change interventions (BCIs). The National AIDS Commission (NAC) has linkages at the central, regional and district levels in line with the current decentralization process. The NAC, in line with current government thinking, is in the process of decentralizing management and coordination roles to the central, regional and district levels.

1.3 HIV/AIDS in the Agriculture Sector

The HIV/AIDS epidemic presents many challenges to the agriculture sector. Malawi has an agriculture-based economy, with more than 85% of rural households deriving their livelihood from farming. Also involved are agriculture service providers (e.g., moneylenders) who provide inputs to farmers. In addition, MOAIFS staff provides information to farmers on improved technologies and methods to increase their agricultural productivity.

The HIV/AIDS pandemic has increased morbidity and mortality of members of the farming communities, agriculture service providers, and MOAIFS staff. One impact of HIV/AIDS in the communities is that farmers, especially women farmers, spend more of their time caring for the sick, thus spending less time tending to their agricultural enterprises. Also in farm households, income initially meant to purchase agricultural inputs is often diverted and used instead to provide care and treatment for those who are ill or to pay for funerals. The increasing incidence of HIV/AIDS has increased the vulnerability of those in the agriculture sector, but the groups made most vulnerable are widows, orphans, the elderly and the sick because they cannot easily access productive resources (e.g., labor, agricultural inputs, such as fertilizer and seed, and financing). In consequence, agriculture service providers, especially money-lending institutions, must do business with members of these groups of "unconventional" clients. The number of MOAI staff has also been reduced due to HIV/AIDS. This decrease in overall manpower limits the MOAIFS's ability to carry out its functions because it is difficult to find experienced and qualified individuals to fill vacated positions. This decrease in the number of MOAIFS staff in turn makes it more difficult for farmers to obtain information about new technologies and agricultural techniques.

Various factors place farmers and employees (service providers and government staff) at risk of HIV infection and transmission. Among the farming communities, traditional beliefs, customs and practices regarding sex and sexuality are the main constraints to changing attitudes and behaviors. Rural development institutions and activities that result in gatherings (e.g., community day schools, rural weekly markets and trading centers) are also areas of concern for the spread of HIV in rural areas (MOAIFS/FAO 2001). Institutional arrangements, such as the marketing and banking systems for tobacco and sugarcane, draw farmers away from their families for prolonged periods of time, providing the opportunity for sexual promiscuity and the subsequent risk of HIV infection and transmission in rural communities. Among employees of service providers and government agencies, absence from home to attend official functions presents the main risk of HIV infection. The risk of HIV infection is further increased because condom use has not been fully accepted by farmers or employees. This leaves both service providers and service beneficiaries susceptible to HIV infection.

Given the issues discussed above, the MOAIFS decided to mainstream HIV/AIDS and gender issues in both the workplace and in ongoing rural development programs in farming communities.

1.4 Efforts by the Agriculture Sector to Mainstream Gender and HIV/AIDS Issues

Efforts to respond to HIV/AIDS at the community level began in 1998 with the Integrated Technology, Information, Education and Communication (ITIEC) packaging process, a gender-based participatory rural development approach supported by USAID and the International Centre for Research on Women (ICRW). In 1999, a more comprehensive effort (jointly supported by the NACP, UNAIDS and the World Bank (WB)), led to the following:

- A preliminary study for integrating HIV/AIDS activities in the agriculture sector;
- Six-month consultancy to design a rural response to HIV/AIDS that contributed to the preliminary strategy for the MOAIFS to start implementing community and workplace programs;
- Formation of an organizational and operational structure to develop and implement the rural community and workplace programs; and
- Commitment at various MOAIFS management levels to start implementing the community and workplace initiatives.

1.5 Other Initiatives in the Agriculture Sector

- Initial interest and commitment obtained to support the program by NGOs, the private sector, the donor community and other partners; and

- In 2000, GTZ supported an appraisal consultancy to start training a multi-sectoral team of frontline extension workers and community representatives for a community response. The MOAIFS, in collaboration with GTZ, requested Bunda College of Agriculture, Action AID and Family Health International to conduct the training for frontline extension workers and community representatives.

The following were used to develop the HIV/AIDS agriculture sector policy:

- *Agricultural Policy and Strategies. Malawi Poverty Reduction Strategy Paper (PRSP 2002)*, MASIP Secretariat);
- *Agricultural Extension in the New Millennium: Toward Pluralistic and Demand-Driven Services in Malawi* (Malawi, 2000);
- *National Gender Policy 2*;
- *Malawi Poverty Reduction Strategy Paper* (Malawi, 2002); and
- *Gender and Empowerment Strategy, Malawi Poverty Reduction Strategy Paper (PRSP, 2002)*
- *National HIV/AIDS Strategic Framework 2000–2004* (Malawi, 1999).

COMPONENT 2

2 IMPACT OF HIV/AIDS ON AGRICULTURE AND RURAL LIVELIHOODS

HIV/AIDS-caused illnesses and deaths continue to affect agricultural productivity in most of Malawi's rural communities. The agriculture sector accounts for about 37% of the Gross Domestic Product (GDP) and more than 60 percent of Malawi's foreign exchange earnings. The agriculture sector employs about 80 percent of the nation's workforce, and most of these people depend on the sector for subsistence and cash crop farming.

2.1 Nature of Impact of HIV/AIDS on the Agriculture Sector

The HIV/AIDS epidemic has the following impacts on the agriculture sector:

- **Reduction in Labor Supply**
HIV/AIDS reduces the labor available to small farms because the household diverts agricultural labor and other productive resources to caring for the sick.
- **Change in Land Use Patterns**
The reduction in labor supply leads farmers to switch to less labor-intensive crops, which often means switching from export (high-value) crops to food (low-value) crops.

