

COMMUNITY SERVICES
for
HIV/AIDS PREVENTION
& FAMILY PLANNING
in the
PRIVATE SECTOR

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Strategy Document
30 October, 1997

Foreward and Acknowledgements

The initiative taken by the Government in collaboration with USAID to establish Community Service (CS) for HIV/AIDS Prevention and Family Planning in the Private Sector through the Support to AIDS and Family Health (STAFH) Project demonstrates a commitment to addressing the overall reproductive health and development issues in Malawi. In recognizing this commitment, John Snow Incorporated (JSI) has firmly established the Private Sector as a major component of the STAFH Project.

The development of a Strategy Document for the Private Sector is a further commitment of the CS Unit to ensure that the overall purpose of the STAFH Project is met.

The CS Unit would like to thank all those who were involved in the development of this document for their valuable contributions. Special thanks must be given to Mr. Marc A. Okumu, Sr., for originating the process of developing the CS Strategy, and to Ms. Catherine Thompson, the former CS Advisor to the JSI/STAFH Project, for laying the foundations for its development. All Advisors and Associates at the JSI/STAFH Project have contributed to the development of the CS Strategy either directly or indirectly and their support must be acknowledged.

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Abbreviations

JSI	John Snow Incorporated
STAFH	Support to AIDS and Family Health
USAID	United States Agency for International Development
NACP	National AIDS Control Program
NFWC	National Family Welfare Council
PSI	Population Services International
ECAM	Employers Consultative Association of Malawi
IMPACT	Initiative for Mobilizing Private Sector to Action
CS	Community Services
DFID	Department For International Development
EU	European Union
BLM	Banja La Mtsogolo
NGO	Non Governmental Organisations
STD	Sexually Transmitted Disease
SCF (US)	Save the Childrens' Fund (US)
IEF	International Eye Foundation
KAPB	Knowledge, Attitudes, Perceptions and Behavior
IEC	Information, Education and Communication

Executive Summary

HIV/AIDS prevention and FP promotion is not a one time activity, but is an range of activities provided over time for behavior change to occur.

The National AIDS Control Program (NACP) and the National Family Welfare Council (NFWC) have well organized systems within the Government structure to deliver information and provide services for HIV/AIDS and FP to the general public on a continuous basis. Private and parastatal organizations, on the other hand, do not yet have a uniform and on-going system for providing these services to their employees. Moreover, many private and parastatal companys' past policies have emphasized curative rather than preventive services.

This document defines the three major segments of the private sector that the STAFH project has committed to involve:

- private and parastatal companies with more than 300 employees;
- large agricultural estates; and
- private medical practitioners.

Recognizing that many donor community programs and NGOs are also involved in providing HIV/AIDS and FP program support to private/parastatal organizations and estates, the strategy has identified a mechanism to coordinate these activities through establishing the Work Place Task Force. The composition, current role and future responsibilities of the Task Force are presented.

In order to implement strategies described in this document, strategic goals and operational objectives with specific activities are presented for the period of 1997-98. A work plan is not included as all the components of this strategy are incorporated in the 4th Annual Work Plan of the JSI/STAFH Project.

1.0 Introduction

1.1 Purpose of the Document

This Community Services for HIV/AIDS & Family Planning in the Work Place Strategy Document is a component of the JSI/STAFH Project and supports the national plans developed by the Malawi Government to introduce integrated reproductive health programs in the private/parastatal organizations and estates. The Strategy provides a comprehensive model for introducing and implementing HIV/AIDS and FP programs in the work place. Its' main purpose is to document what has been accomplished to date and to guide the current and future actions of the various units of the JSI/STAFH project in a collaborative effort toward a common goal.

1.2 Guiding Principle

The collaboration between Government agencies to integrate HIV/AIDS prevention and family planning services is yet in its early stages of development. Partnership between the NACP and NFWC are in the process of being developed both at the headquarters and in the field. In order to expand Government service support to the private and parastatal sectors, mechanisms must be found to extend the partnership between government agencies to include the private and parastatal sectors. Additionally, because the private and parastatal sectors have the means and resources to work independently of the Government, a system must be developed to build partnerships and networks between the private organizations to share experiences and provide ongoing support.

