



COMPASS II HIV/AIDS INTEGRATION PLAN

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**COMMUNITY
PARTNERSHIPS FOR
SUSTAINABLE
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MANAGEMENT IN
MALAWI**

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ASO	AIDS Service Organization
BDS	Business Development Services
BVC	Beach Village Committees
CBNRM	Community-Based Natural Resource Management
CBO	Community-Based Organization
DESC	District Environmental Sub-Committees
EDETA	Enterprise Development and Training Agency
FBO	Faith-Based Organization
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
MAIFS	Ministry of Agriculture, Irrigation and Food Security
MANASO	Malawi National AIDS Service Organization
MANET	Malawi Network of people living with HIV/AIDS
NAC	National AIDS Commission
NAPHAM	National Association of People Living with HIV/AIDS in Malawi
NGO	Non-Governmental Organization
OVC	Orphan and Vulnerable Children
PCV	Peach Corps Volunteer
PLWHA	People living with HIV/AIDS
Project HOPE	Project Health Opportunities to People Everywhere
WESM	Wildlife and Environmental Society of Malawi
VCT	Voluntary Counseling and Testing

1. Why Integrate HIV/AIDS into COMPASS II

Malawi has one of the worst HIV/AIDS epidemics in the world. It is now estimated that over 14 percent of the adult population between the ages of 15-49 is HIV positive. This statistic hides the disparity in prevalence and impact around the country. It is estimated that in Blantyre, Mzuzu and other urban centers, HIV prevalence is very high at between 20 and 35 percent. Prevalence also differs among the different regions in Malawi. The lowest prevalence rates are in the Central Region (15.5 percent), with the highest in the Southern Region (23.7 percent), and the Northern region is in between with prevalence at 20 percent. Given these figures, it is hardly surprising that death rates for adults age 15-49 have tripled in Malawi since 1990, partially as a result of the AIDS epidemic¹.

In Malawi today it is hardly necessary to emphasize that HIV/AIDS is not just a health epidemic. The impacts from the disease are being felt across all sectors. In the Fisheries Department 90 to 140 government fisheries sector staff are likely to be HIV positive (16-26 percent of 550 total employees)². The Ministry of Agriculture estimates that each month they lose productivity from chronic illness or death of 29 staff members³. These figures are shocking, and they only tell the story of the impact on the staff of government departments. It is much more difficult to know the true impact at the community level, and the impact on the NGO and CBO community, and on development staff. The repercussions for development are clear. Not only is AIDS affecting the communities in which we work, but it is also affecting the capacity of the organizations to help those communities.

In response to the growing impacts of the epidemic on all sectors of the government and the economy, the Republic of Malawi National HIV/AIDS Policy for 2004-2008 specifies an objective “to strengthen the multi-sectoral and multi-disciplinary institutional framework for coordination and implementation of HIV/AIDS programmes in the country⁴”. These mainstreaming activities also meet the USAID objective to contain the HIV/AIDS pandemic. The efforts of the COMPASS II program to mainstream HIV/AIDS into its activities clearly will help to meet this objective of the Government of Malawi.

The COMPASS II project is a four year (2004-2008) under Strategic Objective 6, “Sustainable increases in rural incomes”. The project’s purpose is to enhance household revenue from participation in community-based natural resource management (CBNRM) initiatives that generate income as well as provide incentives for sustainable resource use in Malawi. The project seeks to accomplish three objectives: to increase the decentralization of natural resource

¹ Yoder, Stanley P., Priscilla Matinga. 2004. Voluntary Counselling and Testing (VCT) for HIV in Malawi: Public Perspectives and Recent VCT Experiences. Measure DHS, Calverton, Maryland, US.

² Ministry of Natural Resources and Environmental Affairs, Department of Fisheries. Draft Dec 2003. National Fisheries and Aquaculture Policy, a Draft Cabinet Paper and Supplement To National Strategy For Sustainable Development. Annex 1. *Strategic Plan For HIV/AIDS Mainstreaming (SPHAM) For Sustainable Development in Natural Resource Management*.

³ Ministry of Agriculture, Irrigation and Food Security, Family Health International. HIV/AIDS in the Agricultural Sector: Policy and Strategy, 2003-2008. USAID, Impact Project.

⁴ National AIDS Commission. 2003. National HIV/AIDS Policy: A Call to Action. Office of the President and Cabinet.

management, to enhance rural communities' capacity to sustainably manage their natural resources, and to increase sales of natural resource-based products by rural households.

This is an expansion of a previous CBNRM project (COMPASS) that built the capacity of the Malawian government and the country's nongovernmental organizations to adopt strategies that ensure long-term economic and environmental sustainability. COMPASS recognized that HIV/AIDS was having an impact on project activities and commissioned a study of the impact of AIDS on COMPASS I grantees. The study showed that households severely impacted by HIV/AIDS were effectively excluded from benefiting from the CBNRM activities due to the demand for extra labor and meeting attendance⁵. COMPASS II will build on the HIV/AIDS mitigation work of its predecessor. Learning from the lessons of COMPASS, and recognizing that not integrating HIV/AIDS is likely to have a direct impact on the achievement of project targets by decreasing the productivity of COMPASS II staff and partners and negatively affecting the communities in which COMPASS II activities will take place, the project is launching a preemptive attack and mainstreaming HIV/AIDS into all project activities from the start of the program.