- **Loss of Income by Employees of Commercial Agriculture**
Commercial agriculture is a source of livelihood for many households through direct labor employment and remittances. Morbidity results in absenteeism and, hence, loss of income.
- **Loss of Workers in Commercial Agriculture**
Loss of workers in a commercial agricultural enterprise imposes high financial and social costs to the industry. The impact is especially severe when skilled and experienced employees are lost.
- **Increased Food and Nutritional Insecurity**
HIV/AIDS often causes a general lack of resources to purchase agricultural inputs, leading farmers to delay or abandon plans to improve their farms or methods. This results in a decrease in the variety of crops grown and reduces diversity in the diet, which affects overall nutrition. Another factor is that food consumption is generally low in HIV/AIDS-affected households, which leads to malnutrition.
- **Disruption of Safety Nets and Loss of Physical Assets**
The increasing number of HIV/AIDS infections has led to a breakdown in the customary practices and traditions that have served as safety nets in communities. When a high proportion of households are affected, the traditional safety net mechanisms (e.g., community and family care for orphans, the elderly and the destitute) are overstretched. The widespread loss of active adults affects the transfer of knowledge, skills, values and beliefs from one generation to the next, thus disrupting the social organization.

Intensive income-generating activities that are critical to household survival are severely affected when a household is afflicted with HIV/AIDS. The increased expenditures required to care for the sick often lead to sale of household assets, which begins a cycle of impoverishment. This in turn presents a challenge to the extended families and to the kinship systems that provide a critical welfare function in the society. Therefore, one of the long-term impacts of HIV/AIDS is the disruption of people's way of life.

- **Disruption of Social Order**
The strong interdependence among the communities of Malawi is disrupted when HIV/AIDS-affected and -infected individuals cannot participate in communal activities. This not only leads to their marginalization, but also means that they are not available as part of the community resource base. Thus, the ability of the community overall to cope with the increased demands resulting from the increasing number of HIV/AIDS-affected and -infected individuals is reduced.

- **Social Exclusion and Stigmatization**
The death of a parent due to HIV/AIDS deprives children of their social status, emotional security, and maternal security and often results in their being ostracized by the community.
- **Changes in Demographics of Farming Communities**
The increasing prevalence of HIV/AIDS results in more single-headed households that include orphans and the elderly, who are unable to perform the household chores. In addition, elderly households that do not have reliable income often find themselves caring for orphans.
- **Gender Discrimination and Disparities**
Women take more responsibility than men in caring for the sick. Upon the death of a husband, many women (including those infected by HIV) often return to their maternal homes, especially during the later stages of their illness.

Another effect of a husband's death is that, in some cases, the family's property goes to the relatives of the dead husband or father. This leaves the women and children without assets and thus highly vulnerable to high-risk behavior, such as exchanging sex for money as a means of survival. Such high-risk behaviors often lead to STIs, including HIV.

SECTION II: POLICY FRAMEWORK

COMPONENT 3

3 AGRICULTURE SECTOR POLICY FRAMEWORK

An HIV/AIDS policy framework can provide guidance for the social, political, economic and cultural HIV/AIDS issues in the agriculture sector. In 1999, the MOAIFS initiated a policy formulation and development process for the agriculture sector. It had the following objectives:

- To provide clear policy guidelines for the prevention, care, support and mitigation of HIV/AIDS in the agriculture sector;
- To provide guidelines for mainstreaming gender issues into the agriculture sector activities;
- To institute procedures for economic empowerment of the vulnerable groups in the agriculture sector;

- To provide guidelines for protection and management of human resources to ensure continued and uninterrupted flow of services;
- To establish community support systems to reduce further incidence of HIV;
- To ensure equitable and sustainable food availability and consumption, at both the household and national levels, for increased food and nutritional security;
- To advocate effective two-way communication between clients and the service delivery systems for positive HIV/AIDS behavior change;
- To develop strategies that can be used to minimize stigmatization and discrimination and to safeguard the rights of HIV/AIDS-infected and -affected individuals in the workplace, and thus improve productivity;
- To guide action research that mitigates the impacts of AIDS and increases agricultural productivity and the health of the people; and
- To stimulate development and use of innovative agricultural interventions for improved health and livelihoods.

3.1 Rationale

HIV/AIDS is a major, crosscutting problem in Malawi that the government, and various institutions must address. The epidemic is eroding decades of development gains, undermining economic progress, threatening food security and destabilizing societies. The loss of strategic human resources is increasing at an alarming rate; it is estimated that 29 MOAIFS officers are affected each month. Severe food shortages, caused in part by the decreasing size of the active labor force, are becoming a perennial event. Development and implementation of a clear HIV/AIDS policy in the agriculture sector is, therefore imperative.

3.2 Major Challenges

The major challenges to integrating HIV/AIDS interventions in agriculture development programs are:

- **Lack of resources to scale-up HIV/AIDS interventions.** Although effective interventions against HIV/AIDS are available, the ability to scale-up implementation is severely constrained by weak economic performance in the agriculture sector;
- **Poor health and nutritional status.** The women and children of Malawi are especially vulnerable to poor health and reduced nutritional status, which in turn increases maternal and child mortality. Poor households also pose a major challenge to achieving national food security and to taking advantage of opportunities for effective mitigation of the impacts of HIV/AIDS; and

- **Slow change in high-risk sexual behavior.** High-risk sexual behavior that predisposes individuals to become infected with HIV is often deeply rooted in cultural beliefs and practices. This makes it difficult to persuade people to change their behavior. In addition, people often believe they have low risk of infection, which leads to sporadic health-seeking behavior.

3.3 Vision

A progressive agriculture sector with a vibrant, HIV/AIDS-free labor force

3.4 Mission

To provide guidance for the mobilization and coordination of resources for mainstreaming HIV/AIDS and gender issues into policy for increased agricultural productivity

3.5 Goal

To mainstream HIV/AIDS and gender issues into all agricultural programs and projects

3.6 Objectives

There are eight priority areas for which there are policy recommendations, strategies and major actions:

- Gender and HIV/AIDS mainstreaming
 - Economic empowerment
 - Community-based support
 - Food and nutrition security
 - Expanded HIV/AIDS communication
 - Human resources protection and management
-
- Workplace support
 - HIV/AIDS action research

Addressing these eight priority areas is intended to:

- Promote inclusion of gender-based issues in the agriculture sector simultaneously with an HIV/AIDS response;
- Address the HIV/AIDS epidemic within the agriculture sector both in the workplace and in the community;
- Mobilize resources to implement HIV/AIDS responses into agriculture sector responses;
- Provide administrative support to implement the HIV/AIDS strategic framework in the agriculture sector; and

- Advocate for legislative support for the HIV/AIDS policy in the agriculture sector.