***The guiding principle of the document is to build
intra- and intra-organisational partnerships:***

Government to Government

***Government to Private Sector
&
Private Sector to Private Sector***

2.0 Background

2.1 Impact of HIV/AIDS and FP in the Work Place

The HIV/AIDS epidemic continues to overshadow other health issues in Malawi. Over 13% of Malawi's adult population is estimated to be HIV positive, with over 30% prevalence in the reproductive age group of urban population. AIDS brings about decreased productivity as workers are absent due to illness or to caring for sick relatives or attending funerals. Costs to the company rise as experienced workers with valuable training and skills become ill and are unable to work. Disruptions in production occur, and to replace these lost workers additional training and labor costs are incurred. Companies face a greater burden of health care, burial expenses, death benefits, pensions and other costs. Even on-the-job conditions and safety standards can be adversely affected when workers are not feeling well. A study conducted at Brown & Clapperton, one of Malawi's largest private companies, shows that it is losing up to 6% of its gross profits due to AIDS-related causes. Other companies face similar losses.

The high fertility rate in Malawi – its 6.7 rate is one of the highest in the world – impedes the development of the country and is also very costly to the private sector. High pregnancy rates and short birth intervals are associated with higher maternal, infant and child illness and mortality. Workers are often preoccupied with family concerns and illnesses. Because of their large families they are under constant pressure to provide food, clothing, housing, education and health care. There is usually a higher rate of absenteeism among workers with large families than among those with smaller families.

Many companies' past health policies have emphasized curative rather than preventive services. However, more and more employers are seeing that prevention is as much a part of health care as treatment, and that it is in a company's interest to promote the improved health of its workers and their families. Primary prevention of Sexually Transmitted Diseases (STDs) through proper treatment and partner notifications/referrals has proven effect on reducing HIV infection. Employers are also increasingly becoming aware that it is to their advantage to promote family planning. As family planning gains more acceptance, social and health costs to businesses and their employees are lessened.

Approximately 500,000 people are employed in the formal sector in Malawi, of which 120,000 work in the Government sector and the rest in the private sector. Currently there are approximately 186 private companies which employ 300 workers or more. If 90 % of these private companies develop and fund their own HIV/AIDS prevention and FP promotion activities, over 200,000 employees can be reached.

2.2 Role of Private/Parastatal Companies and Estates

HIV/AIDS prevention and FP promotion are most effectively instituted in private/parastatal companies and agriculture estates with the backing of management and the cooperation of employees. It is best if the company or estate has clearly defined policies on HIV/AIDS and family planning. There are many activities that the employers can institute in the work place such as:

- Formal and informal education activities for all staff**
- Condom availability within the company**
- Sexually transmitted disease (STD) diagnosis and treatment**
- Provision of FP services (clinic or community based)**
- Providing employees skills to educate one another (peer education)**
- Counseling and support services for employees and their families**
- Calculating cost implications of HIV/AIDS and policy formulation**

2.3 Role of the Private Medical Practitioners

Most large private companies and agriculture estates provide health care benefits to their employees. Many companies have their own clinics and others refer their employees to private clinics situated in the neighborhood of the company premises. These medical clinics can play a vital role in the treatment of STDs; caring for HIV affected employees; and administering over the counter and clinical contraceptive methods.

2.4 Current Private Sector Initiatives

Many private and parastatal companies are currently providing HIV/AIDS prevention and FP promotion services to their employees in the workplace. JSI/STAFH has provided support to a substantial number of these companies as demonstrated in the list of "Private Sector Companies Reached Through the Work Place Task Force" (Annex 1). Many more companies have also initiated these programs with assistance from other donor agencies and NGOs. The major donor agencies supporting the private sector are USAID, Department for International Devision (DFID) and European Commission (EC). The donor agencies operate through NGOs such as JSI/STAFH Project, Project Hope, PSI, BLM etc.. A brief description of their activities is provided below.

USAID

- **JSI/STAFH:** Provides technical assistance and start up funds for the design of model programs on STD/HIV/AIDS prevention and FP promotion in the work place which includes cost-benefit analysis, policy and strategy development, peer-education and IEC materials distribution. Also provides (initial) equipment for upgrading private clinics. Trains a core group of private medical practitioners in STD syndromic management and modern contraceptive technologies.

The companies directly reached by the JSI/STAFH Project are:

Press Agriculture
Sobo/Carlsberg
Brown & Clapperton Ltd.
Universal Industries Ltd.
Limbe Leaf Tobacco Company Ltd.
KFTCA
OILCOM
ESCOM

- **PSI:** Implements a nation-wide program on social marketing of condoms. PSI works in close collaboration with JSI/STAFH, Project Hope, ODA, and EU AIDS to sell Chishango condoms at a subsidized rate. Some of the marketing activities include peer-education, street dramas and sports competitions.