2. AIDS-affected populations in COMPASS II Target Area

It is estimated that 1 million people are currently living with HIV in Malawi. This statistic can hide the impact of the epidemic on individuals in AIDS-affected households. As an individual HIV positive household member becomes ill, the burden for care rests on the shoulders of the woman in the household. As women's labor is diverted to caring activities she has less time for productive income-generating activities that ensure the food security of the household. The shortage of household labor can also result in increase child labor as children are pulled out of school to assist with work at home. At the same time, the household is diverting financial resources to paying for healthcare costs and ultimately funeral costs. To cover this financial burden, households may resort to selling productive household assets, further weakening their long-term safety nets.

When a parent dies of AIDS, orphans are left behind. The National AIDS Commission of Malawi estimates that in 2003 there were over 840,000 orphaned children under the age of 18, of which 378,000 can be attributed to AIDS⁶. In some communities orphan-headed households are becoming increasingly common, a sign that the social networks that ordinarily take care of those in need have been strained beyond their capacity to absorb new dependents.

COMPASS II is likely to work with several of these AIDS-affected groups during the life of the project. In particular the project will work with HIV positive individuals who are still productive (they are indistinguishable from the ordinary population), caregivers for the sick and for orphans, and youth that are affected by HIV/AIDS and may have reduced opportunities resulting from the impact of AIDS on their households. Women are particularly affected and are likely to be key participants in COMPASS II activities, particularly given that one in four households in Malawi

⁵ Page, Sam. 2003. *The Impact of the HIV/AIDS Epidemic on the Ability of Malawian Communities to Manage their Natural Resources*. COMPASS. Blantyre, Malawi.

⁶ National AIDS Commission. *Malawi National HIV/AIDS Estimates 2003*. Technical Report. January 2004.

is female headed. Anecdotal evidence suggests that both youth and women often resort to increased extraction of natural resources during times of crisis in order to provide for their households, and thus these groups are particularly relevant target groups for this program.

3. Mitigating the Impact of HIV/AIDS on COMPASS II Activities

HIV/AIDS mainstreaming activities complement the objectives of the COMPSASS II program by ensuring local ownership of natural resource management, building the capacity of local CBNRM partners, and increasing the income of households. These HIV/AIDS integration activities will strengthen the sustainability of the COMPASS II program and their partners by acting as an overlay existing COMPASS II activities. COMPASS II will also be implementing an internal HIV/AIDS Workplace Policy and Program to mitigate the impact of HIV/AIDS on COMPASS II staff.

3.1 Recommendations for COMPASS II HIV/AIDS Mainstreaming Approach

➤ *Use an HIV/AIDS Lens in Designing Activities* to ensure that AIDS-affected households are not excluded from participation in activities. It is essential to consider the particular constraints faced by AIDS-affected households, which include low labor and low capital availability and reduced mobility. While these constraints may hold true for many households, they are particularly severe for AIDS-affected households and result in extremely risk averse behavior. It is important to design programs at the outset that benefit the overall population but do not exclude AIDS-affected households. In addition, it is essential during the design phase to ensure that the activity does not increase the vulnerability to HIV/AIDS of the community. This can occur quite easily where an activity results in increased mobility or increased income. Where there is a risk of increased vulnerability, the project should determine how to reduce vulnerability through information on HIV/AIDS and or adaptation of activity.

➤ *Seek out disadvantaged populations*, including those affected by HIV/AIDS, for participation in project activities. In decentralization activities, this will ensure that this segment of the population has a voice and is not marginalized. In enterprise development activities, these target groups need to be seen as commercial participants, not groups in need of social support. Anecdotal evidence suggest that AIDS-affected households are just as capable of achieving results as non-affected, when their constraints are addressed. (See the discussion on aquaculture below.) These disadvantaged groups can be reached by targeting support groups for people living with HIV/AIDS (PLWHA), support groups for orphaned youth, widow support groups, and other women's groups at the community level. See the section below on partners for more information.

➤ *Target the entire household for capacity building and technical assistance.* One of the detrimental effects of the HIV/AIDS epidemic is loss of human capital. If capacity building is targeted at one individual in the household, if that household member becomes ill or dies, the household as a whole may lose that income if no one else has the ability to take on their role. It

is also important to target orphaned youth for capacity building, given that they do not have the benefit of intergenerational transfer of knowledge.

➤ *Link with existing AIDS Service Organizations (ASOs) to provide AIDS services to project partners and communities.* These services include provision of informational training on HIV/AIDS and provision of information on AIDS services available at the local level. COMPASS II will be able to extend the ASO's outreach to rural areas while strengthening the capacity of project clients and partners to sustainably work on CBNRM by keeping HIV positive people productive for as long as possible, and preventing new infections.