3.7 Guiding Principles

- (i) HIV/AIDS should be recognized as an issue in the agriculture sector;
- (ii) Discrimination against employees on the basis of their HIV status should be discouraged;
- (iii) Gender equity should be observed in all development programs and activities;
- (iv) No person should be dismissed for being HIV positive;
- (v) Communication among all stakeholders should be promoted;
- (vi) The HIV status of an individual should be strictly confidential and should not be disclosed without the individual's consent;
- (vii) The workplace environment should be healthy and safe through its practical policies, programs and strong collaboration with other service providers to reduce vulnerability and susceptibility to HIV;
- (viii) The workplace environment should facilitate care and support for HIV-positive individuals and their families;
- (ix) Employees should have access to user-friendly and up-to-date information about HIV/AIDS; and
- (x) Research results should be used when designing interventions for any social group.

COMPONENT 4

4 PRIORITY SECTORAL POLICY AREAS

4.1 Gender and HIV/AIDS Mainstreaming

To ensure equal participation by all gender categories within the agriculture sector, national policies should promote mainstreaming gender and HIV/AIDS issues.

Statistics show that the number of HIV-infected young women is disproportionately high in Malawi and that they die much sooner than others once they become HIV positive (Government of Malawi and UNDP, 2002). Therefore, gender and HIV/AIDS issues should be mainstreamed to address this especially vulnerable group at the workplace and clientele levels.

4.1.1 Policy Recommendations

- The agriculture sector should take into account the varied gender needs, interests, roles, rights and relations in agricultural production systems to facilitate efficient and equitable technology development and outreach programs.
- The agriculture sector should strive for gender empowerment in all aspects of participation to ensure access to, and control over, production assets, information, technologies, land, credit, inputs and human resources.
- Gender and HIV/AIDS issues should be mainstreamed simultaneously and there should be clear guidelines to ensure all stakeholders within the agriculture sector understand the content and process of mainstreaming.
- Agriculture sector policies should be made consistent with other relevant, related policies, such as Malawi's *National Gender Policy 2000–2005* and HIV/AIDS workplace policies, acts such as the customary land law and wills and inheritance, international and regional instruments, and human rights acts, such as those from the Convention on the Elimination of All Forms of Discrimination (CEDAW), the Beijing Platform of Action and the International Labor Organization/Southern Africa Development Community (ILO/SADC) code of conduct and practice.

4.1.2 Strategies

- Develop guidelines for mainstreaming HIV/AIDS prevention, care, support and treatment and reduce the impact of AIDS related attrition rates.
- Ensure that People living with HIV/AIDS (PLWHA) participate in efforts to break the culture of silence, stigma and discrimination against PLWHA.
- Solicit expert support in mainstreaming HIV/AIDS issues in agricultural programs, projects and institutions.
- Strengthen the competence of the Gender and HIV/AIDS Desk Officer for networking and capacity development.
- Institute action research to inform development of HIV/AIDS mainstreaming activities, policy modifications, technology and program development, with emphasis on innovative behavior change strategies.
- Strengthen the ability of policy makers and analysts to analyze policies to ensure they are compatible with gender issues.

4.1.3 Major Actions

- Sensitize the community to gender-related HIV/AIDS issues.
- Advocate for mainstreaming gender and HIV/AIDS issues in communities and in the workplace.
- Train and educate the community, including women, men and community leaders, in efforts to improve the role and status of women in the society.

- Carry out diagnostic surveys to increase the understanding of the needs, issues and links among HIV/AIDS, gender and agricultural development.
- Develop gender-disaggregated data for programming, monitoring and evaluation.
- Design and provide technical support to agricultural training institutions, communities and workplaces on gender and HIV/AIDS interventions.
- Reorient upcoming and ongoing programs and projects toward mainstreaming HIV/AIDS and gender issues.
- Advocate for strengthening links for coordinated services and financial and technical support within and outside the agriculture sector.
- Institute participatory monitoring and evaluation.

4.2 Economic Empowerment

The HIV/AIDS epidemic has a negative economic impact on Malawi. This impact includes reduction in the size, quality and experience of the labor force, increased expenditures for health care, increased costs of labor, and reduced savings and investment. Most households with one or more HIV/AIDS-infected individuals resolve to sell their assets. Providing such households with access to micro-finance opportunities will help protect HIV-affected and -infected people from the poverty that results from selling assets.

4.2.1 Policy Recommendations

- Micro-finance institutions should be encouraged to make special provision of "soft" loan packages to HIV/AIDS-affected families, especially widows, widowers, orphans, the elderly and people with disabilities.
- Time- and labor-saving technologies should be identified and disseminated to vulnerable groups. Farmers should be encouraged and assisted to diversify into agriculture-based income-generating activities.
- The agricultural extension service should be encouraged to promote diversification into high-value crops such as spices, herbs, mushrooms and ornamentals.
- Low-input agriculture should be encouraged.

4.2.2 Strategies

- Initiate diversified agribusiness and nonagriculture-based small-scale enterprises.
- Improve the economic status of disadvantaged groups, especially women, by improving access to credit, skills training and employment.
- Strengthen existing community-based women's organizations in the agriculture sector to improve and expand the provision of services.
- Develop community programs in the agriculture for income generation and poverty eradication that integrate HIV/AIDS issues.

4.2.3 Major Actions

- Develop projects that promote viable agriculture-based, small-scale industries.
- Initiate programs that improve the economic status of vulnerable groups.
- Establish a revolving fund for people living with HIV/AIDS and their families.
- Initiate integrated HIV/AIDS agricultural basic community programs for income generation.
- Establish savings schemes through banks, such as rural agriculture community-based banks/cooperatives.
- Train disadvantaged groups, especially women, in agri-business skills.