-
- **PROJECT HOPE:** Implements STD/HIV/AIDS prevention programs and also provides training for FP Core providers in the clinics of tea estates of Thyolo and Mulanje; Kawalazi, Dwangwa, Vizara.
 - **Save the Children Fund (SCF) US:** Has been involved in the training of health care providers in syndrome management of STDs with Sable Farming, Malawi Naval Unit and Maldeco Fisheries. Has also provided training on Peer Counseling to the Naval Unit AIDS and Home Based Care group and Lake Malawi Services Ltd.
 - **International Eye Foundation (IEF):** IEF is currently implementing its initiatives in SUCOMA and ESCOM (Kapichira Hydroelectric Dam Project). In both companies, IEF is involved in the training of clinic staff on STD syndromic management, and Peer educators on HIV/AIDS.

DFID

- **BLM:** Implements a nation wide Family Planning promotion program (in the public and private sector) through the establishment of FP clinics. It also provides community outreach Family Planning activities.

EC AIDS Project

The EC Project under the Malawi AIDS Control Program has been undertaking AIDS Peer education since 1990. Among the target groups reached are the truck drivers in private sector companies. Some of these companies include Mchenga coal-mine, Dwangwa Sugar Corporation, Chibuku, Felson Transport, Intercarriers Company Ltd. etc.

3.0 Setting

3.1 The Need for Coordination

With many private and parastatal companies involved in HIV/AIDS prevention and FP activities, and with many NGOs providing support to these companies, there is a strongly felt need to coordinate activities. Without proper coordination of activities, many resources can be either underutilized or wasted as efforts are duplicated. Government services for HIV counseling, STD management, condom distribution and IEC materials distribution can be more effectively utilized through building linkages between private/parastatal companies and District Hospitals/Health Offices. Duplication of efforts among NGOs can be prevented through coordination of IEC materials development and distribution. Uniformity of training can be achieved if technologies for developing and implementing peer education is shared. Access to clinical treatment of STDs and to family planning services can be enhanced through referrals between private clinics.

To meet this urgent need for coordination a Work Place Task Force was established. With NACP and NFWC as the co-chairs, JSI/STAFH provided the base for a secretariat. Following is the role and composition of the Work Place Task Force; progress to date; and potential for future growth.

3.2 Composition of The Work Place Task Force

IDS Secretariat	National Family Welfare Council of Malawi
STAFH Project	Banja La Mtsogolo
Population Services International	Project Hope
EU AIDS Project	Employers Consultative Association of Malawi
Limbe Leaf	Southern Bottlers and Carlsberg
ESCOM	International Eye Foundation
Save the Children (US)	MACRO
Malawi Congress of Trade Unions	Ministry of Labour
IMPACT	Universal Industries Ltd.
Tea Estates (Thandizani Moyo)	

3.3 The Role of the Work Place Task Force

- With AIDSEC coordinate AIDS activities in the work place
- With NFWC coordinate Family Planning activities in the work place
- Provide technical assistance on HIV/AIDS and Family Planning to the work place
- Establish a link with the private sector and MOHP
- Evaluate work place HIV/AIDS and Family Planning activities
- Integrate Family Planning and HIV/AIDS
- Prepare work place guidelines
- Maintain a database for private sector companies

3.4 Progress to Date

- Monitors private sector activities through intermediary organizations: PSI/Malawi for condom promotion; and ECAM for coordination of peer-education, production of news letters and distribution of IEC materials. These intermediary organizations have been sub-granted by JSI/STAFH for implementing the stated activities.
- Provides technical assistance to the sub-grantees and collaborating NGOs to design training programs and conduct financial assessment. The JSI/STAFH Project has developed a series of publications for the private sector which include: Managers' Information Portfolio; AIDS and Family Planning Brochure; Workplace Guidelines; and Peer Educators' Curriculum. These materials are being utilized by collaborating NGOs.
- Provides (one time only) essential family planning equipment for upgrading of 15 private clinics.
- Provides training to a core group of private medical practitioners on STD syndromic management and in modern contraceptive and reproductive health technologies.