➤ *Monitor and evaluate HIV/AIDS activities* to ensure that COMPASS II is mainstreaming HIV/AIDS and is not excluding this vulnerable population from project activities. HIV/AIDS is an overlay on COMPASS II activities and does not have its own separate set of results so it is imperative that project activities be assessed regarding HIV/AIDS on a regular basis.

This monitoring and evaluation should take place through two methods. First, the introduction of an HIV/AIDS indicator in the project monitoring and evaluation program: "percentage of COMPASS II training sessions that incorporate an HIV/AIDS module". Second, when baseline data is collected on households participating in the enterprise development activities, data should be collected on the affect of HIV/AIDS on these households. It is suggested that the following data points be included:

- # of non-birth and birth children (OVC) in household;
- gender of participant (to capture women's participation);
- gender of head of household (to identify female-headed households);
- age of participant (to capture youth and elderly participation);
- age of head of household (to identify orphan- and elderly-headed households);
- whether household has dealt with chronic illness (of more than 3 months);
- whether household has had a death of a member between 15 and 49 years of age in last 24 months (loss of core income-earner).

For the purposes of COMPASS II, AIDS-affected households will be defined as those who:

- Take care of orphans;
- Have a chronically ill member (an illness of more than three months); or
- Have had a death following a chronic illness of a member between 15 and 49.

Regular monitoring and evaluation of enterprise development activities should then disaggregate results by HIV-affected households and non-affected households for comparison. This will give insight into whether AIDS-affected populations are able participate and fully benefit from project activities. (Comparison should be made of income generated by the two groups of households.) This evaluation will help determine whether AIDS-affected populations need access additional services such as microcredit or labor-sharing schemes in order to fully participate.

➤ *Conduct a midterm evaluation of HIV/AIDS impact of the project.* Conduct a thorough evaluation of HIV/AIDS integration activities to ensure that the project is reaching AIDS-affected households and determine if any adaptation of activities is required. This evaluation can be conducted at the same time as the COMPASS II midterm evaluation and should include

analysis of the data collected from the above indicators, and qualitative data collection to determine the impact of these activities.

➤ *COMPASS staff member must be tasked with implementing HIV/AIDS mainstreaming, in order to ensure that these activities are implemented. This HIV/AIDS Champion needs to have a strong understanding of the mutli-sectoral impacts of the epidemic to fill this role, but also a strong personal commitment to the issues of HIV/AIDS. The responsibility for HIV/AIDS mainstreaming needs to be incorporated into the Champion’s scope of work, and needs to be part of their annual review, in order to ensure that HIV/AIDS mainstreaming is prioritized.*

4. Recommendations for COMPASS II HIV/AIDS Mainstreaming in Module 1

Module 1 of the COMPASS II program is “More decentralized management of natural resources in Malawi”. They key opportunity for mainstreaming in this module is under Activity 1.1 of the results module, “promote greater decentralization of key natural resource decision making” and Activity 1.2, “increase district-level capacity to support CBNRM”. The expected results for Activity 1.2 include ‘techniques for integrating HIV/AIDS awareness and mitigation activities into CBNRM initiatives’. The project will be working with five government departments in 3 Ministries. These are as follows:

- Department of Fisheries – Ministry of Mining, Natural Resources, and Environmental Affairs
- Department of Forestry – Ministry of Mining, Natural Resources, and Environmental Affairs
- Department of Parks and Wildlife – Ministry of Tourism, Parks and Wildlife
- Department of Land Resources Conservation – Ministry of Agriculture
- Department of Environmental Affairs – Ministry of Mining, Natural Resources, and Environmental Affairs

Building district-level capacity in the context of HIV/AIDS means both understanding the impact of HIV/AIDS on CBNRM and how to mitigate this impact in order to support sustainable CBNRM activities, and strengthening the ability of partners to sustainably support CBNRM activities by facilitating the mitigation of the impact of HIV/AIDS on their organizations. This district level capacity needs to be expanded in all partners including District Environmental Subcommittees (DESC), NGOs, CBOs, and communities.

4.1 Recommendations

➤ *Capacity Building.* Integrate three initial HIV/AIDS Training Units into capacity building activities in Module 1. These training units are

- the effect of HIV/AIDS on NRM,
- the effect of HIV/AIDS on organizational capacity – the costs of AIDS to organizations, and
- HIV/AIDS information – training on HIV/AIDS, prevention, treatment and care, and provision of information on HIV/AIDS health and support services available locally.

The appropriate HIV/AIDS Training Units should be integrated into capacity building activities with COMPASS II partners in this module wherever possible. There may be a need at a later point in the project to develop other training units (such as a training unit for integration of HIV/AIDS mitigation into Community Action Plan development). For more detailed information see the section for Module 2, Capacity Building, below.

➤ *Collaborate with District AIDS Commissioners on HIV/AIDS activities.* The District AIDS Coordinators should be informed of all HIV/AIDS activities underway in their districts. In addition, the District AIDS Coordinators should be invited to attend training on the multisectoral impact of HIV/AIDS, to facilitate mainstreaming of AIDS activities at the district level.