4.3 Human Resources Protection and Management

HIV/AIDS has a direct negative impact on human resources, both in the capacity and the retention of employees. That is, organizations lose both their labor force and their capacity for production. To minimize the effects of these losses, organizations must design and implement HIV-prevention programs and provide care, treatment and support services to infected and affected employees. In addition, organizations must establish succession planning and institute capacity-building programs to maintain their efficiency and productivity and to enable them to fill vacancies.

4.3.1 Policy Recommendations

In regard to human resources management and HIV/AIDS in the agriculture sector, the following policies should guide the formulation of prevention, control, care and support strategies:

Retirement

- Retirement on health grounds for HIV/AIDS-infected persons should be granted in accordance with the existing labor laws and should not discriminate against HIV/AIDS-infected persons.
- Retirement procedures may be initiated either by the sick person or the employer.
- Government should advise all employees to prepare for their retirement. This should be an ongoing process for all employees in the workplace so that it is not discriminatory against HIV/AIDS-infected persons.
- Management should advise all employees to prepare for their retirement.
- Management should train employees to perform multiple jobs/tasks so that if a position becomes vacant, one of the current employees can perform that task until the position is filled.

Testing for HIV/AIDS

HIV testing should not be a requirement for recruitment of trainees. But voluntary counseling and testing (VCT) should be encouraged at all levels.

Sick Leave

People on sick leave should be treated according to the current labor laws without discrimination. The profit-oriented private sector should develop ways to assist people on sick leave.

Welfare Officers

Welfare officers should be appointed to look into employees' welfare. There is need to create welfare focal points with officers to provide support to all sick employees.

Medical Support

Government should provide medical care, including provision of antiretroviral (ARV) drugs, for people who declare their HIV-positive status.

Budgeting

The agriculture sector, including the MOAIFS, should have a budget that is used specifically for HIV/AIDS activities.

PLWHA Position

A permanent position should be created in the agriculture sector for a person living with HIV/AIDS who can provide support to other infected individuals. A vacancy analysis should also be performed for succession planning. Such an analysis would probably result in intensified and expanded training at all levels.

Awareness

Management should develop ways to increase awareness about HIV/AIDS for staff and their families and the communities in which they live.

Mainstreaming HIV/AIDS Prevention and Mitigation

Institutions should review and integrate HIV/AIDS prevention and mitigation activities into their curricula.

Discrimination

Management should ensure that people are not discriminated against based on a real or perceived HIV/AIDS-positive status.

4.3.2 Strategies

- Design and implement HIV/AIDS workplace programs.
- Promote links with HIV/AIDS service providers.
- Mobilize funds for workplace and community activities.
- Promote HIV/AIDS BCIs.
- Promote IEC activities in the workplace.
- Ensure engagement of PLWHA in all aspects of the workplace.

- Expand VCT services through the use of mobile VCT centers.
- Establish a database of attrition rates at the workplace.
- Institute a capacity-building program in the agriculture sector to help fill vacancies as soon as possible.

4.3.3 Major Actions

- Provide free VCT and ARV drugs at workplace, organizations and institutions.
- Provide male and female condoms.
- Train staff in human resource monitoring and analysis.
- Identify individuals to train in critical positions within the agriculture sector.
- Identify critical areas for training.
- Provide ongoing IEC orientation on HIV/AIDS updates in the workplace and the community.

4.4 Community-Based Support

Malawi is a pluralistic society whose members pool their labor, food and other resources, but these social support systems are dwindling due to loss of adults to HIV/AIDS. This, in turn, makes communities more vulnerable to HIV. Extension services, in collaboration with faith-based organizations (FBOs) and other CBOs, should provide support to vulnerable groups, such as widows, orphans, PLWHA and the disabled. However, the FBOs lack the capacity to undertake the new challenges presented by the HIV/AIDS epidemic.

4.4.1 Policy Recommendations

- Agricultural research and extension services should carry out action research to develop and introduce more time- and labor-saving technologies.
- The agricultural extension service should reorient its HIV/AIDS programming approaches to target vulnerable groups.
- Extension workers should encourage communities to establish community-based labor banks, food banks and community transport support using existing structures in the community.
- The agriculture sector should promote interaction between agricultural extension staff and other rural-based institutions (e.g., youth groups, schools and FBOs) in HIV/AIDS prevention, care and support. FBOs should be provided with the capacity to meet the challenges that are arising in communities.
- The agriculture sector should train and educate extension workers and farmers about HIV/AIDS and support them by providing condoms, counseling and VCT and treatment for STIs.
- Extension workers and farmers should be informed about the inheritance act and rights laws.

- 4.4.2 Strategies**
- Empower vulnerable groups by linking them with lending institutions.
 - Mobilize communities in HIV/AIDS prevention and mitigation.
 - Develop a community-based revolving fund.
 - Support CBOs, including HIV/AIDS-support groups.
 - Make time- and labor-saving technologies available.
 - Carry out research on labor-saving technologies.
 - Establish community-based care groups.
 - Enlist the help of legal experts and NGOs to orient extension workers and farmers on the inheritance act and rights laws.
- 4.4.3 Major Actions**
- Identify and implement income-generating activities that target vulnerable groups.
 - Create and maintain community food banks and transport support.
 - Develop and support revolving fund activities for women living with HIV/AIDS and their families, including women in extended families.
 - Train local leaders to mobilize communities in HIV/AIDS prevention and mitigation efforts.
 - Have legal experts or NGOs educate extension workers and farmers on the inheritance act and rights laws.
- 4.5 Food and Nutrition Security**
- HIV/AIDS has negative impacts on both food production and consumption that lead to malnutrition. Malnutrition in turn speeds the progression of HIV infection to AIDS. The link between malnutrition and HIV/AIDS is that malnutrition lowers an individual's immunity and increases the individual's susceptibility to opportunistic infections. Opportunistic infections in turn lead to low dietary and nutrient absorption, thereby increasing the severity of the malnutrition.
- There is a general lack of knowledge about the actual impact of HIV/AIDS on nutrition and food security. Notably, the relationship between HIV/AIDS and food security (including availability, stability, access and consumption) is not understood, and has not been investigated yet.
- 4.5.1 Policy Recommendations**
- The agriculture sector should promote processing, use and production of high-nutritional-value crops (e.g., high-protein maize, soybeans, dark green vegetables and fruits) and high-nutritional-value livestock (e.g., rabbits, poultry and goats).
 - The agriculture sector should promote food banks at the community level to ensure food security.