3.5 Potential for Future Growth

The potential for future growth of the private sector HIV/AIDS and Family Planning initiative lies in the Work Place Task Force. Strengthening this Task Force, therefore, is one viable alternative for making it effective in expanding HIV/AIDS and Family Planning services in the private sector. In order to strengthen the Task Force, it is necessary to encourage as many private combines as possible to become members of the Task Force. Since private companies are independent of the Government, it is necessary to grant autonomy to the enlisted private sector companies within the Task Force and giving them a leading role in running the affairs of the Task Force.

4.0 Strategy

4.1 Vision

The vision of the integrated reproductive health approach in Malawi is to reduce total fertility and slow down the rate of HIV/AIDS transmission. One of the Project strategies to fulfill this vision is to improve and expand knowledge about and provide services for family planning and HIV/AIDS prevention to employees through the work place.

The vision of *Community Services for HIV/AIDS Prevention and Family Planning in the Work Place* component of the Project is to ensure that the work place executives and managers are committed and active partners in developing and implementing quality HIV/AIDS/STD and FP services that promotes the well being of the workers.

Toward this vision, the mission of the JSI/STAFH Project is to establish effective support systems and mechanisms for active and sustainable involvement of the work place in HIV/AIDS and FP programs.

4.2. Strategic Goal

Given that over 50% of the workers in 300+ companies have already been reached, the strategic goal of the Community Services for HIV/AIDS Prevention and Family Planning in the Work Place is to develop a model program for private and parastatal companies and estates to provide HIV/AIDS and family planning services in the work place. This model program will be introduced in 8 - 10 companies for further replication by other NGOs. By the end of the contract, the aim is to reach 90% of 300+ companies through the Work Place Task Force.

4.3 Operational Objectives

- 4.3.1 To institutionalize the Work Place Task Force to coordinate HIV/AIDS and Family Planning services in the work place.**
- 4.3.2 To develop a model program and introduce it in 8 - 10 companies having 300+ employees.**
- 4.3.3 To strengthen institutional capacity of intermediary organizations such as ECAM to provide technical support to individual organizations through the Work Place Task Force.**
- 4.3.4 To upgrade HIV/STD and FP services provided by company clinics and private medical practitioners.**

4.3. (Cont....)Activities for 1997-98
(As listed under each objective)

4.3.1 To institutionalize the Work Place Task Force to coordinate HIV/AIDS and Family Planning services in the work place:

- a) Conduct quarterly meetings.
- b) Assist the Work Place Task Force to develop a strategy outline for adoption by private and parastatal companies.
- c) Distribute a Managers Portfolio, Peer Education curriculum, Peer Educators Manual and Work Place Guidelines for use by the Work Place Guidelines for use by the Work Place Task Force members.
- d) Establish a system for recognizing peer educators through certificates awarded by the Work Place Task Force.
- e) Maintain a database for monitoring progress of activities in the work place.
- f) Transfer the secretariat for the Task Force from JSI-STAFH Project to the office of either NACP or NFWC.
- g) Provide sample IEC materials for distribution and further replication within private sector companies.

4.3.2 To develop a model program and introduce it in 8 - 10 companies having 300+ employees.

- a) Mobilize the Board of Directors of private and parastatal companies to initiate FP and HIV/AIDS/STD activities at a high level meeting.
- b) Sensitize senior managers on the benefits of FP promotion and HIV/AIDS prevention in the work place.
- c) Conduct cost benefit analysis to determine what level of action should be taken in the organization.
- d) Assist the organizations to develop in-house policies based on the cost benefit study and develop an in-house strategy/project document.
- e) Conduct a base line study of knowledge, attitudes, perceptions and behavior (KAPB) within the organizations.
- f) Conduct peer education for FP promotion and HIV/AIDS prevention programs in the work place.
- g) Establish sale of Chishango condoms or distribution of free condoms (through CBDs) in the work place.
- h) Provide sample IEC materials for further replication at the cost of the organization.
- i) Establish a referral system for the treatment of STD.
- j) Monitor all the above activities through keeping database records of: peer group discussions held; condoms sold/distributed; STDs and referred.
- k) Evaluate the impact of the above activities through conducting a follow-up KAPB study within each organization.

4.3.3 To strengthen institutional capacity of intermediary organizations such as ECAM to provide technical support to individual companies through the Work Place Task Force.

- a) Review activities sub-granted to ECAM and determine the extent of their ability to support the Project.
- b) If necessary, revise the subcontract with ECAM.
- c) Assist ECAM to implement the full scope of the model program in selected ten companies and in additional companies where requested.
- d) Assist ECAM to develop a news letter for the Work Place Task Force the purpose of which would be to share information between private and parastatal companies and to promote their activities through the mass media.