Recommendations for specific HIV/AIDS mainstreaming activities for potential project activities can be found in the table below.

Table 1. Preliminary COMPASS II Decentralization HIV/AIDS Activities

Entry Point for AIDS Mainstreaming	Recommendation
Incorporating HIV/AIDS mitigation into Community Action Plan for CBNRM Development.	<ul style="list-style-type: none"> • Determine whether the training unit for this activity developed for COMPASS I is sufficient and strengthen it where necessary. • Ensure that CBOs/NGOs know NAC is providing funding for local AIDS activities.
Facilitating natural resource agreements between communities and district authorities.	<ul style="list-style-type: none"> • Proactively engage the HIV/AIDS-affected community to ensure they are not excluded from participation. Seek out local PLWHA organizations.
The Ministry of Local Government has been tasked with developing District Assembly HIV/AIDS Strategies and District Assembly HIV/AIDS Mainstreaming Plans. The NAC is providing technical assistance to this process and are still in the planning stage (expected start in December 2004). The District AIDS Coordinators (currently being hired) will be tasked with Mainstreaming at the District level.	<ul style="list-style-type: none"> • Work with DESCs and the communities to facilitate their constructive participation in developing these HIV/AIDS plans. • COMPASS can facilitate the inclusion of HIV/AIDS mainstreaming in CBNRM in these plans by providing information on the impact of AIDS on NRM. Mr. Stuart Ligomeka in the Ministry of Local Government is heading the activity.
Assisting in the implementation of the Ministry of Agriculture, Irrigation and Food Security (MAIFS) HIV/AIDS Policy at the local level, where relevant to CBNRM. The MAIFS has existing decentralized AIDS units at the local level in the form of Gender Support Officers.	<ul style="list-style-type: none"> • Through the Land Resources Conservation Department, build the capacity of MAIFS Gender Support Officers to implement the HIV/AIDS policy. This can be achieved by including these individuals in the training units described above.

<p>Assisting in facilitating the implementation of Departmental AIDS plans such as the plan submitted by the Department of Forestry to the National AIDS Commission for funding.</p>	<ul style="list-style-type: none"> • Facilitate capacity building of district offices to implement Departmental AIDS plans. Again, this can be achieved by including these individuals in the training units described above.
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5. Recommendations for COMPASS II HIV/AIDS Mainstreaming in Module 2

Module 2 of the COMPASS II program is “Enhanced community capacity for managing natural resources in a sustainable manner”. This module will provide capacity building that enables COMPASS II to meet the objectives of the other two modules and thus this module is the centerpiece of HIV/AIDS mainstreaming. As discussed above, there are three main HIV/AIDS Training Units that are required for mainstreaming HIV/AIDS:

- Unit 1 - The effect of HIV/AIDS on NRM,
- Unit 2 - The effect of HIV/AIDS on organizational capacity – the costs of AIDS to organizations, and
- Unit 3 - HIV/AIDS information – training on HIV/AIDS, prevention, treatment and care, and provision of information on HIV/AIDS health and support services available locally.

This is a preliminary list of capacity building required in the area of HIV/AIDS mainstreaming. Other training units may need to be developed later in the life of the project such as training for integration of HIV/AIDS mitigation into Community Action Plans.

5.1 Recommendations

➤ *Identify local partners who have the capacity to provide training of trainers in the three HIV/AIDS Training Units.* Once the partners have been identified, assist them in developing Training of Trainer Programs for the first two HIV/AIDS Training Units.

- For Unit 1, the Wildlife and Environmental Society of Malawi (WESM) could potentially provide training of trainers for this unit.
- For Unit 2, local capacity exists in Blantyre to develop this training unit in such organizations as Project HOPE and Oxfam. For this Unit, it may be best to contract a local partner to develop the Training of Trainers program and provide ongoing capacity building in this area on an as-needed basis, over the first two years of the program.
- For Unit 3, there is no need to develop this capacity in-house. Dissemination of this training and information can be achieved by linking with AIDS service organizations already providing these services in the districts where COMPASS II works.

➤ *Utilize a Training of Trainers model to build the capacity of local organizations, for HIV/AIDS Training Units 1 and 2.* A training of trainers program will build the capacity of NGOs, BDS providers, District Offices and other local organizations to continue to build capacity in these areas beyond the life of COMPASS II. This program would draw on local resources such as fisheries and forestry officers and Peace Corps Volunteers (PCVs). Thus the

initial step should be to identify partners to develop the training units, followed by the launching of a training of trainer program with COMPASS partner organizations.

➤ *Determine key service providers and establish strategic partnerships.* For HIV/AIDS Training Unit 3, it will be necessary to compile a list of AIDS Service Organizations by district and the services that they offer in the continuum of care (HIV/AIDS prevention, testing, treatment, and care). Partnerships with these organizations must be established. See the section below on partnerships for more information.

➤ *Incorporate appropriate HIV/AIDS messages into all capacity building programs.* The project can work to contain the AIDS epidemic by reducing stigma and improving the knowledge of the epidemic through addressing HIV/AIDS in interactions with project partners and communities. Different HIV/AIDS Training Units will be appropriate for different contexts, but consistency in incorporating an HIV/AIDS message should have a positive effect on both knowledge and stigma.