- Extension services should collaborate with development agencies to encourage establishment of community feeding programs for the most vulnerable groups.
- Extension services should promote dietary diversification and encourage its acceptance by the communities.
- Extension services should promote awareness about the actual impact of HIV/AIDS on nutrition and food security.
- The agriculture sector should conduct research on high-nutritional-value crops and livestock.

4.5.2 Strategies

- Build community-based capacity for food processing and nutrition education.
- Empower communities by helping them develop diverse income-generating activities.
- Mobilize communities by helping them diversify food production and develop food banks.
- Support water-harvesting technologies to increase off-season crop production.
- Develop food-processing technologies to expand agriculture-based industry and household food availability.
- Develop effective links among farmers, extension service and research service providers.

4.5.3 Major Actions

- Advocate for production and consumption of high-nutritional-value food.
- Promote the development of backyard gardens.
- Train extension workers and staff in income-generating activities.
- Establish income-generating activities so that households and communities can earn enough money to buy food.
- Establish community food banks.
- Conduct research into local dietary recipes.

4.6 Expanded HIV/AIDS Communication

There is high awareness of HIV/AIDS among people of sexually active age group in Malawi. Most people are aware of HIV/AIDS, have fair knowledge about its effects, and understand how it is spread and how to prevent it.

Despite the high level of awareness, little has changed in terms of the spread of HIV/AIDS and people's behavior, especially of men's behavior toward women. Malawian society is more accepting of men who have multiple sexual partners than it is of women who do the same.

Most of the information that is presented in the print and electronic media is not effectively reaching the targeted audience or social groups. Communities do not openly debate issues about HIV/AIDS and sex. The agriculture sector policies are intended to empower Malawians to make informed choices about changing high-risk behaviors.

Expanded communications will exploit the "two-way" approach to promote interaction and dialogue when disseminating HIV/AIDS information and education programs. Advocacy and social mobilization will be expanded beyond printed information to reach and, hopefully, to influence individuals' sexual behavior at all levels in society.

4.6.1 Policy Recommendations

- The agricultural public sector should encourage open debate on issues related to HIV/AIDS using multimedia and other outreach programs that target changes in the behavior of employees, families and communities.
- Agricultural institutions should develop behavior change communications (BCC) materials and use them in service programs and seminars (in collaboration with health institutions) on HIV/AIDS/sexual reproductive health behavior change.
- The MOAIFS should mobilize resources and initiate information and education centers for BCI activities that are specific to the agriculture sector.
- Institutions within the agriculture sector should work collaboratively with the NAC and other partners to help train staff on HIV/AIDS issues using participatory methodologies.
- Institutions within the agriculture sector should establish mainstreaming mechanisms to evaluate the implementation of gender issues in HIV/AIDS prevention and mitigation programs.

4.6.2 Strategies

- Support the development of BCI/IEC target-specific materials.
- Promote the development of BCC approaches and methodologies.
- Establish teams to develop IEC materials for various media.

4.6.3 Major Actions

- Break the "conspiracy of silence" on HIV/AIDS at all levels through mass information dissemination and broad networking to prevent the spread of HIV infection.
- Introduce BCI programs to facilitate two-way AIDS information sharing and education activities.
- Identify and establish teams to develop strategic BCI/IEC messages for each target group through multimedia channels.

4.7 Workplace Support

Keeping employees healthy and on the job is essential for the well being of employers and employees at all levels. HIV-infected persons may have five or more years of asymptomatic productive life. For some employees, the workplace could be a source of basic facts about HIV/AIDS. Unfortunately, not all workplaces provide information or programs about the HIV/AIDS epidemic, even though workers spend considerable time at the workplace.

There is a direct link between the risk of HIV infection and workers who are gone from their homes for extended periods of field duty, leaving their spouses behind. There is little information on HIV/AIDS available in the workplace, and this may lead to an environment shrouded in fear, lack of understanding and unwarranted discrimination.

4.7.1 Policy Recommendations

- Employers should provide employees and their families with up-to-date information about HIV/AIDS and other preventive health measures.
- Medical staff and volunteers in the agriculture sector should be trained in counseling, establishing VCTs and ARV drug prescription procedures.
- Medical staff in the private sector should be involved in establishing HIV/AIDS education programs.
- The agriculture sector should work with AIDS organizations, stakeholders and others to establish intervention programs at the workplace.
- Employers in the agriculture sector should ensure that systems to protect HIV/AIDS-infected individuals are incorporated into the conditions of service.
- Employers should develop a medical scheme that offers health education in sex and reproductive health, STIs and BCIs as part of the fight against AIDS.

4.7.2 Strategies

- Institute workers' committees to champion workplace HIV/AIDS activities.
- Set aside time specifically for open discussions related to the impact of HIV/AIDS on people.
- Design workplace conditions that protect employees from stigma, discrimination and unsafe sexual practices.
- Increase access to up-to-date information about the HIV/AIDS epidemic.

4.7.3 Major Actions

- Carry out a needs assessment on HIV/AIDS at the workplace.
- Adapt guidelines for HIV/AIDS prevention and care in the workplace.
- Develop IEC/BCI materials for HIV/AIDS in the workplace.

- Disseminate HIV/AIDS guidelines and policies to partners in the agriculture sector.
- Train additional staff as multidisciplinary models to sustain the core business in the agriculture sector.
- Establish a plan for monitoring and evaluating workplace interventions.