4.3.4 To upgrade HIV/STD and FP services provided by company clinics and private medical practitioners.

- a) Conduct an assessment of FP equipment and STD training needs for the private medical practitioners in Malawi.
- b) Provide STD syndromic management training to the medical staff of selected participating private clinics.
- c) Provide FP equipment to selected participating private clinics.
- d) Provide recommendations for future support to the private medical practitioners on HIV/AIDS and FP.

4.4 Management Systems

4.4.1 The Community Services (CS) Unit of the JSI/STAFH Project

The CS Unit will provide technical assistance to private and parastatal companies and estates through intermediary organizations and NGOs participating in the Work Place Task Force. The CS Unit comprises of three professional: The CS Advisor; the CS Associate; and the CS Assistant.

The CS Advisor will assist in the developing of a national strategy for the Work Place Task Force and a generic strategy for in-house replication with the individual companies. The Advisor will also lease with the government and donor counterparts on policy issues and provide technical assistance for specific program design where necessary.

The CS Associate will develop technical content of the strategy such as the Peer Education Curriculum, the Managers' Guideline and the Manual for Training of Trainers. The CS Associate will develop capacity within intermediary organizations such as ECAM and participating NGOs to implement HIV/AIDS and FP programs in the work place by participating in workshops as resource persons.

The CS Assistant will coordinate technical assistance requirements between the JSI/STAFH Project and collaborating NGOs. The CS Assistant will co-ordinate the supply of IEC materials after each peer-education workshop and the compilation of database from time to time. The Assistant will support the Associate in training peer educators in the work place.

4.4.2 The Secretariat of the Work Place Task Force

The Work Place Task Force Secretariat has, to date, been situated in the JSI/STAFH Office. The role of the secretariat was to call regular meetings with members of the Task Force and to maintain database of all HIV/AIDS/STD and FP activities in the work place. Before the end of the Project, the secretariat will be transferred to either NACP or the NFWC.

4.4.3 Coordination at the Regional and District Level

The Regional and District Health Officers of the MOHP must review their activities and include support to work place activities. They can and should provide peer education training support; IEC materials; access to condoms; access to STD treatment; and FP services. Private and parastatal companies implementing the work place activities must then be informed about these services and linkages must be established through Regional AIDS Coordinators (RACs) and District ADS Coordinators (DACs).

4.5 Monitoring and Evaluation

Monitoring and Evaluation of the private sector component of the JSI/STAFH Project will be conducted at the company level and at the Project level.