6. Recommendations for COMPASS II HIV/AIDS Mainstreaming in Module 3

Module 3 of the COMPASS II program is “Increased sales of natural resource-based products by households”. In the RFP for the COMPASS II program, it was specified that in this module, “where appropriate, strategies to prevent the spread and mitigate the impacts of HIV/AIDS should be incorporated”. The key opportunity for mainstreaming HIV/AIDS in this module is in selection of sectors for enterprise development. The number one criterion for sector selection must be potential to increase household income, but other criterion on which sector selection should be based include the ability of participation by both men and women, and the ability of AIDS-affected households to participate. As discussed above, the additional constraints of AIDS-affected households can result in these households self-selecting not to participate in high-labor, high-capital, high-mobility and high-risk activities. Ideal sectors will meet all three of these criteria and have one further characteristic, a nutritional or health benefit to the household on top of the financial benefit. This will further strengthen the safety net of very vulnerable AIDS-affected households.

The Enterprise Development module is currently considering activities in several sectors including aquaculture, capture fisheries, honey, medicinal plants, guinea fowl, tree seed oils, and others. To best understand how HIV/AIDS could be mainstreamed into the specific sectors under consideration by the project, a series of key informant interviews and focus group discussions were held. Focus group discussions were held on aquaculture, capture fisheries, and honey production. Key points from these interviews and discussions can be found below, with detailed notes from the focus group discussions in Annex C.

Aquaculture

Aquaculture is considered a part-time activity that appears to be quite profitable financially and also generally provides the households with fish to supplement their diet. The entire household participates in the activity, with men, women and children digging and cleaning the ponds, women managing the ponds, and men selling the fish. While management of the ponds is a low-labor activity, there are periods of high labor requirement in the construction of ponds and their

annual cleaning. Both men and women own ponds, and it is generally the owner that does most of the construction, so women do build their own ponds.

Focus group discussions were held in Thembe Village, Mulanje District. AIDS-affected households in the focus group overcame the labor requirements by pooling labor within Fishing Groups while maintaining individual ownership of the ponds. Interestingly, widows had the same number of ponds as married women, but they were twice the size (129m² compared to 63m²). A possible explanation is the widows (a proxy for AIDS-affected households) prioritized this activity as it was profitable and they rely heavily on this income as they are the only breadwinners. This supports the argument that AIDS-affected households can be even more productive than non-affected households when they are able to overcome their constraints (in this case labor).

Capture Fisheries

Fishing communities tend to be more vulnerable to HIV/AIDS than the general population and often have higher prevalence rates⁷. The focus group discussions held in Kachulu Village on Lake Chilwa, revealed that both fishermen, who tend to be men, and wholesalers, who tend to be women, find this sector quite profitable. The wholesalers indicated that they were able to generate MK2000 of income per day by drying and selling an average of 10 basins of fish (MK200 profit per basin). The sector also provides the potential nutritional benefit of consumption of fish by households in the sector.

The focus group discussions did not specifically address whether this was an activity particularly suited to HIV/AIDS-affected households (low labor, low capital, and low mobility). That said, given the high prevalence rates found in this sector, it is clear that any capture fisheries activity would most require working with AIDS-affected households. This emphasizes the importance of working to minimize the effect of the epidemic on the communities in order to ensure the sustainability of any project intervention in the fisheries sector.

The focus group discussions revealed that nearly every household in Kachulu were taking care of orphans. This had a major effect on the dependency ratios in the group. The average number of dependents per household increased from 5 to 7 when including orphans living in the household⁸. Another interesting outcome of the discussions was contradictory information provided by wholesalers and fishermen and the availability of fish. Fishermen indicated that there were more wholesalers than fish, while wholesalers said they could get as much fish as they wanted and capital was their constraint. This contradiction indicates that there is more to the situation that we did not understand. One potential explanation of this contradiction is that fishermen have the power to choose who they sell the fish to, while the wholesalers have little power in that negotiation process. One way to guarantee their supply of fish would be for the wholesalers to enter into transactional sex. While this is just a theory, it exemplifies how marketing structures can increase vulnerability to HIV and indicates that more research is required to understand the particular vulnerabilities to HIV/AIDS within the capture fisheries sector.

⁷ Huang, M. 2002. HIV/AIDS Among Fishers: Vulnerability of Their Partners. World Fish Center, Department of Community Health, University Putra Malaysia, Malaysia; Malaysian AIDS Council, Malaysia.

⁸ This does not count the widow's children as orphans, even though they qualify as paternal orphans.

Honey

Honey production is the ideal type of activity for AIDS-affected households: high return per labor input. One member of the focus group discussion held in Mazambani, Blantyre District noted that they call honey production “manna” because the money falls without much effort. Beekeeping is traditionally a man’s activity, but NGOs working in this sector have been able to integrate women, and 60 percent of EDETA’s beekeepers are women.