4.8 HIV/AIDS Action Research

The agriculture sector has the potential to contribute through research to the interventions aimed at reducing the number of HIV infections and the impacts of AIDS. For example, farming technologies that were developed for an average, healthy, male farmer may not be useful in HIV/AIDS-imposed situations characterized by physically weak individuals, the elderly or juveniles. Responses so far to the needs of those infected and affected by HIV/AIDS have not been sufficient. Also, the HIV/AIDS epidemic poses new problems of food security at the national level and at the level of rural livelihoods. Currently, recommendations on immunity-boosting supplements and high-nutritional-value crop varieties or nutrition-related options are haphazard. This challenge requires focused research that is responsive to the changing needs of the farming clientele.

4.8.1 Policy Recommendations

- The Department of Agricultural Research Services (DARS), in MOAIFS, and other stakeholders, should form national, regional and international networks of agricultural research.
- Agricultural extension service providers should ensure that research findings on the link between HIV/AIDS and the agriculture sector are disseminated to target groups in a user-friendly, nonstigmatizing manner.
- Agriculture extension and research institutions should conduct research into and promote production and consumption of high-nutritional-value crops, such as soybeans and certain spices and herbs.
- Agricultural research and extension institutions, other research institutions and the community should investigate and introduce time- and labor-savings technologies that take into account those infected and affected by HIV/AIDS.
- HIV/AIDS and agriculture-related research should be conducted into what food/nutrition items reduce susceptibility and vulnerability to HIV/AIDS and enhance resilience.

4.8.2 Strategies

- Include in all agriculture programs agriculture-based HIV/AIDS research at the community level and in the workplace.
- Establish research networks to conduct action research to improve the livelihood of HIV/AIDS-infected and -affected households.

- Compile data on crop diversification and food processing and labor saving technologies related to HIV/AIDS and agriculture.
- Identify and prioritize (according to current means and resources) areas for research.
- Communicate and collaborate with government, quasi-government, NGOs and private national, regional and international institutions on HIV/AIDS- and agriculture-related issues.

4.8.3 Major Actions

- Fill critical gaps in understanding the effects of agricultural systems, food security and rural livelihoods on HIV/AIDS, and *vice versa*.
- Fill critical gaps in understanding of how agricultural policies and programs can help prevent or mitigate the impact of AIDS and how this knowledge can be used to support local responses.
- Assess current policies and programs and evaluate how modified policies and programs would affect the HIV/AIDS response.
- Identify new options for enhanced livelihoods with HIV/AIDS-affected communities.
- Assess the effect of enhanced livelihood and food security on HIV prevention and/or mitigation of AIDS impacts.
- Explore new forms of farming systems, cropping and innovative approaches (including cooperative arrangements) that may benefit those infected or affected by HIV/AIDS.
- Target research actions at the agricultural systems that make people particularly vulnerable/susceptible or resilient to HIV/AIDS.
- Clarify the effects of AIDS on labor availability and capital accumulation.
- Clarify the effects of AIDS on off-farm economic activities, and *vice versa*.
- Monitor HIV/AIDS affected households on access and management of resources, especially: labor, income, land, agriculture inputs and time.
- Research the long-term and aggregate effects of AIDS on rural society and the agricultural economy.
- Promote AIDS and agricultural knowledge among the young and other vulnerable groups.

SECTION III: AGRICULTURE SECTOR STRATEGIC FRAMEWORK

COMPONENT 5

5 AGRICULTURE SECTOR STRATEGIC FRAMEWORK

The agriculture sector strategic framework is designed to galvanize a multisectoral approach to HIV/AIDS control, impact mitigation and sector policy formulation. This

strategic plan focuses on many areas, including the eight priority areas listed in the executive summary. These eight areas include:

- Gender and HIV/AIDS mainstreaming;
- Economic empowerment;
- Community-based support;
- Food and nutrition security;
- Expanded HIV/AIDS communication;
- Human resources protection and management;
- Workplace support; and
- HIV/AIDS action research.

The MOAIFS has played a significant role in preventing and mitigating the impact of HIV/AIDS by spearheading HIV/AIDS and gender mainstreaming and other BCIs in the agriculture sector. The MOAIFS is also making efforts to develop a package of care for people living with HIV/AIDS that will include VCT, early diagnosis and treatment of opportunistic infections, psychosocial care and access to ARV drugs.

5.1 Purpose of Strategic Plan

The development and formulation of an agriculture sector policy on HIV/AIDS is the beginning of a stronger coordination mechanism to tap the full potential of all stakeholders to deal with the numerous challenges presented by the epidemic. A coordinated and inter-linked sectoral response to the HIV/AIDS epidemic is to be mounted in accordance with provisions and objectives of the national and agriculture sector policies and strategic plans in Malawi.

It is in this context that the agriculture sector has developed a policy and strategic plan that is intended to:

- Guide the sector to implement HIV/AIDS activities at all levels;
- Provide a framework to coordinate and mobilize resources, and to develop accountability within and outside the agriculture sector for the prevention of HIV/AIDS transmission;
- Guide, care and support to HIV/AIDS-infected and -affected people in the agriculture sector;
- Facilitate, in line with broader government policies, the realization of the principal objective of arresting the epidemic and reducing its impact on society and the economy by targeting:
 - Strengthened capacity and coordination to respond to the HIV/AIDS epidemic at all levels in the sector, and
 - Increased access to care and support for people infected and affected by HIV/AIDS.

5.2 Operational Guiding Principles

5.2.1 Design Phase

Institutions should use participatory planning to:

- Identify and internalize HIV/AIDS and related gender issues, concerns and priorities from an analysis of the impact of the agriculture sector core business and operations on the spread of HIV and, conversely, the impact of AIDS on the agriculture sector institutions and operations;
- Clarify related human rights, gender roles and relations for equity and efficiency in the mobilization of resources for individuals, households, communities and workplaces from agriculture, food security and HIV/AIDS interventions; and
- Analyze deeper HIV/AIDS and gender issues using participatory extension methods (e.g., story codes for practical mainstreaming of such issues into ongoing programs and projects).