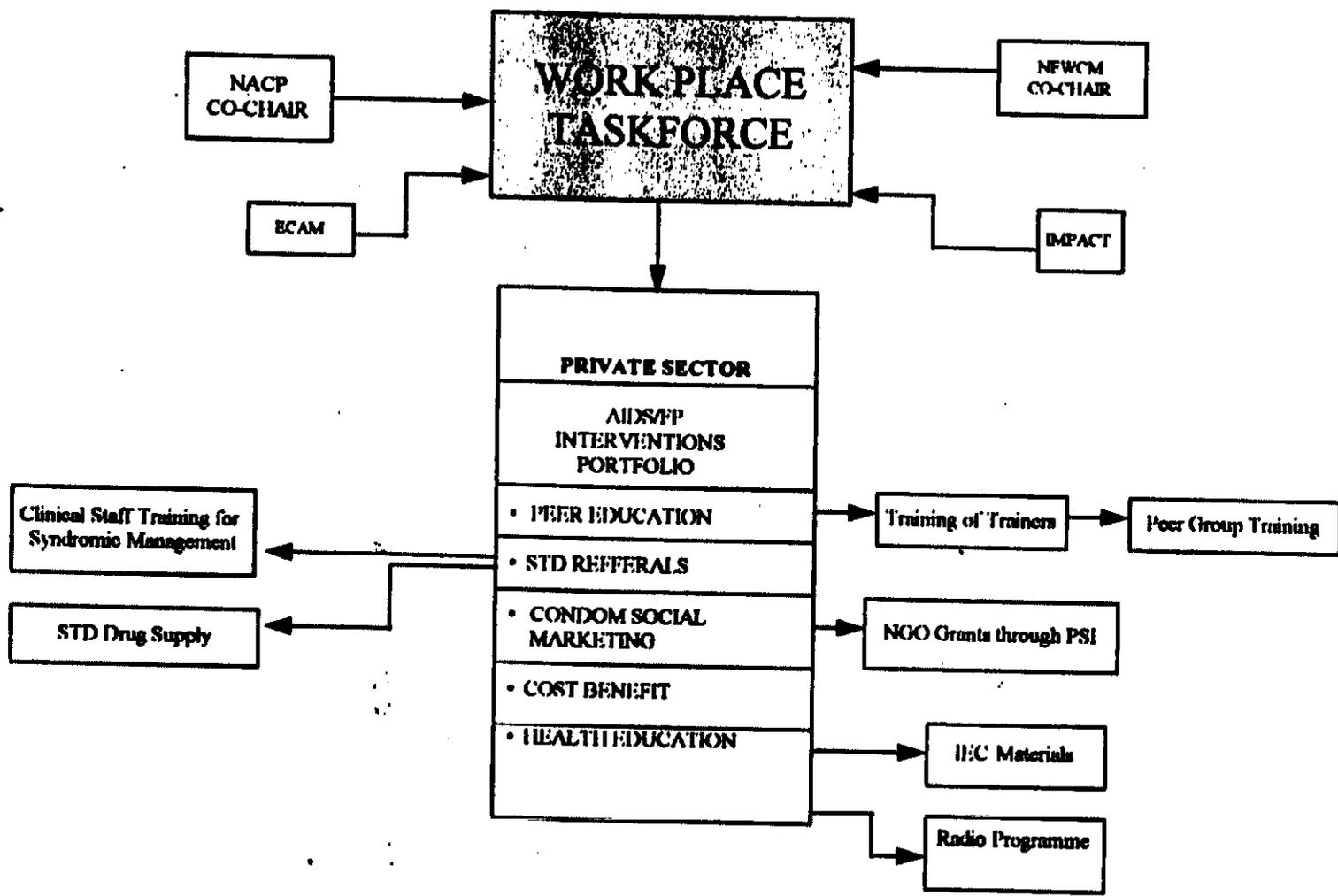
At the Company Level

For monitoring purposes, a sample "Peer Educators Reporting Form" has been developed by the Project and has been included in the Peer Educator's Curriculum. This reporting form is a checklist of activities which a company should implement for their employees and is intended to be utilized by peer leaders for reporting to the managers. The managers will use this information to report to the board of directors when requested and will also have the information available for external observers and reviewers.

An "Impact Evaluation Questionnaire" has been developed by the Project for the purpose of evaluating shifts in behavior change and is provided in the Peer Educator's Curriculum. Since behavior is difficult to measure, the questionnaire includes questions on interim indicators of behavior change such as knowledge, attitudes, perception of self at risk, and partner notification and referrals. These indicators are listed in the Manager's Guidelines. Managers will be trained on how to collect this information before introducing the program in the company as a base line, and how to maintain a record of shifts in behavior change.

At the Project Level

A database will be maintained at the Secretariat Work Place Task Force which keeps a record of the number of companies participating in the program. Also included in the database will be information on the kinds of activities introduced each company and , where, information on the number of peer education training conducted, number of IEC materials distributed, No of STD cases referred and number of condoms distributed and sold. Additionally, an external review team will to what extent the Project has achieved its goal and objectives



OPERATING PRINCIPLE

Building inter-organizational partnerships
 gov't to gov't + gov't to private sector + private sector to private sector



JSI -STAFH PROJECT

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WORK PLACE TASK FORCE MEMBERSHIP LIST - OCTOBER 1997

ORGANIZATION	NAME	ADDRESS/PHONE/FAX
National AIDS Control Program	Mrs. R. Chinyama Mr. Chaima	P.O. Box 30622 Lilongwe Tel: 782620 Fax: 782687
National Family Welfare Council	Mrs. Effie Pelekamoyo	Private Bag 308 Lilongwe 3 Tel: 740430 Fax: 744186
USAID	Mr. Nem Chakhame	P.O. Box 30455 Capital City, Lilongwe 3 Tel: 782455 Fax: 783181
Project HOPE	Dr. Ciro Franco Mrs. Mariam Simbota Mr. Fanciwell Phiri	Private Bag 588 Limbe Tel: 641845 Fax: 643374
PSI	Mr. Stewart Mwalabu	P.O. Box 529 Blantyre Tel: 622435 Fax: 622468
SCF-US	Mrs. M. Rubardt Ms. Gloria Khunga	P.O. Box 609 Mangochi Tel: 584806 Fax: 584502
IEF	Ms. R. Delehanty	P.O. Box 53 Nchalo. Chikwawa Tel: 428214 Fax: 428214
BLM	Mr. Emanuel Sabakati Ms. Anika Van Woudenberg	P.O. Box 3008 Blantyre Tel: 632095 Fax: 632314
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MACRO	Mr. Katawa Msowoya	P.O. Box 51917 Limbe Tel: 631166/630599