The focus group discussions revealed that both the women’s group and the mixed group were averaging harvests of 5 liters per hive per harvest. Mr. Malaka from EDETA said the groups could easily harvest 40 liters per hive per harvest. In spite of these comparatively low yields, the participants were happy with the results.

Medicinal Plants

There appears to be a strong market for medicinal plants in Malawi and in the region. There is some anecdotal evidence that high demand for these products, driven by the HIV/AIDS epidemic, has led to over harvesting and near extinction of some species. AIDS-affected households would benefit directly from participating in this sector by using the plants themselves as well as from income from marketing of the products. Production of herbaceous medicinal plants could be a particularly good activity for AIDS-affected households, especially if used with low-labor, low-capital drip irrigation technology.

There are some areas that need attention if COMPASS II does enter the sector. First, slow-growing tree crops may not be ideal for AIDS-affected households, who need a relatively short turn-around on any investment. Second, there is a need to ensure that accurate information on the uses of medicinal plant is strongly integrated into this program. Some herbalists are claiming that they have created a herbal remedy for AIDS. This could greatly increase the risk of HIV/AIDS infection. If people think they are cured, they may revert to risky behavior.

Guinea Fowl

Key informants gave conflicting information on the potential market for Guinea Fowl. Some felt that there is a small market that is limited to Malawi. Others felt that there was real potential for both export and commercializing the domestic market. WESM has already exported live guinea fowl to Namibia, however the sustainability of the export market or the commercial domestic market are not certain.

Guinea fowl rearing is generally women’s activity, does not require high-labor and can provide the household with additional protein as well as income. If it is determined that there is real market potential (domestic or export), this may be a good activity for AIDS-affected households.

Tree Seed Oil

Further information needs to be gathered on how this activity is conducted. If harvesting mainly takes place from existing trees, this could be a good activity for AIDS-affected households, particularly if harvesting is an activity done by children and youth, and can provide income to the household without placing additional stress on women’s labor. If trees are planted for

harvesting and are slow-growing, then this may not be a very good activity for AIDS-affected households that require resources in the short-term.

6.1 Recommendations

- *HIV/AIDS needs to be integrated into subsector analysis for all studies.* Given the high rates of HIV/AIDS in Malawi and the impact of the epidemic on all sectors of the economy, it is essential to look at how HIV/AIDS affects the sector at the different levels, and whether there are certain segments of the sector that are particularly vulnerable. The subsector analysis should also reveal whether activities are suited for AIDS affected households, and if not, the types of resources required to enable participation. This will indicate where the project should intervene and the kind of interventions that will mitigate the impact of AIDS on the sector.

- *Incorporate HIV/AIDS training and awareness into capacity building of partners and communities.* For communities COMPASS should link with existing ASOs to provide training on HIV/AIDS. For partners (NGOs, BDS providers, and District Offices), COMPASS should provide training on HIV/AIDS, on the impact of HIV/AIDS on NRM, and on the impact of AIDS on organizations, the costs of doing business. See the section above on Module 2, capacity building for more information.

Recommendations for specific HIV/AIDS mainstreaming activities for potential project activities can be found in the table below.

Table 2. Potential COMPASS II Enterprise Development Module

Entry Point for AIDS Mainstreaming	Recommendation
<p>Capture Fisheries: It is necessary to ensure that the vulnerability of these communities to HIV/AIDS from working in this sector is minimized.</p>	<ul style="list-style-type: none"> • Following the subsector analysis of capture fisheries, a study of the vulnerability of the fishing sector to HIV/AIDS should be conducted. This study should reveal the areas of HIV vulnerability and how to reduce the risk to the community. Potential risk reduction may include access to information, adapted marketing structures, etc.
<p>Aquaculture: is considered a part-time activity, it does not have high-labor requirements for pond maintenance, all household members participate, it can boost household nutrition (increased protein consumption), and provides cash income. All of these factors make aquaculture a good activity for AIDS-affected households.</p>	<ul style="list-style-type: none"> • There are high-labor requirements for construction and annual cleaning of the ponds. COMPASS can facilitate systems to ensure that AIDS-affected households have access to labor for these activities (possibly through labor sharing or microfinance access). • Training should be targeted to the family unit to reduce the risk of loss of human capital by the household if the trained