5.2.2 Implementation Phase

Institutions should recognize and institutionalize participation, responsibility, opportunity, commitment, security and empowerment (PROCSE):

- **Participation**—Equal inclusion of all appropriate gender categories and service delivery partners in all phases of the intervention modular cycle, which involves participatory appraisal, planning, implementation, monitoring and evaluation, and impact assessment;
- **Responsibility**—Responsibilities will be shared by all, regardless of gender, to carry out their roles in prevention, care, treatment, support and mitigation for agricultural development activities;
- **Opportunity**—Opportunities identified and linked with various gender categories to act as a catalyst for interventions focusing on narrowing the gap between knowledge-based interventions and BCCs and BCIs;
- **Commitment**—Accountability and ownership of activities and related resources at all levels, especially at the beneficiary (farmer and field staff) level;
- **Security**—Ensured human rights, dignity, and worthiness of life and enjoying the full benefits of agricultural and health interventions without discrimination, exclusion or the stigma associated with HIV/AIDS or gender;
- **Empowerment**—Of both men and women without regard to sex, age, class, religion or ethnicity, to access and control necessary resources (e.g., information, diversified income streams, food, land, farm inputs and benefits to be realized from the interventions) with equity, efficiency and equal outcomes.

5.2.3 Gender and HIV/AIDS Mainstreaming

Gender and HIV/AIDS issues should be mainstreamed simultaneously to respond to the reduced agricultural production that results from decreased participation caused by

increased morbidity and mortality rates from HIV/AIDS and the resultant disparities in gender roles, responsibilities, rights, relations and benefits.

5.2.4 Transformative Outcomes

Transformative outcomes should be pursued by innovative packaging of technologies accompanied with ITIEC and an emphasis on BCI.

5.3 Roles and Responsibilities

The following sections outline the roles of the key stakeholders in the fight against HIV/AIDS.

5.3.1 Public Sector

The Office of the President and Cabinet (OPC) will lead in policy direction, institutional development, resource mobilization and advocacy. All key subsectors within the agriculture sector must be involved to ensure successful implementation of the strategy.

The process of mainstreaming HIV/AIDS initiatives into the core functions of the agriculture sector will need support from all cooperating partners. HIV/AIDS issues are to be incorporated into the training and induction programs of all employees.

The public institutions that are central to the implementation of HIV/AIDS activities in Malawi include: the National AIDS Commission, the Malawi Agriculture Sector on HIV/AIDS, and the Ministry of Health and Population. Their roles and responsibilities are described below:

National AIDS Commission

The NAC is the overall coordinating body. It is responsible for resource mobilization and for developing and disseminating information on HIV/AIDS policies and guidelines for prevention and care activities. The activities of the NAC are to:

- (i) Facilitate adoption and implementation of the national BCI strategy nationwide in collaboration with the Reproductive Health Unit of the Ministry of Health and Population;
- (ii) Facilitate HIV/AIDS technical programs and capacity-building for the sector; and
- (iii) Provide financial and material support to the sector, especially to those organizations that are addressing the issues of HIV/AIDS.

Malawi Agriculture Sector on HIV/AIDS

A coordinating secretariat will be established within the agriculture sector to manage sector-specific programs. The secretariat will be called the Malawi Agriculture Sector on HIV/AIDS (MASHA), and it will attempt to:

- (i) Strengthen the networking of the focal points that will be coordinating the implementation of MASHA policy;
- (ii) Develop and maintain an inventory of organizations' BCI materials on HIV/AIDS within the sector;
- (iii) Facilitate and support the production process of BCI materials with other partners;
- (iv) Establish guidelines to monitor the effectiveness of interventions;
- (v) Facilitate and support research on HIV/AIDS within the agriculture sector; and
- (vi) Mobilize financial and material resources for implementation.

Ministry of Health and Population and Other Health Service Providers

The roles of the Ministry of Health and Population and other health service providers will be to:

- (i) Advocate for the integration of HIV/AIDS activities in the BCI strategy for reproductive health, including prevention of mother-to-child transmission; and
- (ii) Advise on, and disseminate, emerging public policy issues and direction in the areas of sexual and reproductive health.

District, Community and Village AIDS Committees

The roles of the committees, which are already established under NAC, will be to:

- (i) Coordinate implementation of HIV/AIDS activities in their specific areas of jurisdiction;
- (ii) Source financial and material resources allocated to BCI;
- (iii) Identify other key partners for implementation activities at the local level;
- (iv) Interpret guidelines and policies for partners regarding implementation of BCI strategies;
- (v) Manage financial and material resources allocated to BCI at their specific level; and
- (vi) Integrate BCI activities in the district plans (District AIDS Committees).

5.3.2 Private Sector

The private sector has the potential to respond to the impact of HIV/AIDS on the agriculture sector in the following areas:

- (i) Design workplace programs for the prevention of HIV/AIDS;
- (ii) Finance interventions for provision of care, support and treatment;
- (iii) Improve medical and retirement benefits;
- (iv) Help other institutions develop effective HIV/AIDS workplace policies and guidelines; and
- (v) Support HIV/AIDS research initiatives.

Private sector enterprises related to the agriculture sector are also expected to coordinate HIV/AIDS activities through the MASHA.

5.3.3 Non-Governmental Organizations

NGOs in Malawi have been actively involved in the fight against HIV/AIDS. There are few local NGOs, but they are an important force for socioeconomic development. The NGOs are strong, and their outreach programs complement the work of government agencies. NGOs also have close links with rural communities and have the requisite skills to ensure wide participation at the community level.

The role of NGOs will be to:

- (i) Implement programs through information sharing, advocacy and social mobilization of specific social groups;
- (ii) Support capacity-building for field-level partners to enable them to interpret and implement the BCI strategy;
- (iii) Advocate for increased resources and for institutions to participate in the implementation of BCI strategy at the field level; and
- (iv) Mobilize agencies and communities to support HIV/AIDS intervention programs.