ORGANIZATION	NAME	ADDRESS/PHONE/FAX
ECAM	Mr. K. Anthony	P.O. Box 2134 Blantyre Tel: 670007 Fax: 671337
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Ministry of Labour Factories Inspectorate	Mr Autman M. Tembo	P.O. Box 30075 Blantyre 3 Tel: 670154/671777
Limbe Leaf	Dr. Harald Braun Company Doctor	P.O. Box 40044 Lilongwe 4 Tel: 765355 Fax: 765889
Limbe Leaf	Mr. K.W. Goliati, Personnel Manager Mr. L.W. Chatata, Medical Assistant	P.O. Box 5600 Limbe Tel: 640244/640737 Fax: 640937
MCTU	Mr. G.R. Chumachiyenda	Building Construction Civil Engineering and Allied Workers Union P.O. Box 2331 Blantyre Tel: 670154
JSI/STAFH	Mrs. M.A. Smithson Mr. C.Q. Nyirenda	P.O. Box 1011 Lilongwe Tel: 744677 Fax: 741 242
Tea Association of Malawi	Dr. Elizabeth Miller	P.O. Box 1, Makwasa Tel and Fax: 474217

**ORGANIZATIONS REACHED THROUGH THE
WORK PLACE TASK FORCE**

OCTOBER, 1997

Organization Involved	Company	Employees	District
AIDSEC/NFWC/PSI	RESERVE BANK OF MALAWI	600	LILONGWE
BLM	BLANTYRE WATER BOARD	507	BLANTYRE
BLM	CARLSBERG MALAWI BREW.	396	BLANTYRE
BLM	LILONGWE WATER BOARD	438	LILONGWE
BLM	PORTLAND CEMENT CO. (1974)	818	BLANTYRE
BLM	PRESS (BAKERIES) LTD	693	BLANTYRE
EU AIDS	CANDLEX LIMITED		BLANTYRE
EU AIDS	CARS		BLANTYRE
EU AIDS	CHIBUKU PRODUCTS LTD.	640	BLANTYRE
EU AIDS	FELSONS TRANSPORT		BLANTYRE
EU AIDS	FELSONS TRANSPORT CO.		BLANTYRE
EU AIDS	GDC (MW) LIMITED		BLANTYRE
EU AIDS	INTERCARRIERS COMPANY LTD.		BLANTYRE
EU AIDS	LADD		LILONGWE
EU AIDS	MCHENGA COAL MINE LTD.	779	
EU AIDS	PRESS TRANSPORT		BLANTYRE
EU AIDS	SEFRAM		LILONGWE
EU AIDS	SIKU TRANSPORT		BLANTYRE
EU AIDS	STAGECOACH LTD.	1832	BLANTYRE
EU AIDS	TAT		BLANTYRE
EU AIDS	UNITED TRANSPORT	2354	BLANTYRE
EU AIDS	WHEELS OF AFRICA		BLANTYRE
EU AIDS	ZAGAF TRANSPORT		BLANTYRE
IEF	KAPICHIRA FALLS DAM PROJ.	2000	CHIKWAWA
IEF	SUCOMA - SUGAR CANE GRO.	6730	BLANTYRE
JSI	AUCTION HOLDINGS LTD - LIL.	679	LILONGWE
JSI	PRESS AGRICULTURE		
JSI	SOBO/CARLSBERG	2850	BLANTYRE
JSI	OILCOM	481	BLANTYRE
JSI	ESCOM	3671	BLANTYRE
JSI	KFCTA		
JSI	AIR MALAWI	596	BLANTYRE
JSI	UNIVERSAL INDUSTRIES LTD.	568	BLANTYRE
JSI REG STUDY/PSI	LIMBE LEAF TOBACCO LTD. - L	2000	LILONGWE
JSI REG STUDY/PSI	LIMBE LEAF TOBACCO CO. LTD.	870	BLANTYRE
JSI STAFH NGO	ADMARC - SOUTHERN REGION	16000	BLANTYRE
grant PSI			
JSI STAFH NGO	ADMARC - CENTRAL REGION	20000	LILONGWE
grant PSI			
JSI STAFH NGO	ADMARC - NORTHERN REGION	8000	MZUZU
grant PSI			
JSI STUDY	BROWN AND CLAPPERTON LTD.	812	BLANTYRE
JSI STUDY	PEOPLE'S TRADING CENTRE	1766	BLANTYRE
PROJECT HOPE	BRITISH AFRICA-ESPERANZA. N	300	MULANJE
PROJECT HOPE	CENTRAL AFRICA COMPANY	7686	THYOLO
PROJECT HOPE	CHAMWAVI GROUP	2500	MULANJE