	household member dies.
<p>Medicinal Plants: there appears to be a strong local market for medicinal plant products that are used in the treatment of illness, including secondary illnesses from HIV/AIDS. It is possible to produce herbaceous plants using low-labor drip irrigation technology which reduces the constraints of HIV/AIDS-affected households. There are some medicinal products available that are said to cure AIDS. While these products may reduce the symptoms and secondary illnesses from the disease, they do not cure AIDS.</p>	<ul style="list-style-type: none"> • Subsector analysis is required to determine potential of domestic and export market, and understand the demands of market. • If demand is present, the program could build production capacity using drip irrigation to ensure AIDS-affected households can participate. • COMPASS needs to ensure that no harm is done. If people believe they have been cured, they may revert to risky behavior. Information must be disseminated with the program. • If drip irrigation technology is appropriate, methods for sustainable financing of the drip irrigation systems should be investigated. One option is to distribute kits to individuals as grants which are then translated into loans by producer association in a rotating fund.
<p>Honey: has a high return per labor input. It is traditionally a man's activity but NGOs have been able to overcome the gender bias⁹. One of the risks of honey is having a hive that is not inhabited by bees.</p>	<ul style="list-style-type: none"> • Given that this activity is particularly well suited for AIDS-affected households, they are able to participate. So this is a good activity to selectively target to vulnerable groups. • Focus groups indicated that when hives are owned collectively, this distributes the risk of non-inhabitation of a hive. This works well when there are one or two hives per person in a group. With more hives per person, the risk is distributed among the hives, and individual ownership is most likely the best option.
<p>Guinea Fowl Production: also a low-labor, low-capital investment activity that boosts household nutrition and provides the household with income, so it is also a good activity for AIDS-affected households.</p>	<ul style="list-style-type: none"> • A market analysis should determine the market potential for export and domestic commercialization. This analysis should also determine the viability of a fattening and slaughter house for guinea fowl.

⁹ EDETA uses women beekeepers to train new beekeepers thus demonstrating that this is an activity that women can also do. 60 percent of EDETA's beekeepers are women.

7 Partners in Integrating HIV/AIDS

The above recommendations make several references to the need to partner with existing HIV/AIDS service organizations and HIV/AIDS support groups. This section will provide some background on how these groups are organized.

There are many NGOs, CBOs and FBOs providing a wide range of HIV/AIDS services at the local level, however there are centralized organizations that are charged with the HIV/AIDS activities in each districts or national associations of a specific service. This list is not meant to be comprehensive, but will provide a base on which to build a database of key contacts for HIV/AIDS services at the local level.

- National AIDS Commission Umbrella Organizations – In an effort to scale up prevention, care and impact mitigation services at the community level, the NAC has contracted 5 umbrella organizations to undertake sub-granting and capacity building at the district or regional level. Each district has one umbrella organization, which will be setting up a district office. These offices will be good sources of information on what AIDS services are available in the district and where, as well as a source of funding for COMPASS partner HIV/AIDS activities. See Annex D for a list of the umbrella organizations affiliated with the COMPASS II districts.
- District AIDS Commissioners – the NAC is funding these permanent full-time positions in the District Assemblies who will be charged with coordinating all HIV/AIDS activities in their districts. These individuals will be good sources of information, and should also be updated on COMPASS II HIV/AIDS activities in their district. The NAC is currently hiring for these positions, and they are expected to be on the ground by December 2004.
- The Malawi National AIDS Service Organization (MANASO) is an association of all CBOs working on HIV/AIDS issues in Malawi.
- Malawi Network of people living with HIV/AIDS (MANET) is an association organizations that work with and support PLWHA.
- National Association of People Living with HIV/AIDS in Malawi (NAPHAM) is an NGO that supports PLWHA and has several branches around Malawi.
- Oxfam has developed a comprehensive internal HIV/AIDS Workplace Policy and Program and can serve as a source of information on this process. In addition, there may be the opportunity to work with Oxfam on conducting training of trainers and rolling out the HIV/AIDS Training Unit with COMPASS partners on the effect of HIV/AIDS on organizational capacity (the costs of AIDS to organizations) as it is directly in the mandate of the Oxfam program.

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ANNEX B : List of interviews

Name	Title	Organization	Land Line	Mobile	Email
Ms. Joyce Mataya	Director	Cabungo	01 636 295	08 202 483	cabungo@sdpn.org.mw
Ms. Brenda Katundu	OD Practitioner	Cabungo	01 636 295	09 500 800	bkatundu@yahoo.co.uk
Dr. Wycliffe Chilowa	Director	Center for Social Research	01 524 901	08 823 591	csrbasis@malawi.net
Mr. James Milner	Research Fellow	Center for Social Research	01 526 622	09 943 322	jagmilner@yahoo.com
Mr. Thomas Bisika	Research Fellow	Center for Social Research	01 524 800/916	09 951 278	tbisika@yahoo.com
Ms. Janet Lowore		COMPASS II		08 203 746	probynlowore@malawi.net
Mr. Jimmy Katuma	Executive Director	COPRED (Community Partnership for Relief and Development)		09 950 890	copred2001@yahoo.co.uk
Ms. Janet Porter	Gender and HIV/AIDS Officer	CURE	01 645 757	08368 787	cure@malawi.net
Mr. Maxwell Kadyamo	Human Resources Management Officer	Department of Forestry	01 771 000/068	09 238 469	
Mrs. Chikondi Pasani	Fisheries Officer Desk Officer for HIV/AIDS	Department of Fisheries	01788 571	09 248 192	lydiatico2002@yahoo.co.uk
Mr. Peter Ngoma	Fisheries Economist, Director of HIPIC program	Department of Fisheries		09 922 441	
Mr. Fanuel Kapute	Fisheries Researcher	Department of Fisheries		09 916 110	
Mr. Emanuel Malaka	Director	EDETA		09 911 097	
Ms. Margaret Kaseje	Country Director	Family Health International	01 775 106/774 378	09 962 447	mkaseje@fhi.org.mw
Ms. Gillian Mann	Director	Kadale Consultants	01 672 933	08 832 760	kadale@malawi.net
Mr. Jason Agar	Director	Kadale Consultants	01 672 933	08 823 669	kadale@malawi.net
Mr. Francis Kalonga	Director	Matindi Youth Organization		09 938 349	
Ms. Priska Munthali		Ministry of Agriculture		08 300 800	
Dr. Andrew Agabu	Head of Policy Support and	National AIDS Commission	01 727 900/725 66	08 202 860	