People Living with HIV/AIDS

Organizations of PLWHA, such as MANET, NAPHAM and MANASO, and their partners could play an important role in people's response to the HIV/AIDS epidemic. The number of PLWHA in Malawi who disclose their HIV status is increasing. However, the majority of those who know they are HIV-positive prefer to keep their status private for fear of stigmatization and discrimination. Most of the people infected with HIV in Malawi do not know their HIV status.

PLWHA support groups could:

- (i) Carry out awareness campaigns;
- (ii) Provide services to other PLWHA;
- (iii) Provide home-based care;
- (iv) Assist with HIV prevention and mobilization efforts;
- (v) Lobby local authorities, international organizations and donors, advocating for the needs of PLWHA;
- (vi) Provide HIV/AIDS counseling to newly infected people; and
- (vii) Disseminate information on nutrition to PLWHA and their families.

Peer Educators, Councilors and Other Support Groups

- (i) The MASHA will support the formation of peer educators, councilors and other support groups and help build the capacity of their networks so that they can help mitigate the impacts of the HIV/AIDS epidemic.

Civil Societies

The inclusion of civil societies and institutions (e.g., religious institutions) is essential for a successful intervention program against HIV/AIDS. The basic roles of civil societies are generally to teach love and compassion, integrity, and humility and suffering. In pursuit of these values, civil societies have specific services to provide to those infected and affected by HIV/AIDS:

- (i) Medical and nursing services;
- (ii) Social, pastoral and spiritual services;
- (iii) Support to families and orphans; and
- (iv) Home care services to those infected and affected.

Religious institutions also have influence as educators. Their official religious statements are credible to their congregations and are readily followed. Through their churches, mosques and other religious sites and gatherings, religious institutions have the means for informing and educating masses of people in all age groups. Hence, they are well positioned to address behavior formation and to inculcate moral values that are conducive to the battle against HIV/AIDS.

5.3.4 Multilateral and Bilateral Development Partners

The objectives of international organizations are to provide assistance and to enhance cooperation in the fight against HIV/AIDS. The roles of these organizations are to:

- (i) Provide technical support in limiting the incidence and impact of HIV/AIDS in the agriculture sector;
- (ii) Participate in international policy development and implementation; and
- (iii) Assist in program development at the sector level.

5.4 Coordination and Management

Project activities must be well coordinated and managed for a project to achieve its intended results. The roles and functions of the various players in the implementation of the Agriculture Sector HIV/AIDS Strategic Plan must be clearly defined if the strategic plan is to be implemented successfully.

5.4.1 Leadership and Key Groups of Players

The policy document recognizes that responding effectively to the HIV/AIDS crisis requires "a strong political commitment." Successful implementation of the Agriculture Sector HIV/AIDS Strategic Plan requires comprehensive and effective management and coordination to address several complex issues:

- HIV/AIDS is a multisectoral issue and requires effective coordination;
- Agriculture Sector HIV/AIDS Strategic Plan must be implemented at all levels;
- Substantial funding is required for implementation; and
- Staff capacity must be adequate to implement the Agriculture Sector HIV/AIDS Strategic Plan.

At the national level, NAC coordinates intersectoral (including the agriculture sector) HIV/AIDS activities. The MASHA will be established to provide leadership at the sectoral level. To ensure equal representation, the membership of the MASHA will include representatives from all agriculture subsectors. The executive committee of the MASHA will provide guidance and oversee the agriculture sector with respect to HIV/AIDS issues and activities. The executive committee will work hand-in-hand with NAC, OPC and the Ministry of Gender and Community Services and Local government to ensure appropriate implementation of policies.

5.5 Monitoring and Evaluation

Every manager should be familiar with monitoring and evaluation (M&E) as a management tool. Monitoring activities help the manager make appropriate decisions when things go wrong. A well-formulated M&E system helps ensure that resources are used effectively. In view of this, it is imperative that databases be established at the ministry level, the community and projects level, the NGO/CBO level and the private sector level.

Important activities associated with M&E include:

- Mobilizing resources and installing a management structure to coordinate implementation and monitoring of program activities at all levels in the agriculture sector,
- Enhancing and scaling-up current program activities. In the first year of policy implementation, emphasize expanding implementation of small successful activities to all agricultural sub-sectors.
- Conducting advocacy and social mobilization activities at all levels and increasing openness about HIV/AIDS among people in the sector.

5.5.1 Monitoring Tools

There are various M&E tools available for use by program managers, including field visits, progress reports, questionnaires, regular management meetings and monitoring indicators.

Field Visits

The Sector Management and Coordination Team should make regular field visits to all levels of operation. Such visits will motivate field supervisors and other operatives to incorporate and use an M&E system that will help them detect missing links and weaknesses in their operations.

Progress Reporting

- The MASHA will (i) collect quarterly data on specific targets and indicators; (ii) obtain HIV/AIDS prevalence data from the Ministry of Health and Population and (iii) compile and analyze data to assess trends in HIV/AIDS infection and the impacts and implications for the sector.
- Ministry of Health and Population will collect HIV/AIDS surveillance data.
- Management will consolidate all quarterly, semi-annual and annual reports.
- Participatory reviews will be held annually to assess and report progress to all partners and stakeholders for review and discussions about how to proceed.

Questionnaires

Data can also be collected by sending questionnaires to the implementers. The data from the completed questionnaires can be used for quantitative, as well as qualitative, analysis.

Regular Management Meetings

Management meetings should be held on a regular basis with all implementers. Such meetings can speed-up the identification of solutions to problems that affect the implementation of activities.

Monitoring Indicators

It is difficult for policies and interventions to respond in an effective and timely manner to the HIV/AIDS epidemic if the epidemic is not monitored. Therefore, it is important to have a simple system that can accurately and reliably track trends in the HIV/AIDS epidemic. The capacity to manage such a system will need to be developed and strengthened.

In addition, generic indicators must be developed to monitor the progress of programs once specific interventions are funded for implementation. The indicators must be context specific, and the target communities must be involved in the process of developing the indicators and in determining what data should be collected. The communities should be involved because their knowledge is invaluable for defining the indicators, for clarifying their use and for delineating what is feasible in terms of relevant data collection.

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