Organization Involved	Company	Employees	District
PROJECT HOPE	GENERAL FARMING NANTIP.	300	THYOLO
PROJECT HOPE	LEVER BROTHERS TEA	2500	MULANJE
PROJECT HOPE	MANDALA - VIRAZA - CHOMBE	1500	MZIMBA
PROJECT HOPE	MANDALA LTD - CHITAKALE	2000	MULANJE
PROJECT HOPE	NCHIMA ESTATES LTD - TEA G.	3700	THYOLO
PROJECT HOPE	SABLE FARMING-KAWALAZI	2000	NKHATA BAY
PROJECT HOPE	SABLE FARMING-MAPANGA	2000	BLANTYRE
PROJECT HOPE	SATEMWA TEA ESTATE LTD.	2500	THYOLO
PROJECT HOPE	SMALL HOLDERS TEA AUTHO.	450	THYOLO
PROJECT HOPE	SMALL HOLDERS TEA AUTHO.	2000	MULANJE
PROJECT HOPE	TEA RESEARCH FOUNDATION	600	MULANJE
PROJECT HOPE	TEA RESEARCH FOUNDATION	720	MULANJE
PROJECT HOPE	WALLACE	1800	LILONGWE
PROJECT HOPE/ PSI	DWANGWA SUGAR CORPOR.	5200	NKHOTAKOTA
PROJECT HOPE/ PSI	EASTERN PRODUCE - MULANJE	10200	MULANJE
PROJECT HOPE/ PSI	EASTERN PRODUCE - THYOLO	6025	THYOLO
PROJECT HOPE/ PSI	ETHANOL COMPANY	300	BLANTYRE
PROJECT HOPE/ PSI	CONFORZI - CHIPERONI BL	398	THYOLO
PROJECT HOPE/ PSI	CONFORZI - TEA AND TOBACCO	6000	THYOLO
PROJECT HOPE/ PSI	NAMING'OMBA ESTATES	6400	THYOLO
PROJECT HOPE/ PSI	PRESS FARMING LTD (KAS M)	9527	LILONGWE
PSI	AIR MALAWI LTD	596	BLANTYRE
PSI	AIRPORT DEVELOPMENT LTD.	1500	LILONGWE
PSI	B A T (MALAWI) LIMITED		BLANTYRE
PSI	BLANTYRE PRINT AND PACK.	1084	BLANTYRE
PSI	ESCOM - BLANTYRE DISTRIB.		BLANTYRE
PSI	KASUNGU FLUE CURED TOBA.	2556	LILONGWE
PSI	MALAWI DEVELOPMENT COR.		
PSI	MALAWI HOUSING CORPORA.	846	BLANTYRE
PSI	MANICA FREIGHT SERVICE LTD.	381	BLANTYRE
PSI	SMALL HOLDING SUGAR AUT.	1500	NKHOTAKOTA
PSI	SOUTHERN BOTTLERS LTD.	1644	BLANTYRE
PSI	STANSFIELD MOTORS		
PSI	STEEL SUPPLIERS		
PSI	TIMES BOOKSTORE		
PSI	TOBACCO CONTROL AUTHOR.		
PSI	TOBACCO PROCESSORS (MW)	2000	BLANTYRE
PSI	TOBACCO PROCESSORS LILO.	2885	LILONGWE
PSI	TOYOTA MALAWI		
PSI	VIPHYA PLANTATIONS DIV.	2274	MZIMBA
PSI/EU AIDS	ESCOM	3671	LILONGWE
SCF US	LAKE MALAWI SERVICES LTD.	300	MANGOCHI
SCF US	MALDECO FISHERIES LTD.	470	MANGOCHI
SCF US	SABLE FARMING - NAMWERA	6000	MANGOCHI