Name	Title	Organization	Land Line	Mobile	Email
	Development				
Mr. Robert Piri	Partnership and Liaison Officer	National AIDS Commission	01 727 900/72566		
Mr. Roy Howea	Director of Programs	National AIDS Commission	01 727 900/72566	08 842 536	
Mr. Zakariah Mogombo	General Manger	National Herbarium	01 525 388/118	08 202 900	zlkmagombo@hotmail.com
Ms. Lingalireni Mihowa	HIV/AIDS & Gender Officer	Oxfam	01 622 558	08 828 628	lmihowa@oxfam.org.uk
Mr. Arthur Stephens		Phytotrade Africa	01 513 215	09 926 879	arthur@pytotradeafrica.com
Ms. Dorothy Namate	Director	Project HOPE	01 637 086	09 960 388	namated@sdpn.org.mw
Mr. Zwide Jere	Malawi Director	Total Landcare	01 757 090/092	08 822 420	sdi@malawi.net
Ms. Carrie Osborne		Umoyo Network	01 621 022		
Mr. Autman Tembo	Project Management Specialist	USAID	01 772 455/197	08 823 323	atembo@usaid.gov
Dr. Larry Rubey	Chief Agriculture and Natural Resources	USAID	01 772 455/197		lrubey@usaid.gov
Ms. Elise Jensen	Senior HIV/AIDS Advisor	USAID	01 772 455/197	09 960 037	ejensen@usaid.gov
Mr. Daulos Mauambeta	Executive Director	WESM	01 643 428	09 914 540	ddcmuambeta@africa-online.net
Ms. Jarret Mhango	Horticulturalist	World Agroforestry Center	01 534 277	09 960 441	j.mhango@cgiar.org
Mr. Alfred Chiro	Health, Population and Nutrition Specialist	World Bank	01 770 611		
Dr. Daniel Jamu	Project Leader	World Fish Center	01 536 298		d.jamu@cgiar.org
Mr. Essau Mwendo	ADP Manager	World Vision International	01 524 010	08 832 156	essau_mwendo@wvi.org
Mr. John Wilson	Consultant		01 524 313		johnwilson@unima.mw

ANNEX C: Focus group discussion findings

Aquaculture – Thembe Village, Mulanje District

- Men have much bigger average pond size (235 m²) and more ponds (4.75) compared with the women (2 ponds of 63 m²). The widows had the same number of ponds as the married women, but they were on average much bigger in size (129 m²). This could possibly be explained by the fact that women have less labor (physical strength and time) than men for digging ponds, but widows have more incentive to invest in aquaculture given that they rely more on their income from aquaculture because they are the prime breadwinners, and often the only breadwinners.
- Men perceived that there was a problem with orphans in the community, but estimated that there 36 orphans and no orphan headed households. The 11 women we spoke with told us they care for 16 orphans (an indication that there are far more than 36 orphans in the 900 households in the village), and that they knew of at least 10 orphan headed households. This indicates that women are bearing the burden of care for the orphans and are therefore better able to define the problem.
- With family planning being “the talk of the day” according to the community, birth rates may drop, but dependency ratios are not likely to decrease, and in fact will probably increase due to the number of orphans.
- The widows indicated that they did not have any problem with stigma as they were not excluded from the group and nor did they have any problems because they did not have a husband. It is important to note that this does not necessarily mean that there is no problem with stigma, as stigmatized community members probably would not have been selected to meet with us.
- Interesting that even in the households where the woman is the prime aquaculture participant, it is the men who sell the fish, even though the women know the man does not return all the money to her.
- They all agreed that they need access to microfinance and better tools and that their main problem is water. They all seemed to feel that selling the fish was not a problem because there is excess demand in the village.
- The women appeared to be unaware of the community policing, in spite of the fact that the men said there are women who participate.

Capture Fisheries – Kachulu, Lake Chilwa

- The men complained because only the women have access to credit, but they need credit to buy better equipment, their biggest constraint to increasing catch.
- The fishermen indicated that the size of the fish and the size of the catch are the same as they were 10 years ago. The Fisheries Researcher contradicted this information. It is unclear whether the fishermen believed that the resource base was not changing or if they were

concerned about discussing the realities with us in case it impacts the COMPASS decision to work in fisheries.

- This community appeared to be highly affected by HIV/AIDS. All the individuals we spoke with were taking care of orphans and they indicated that this was standard in Kachulu. That said, most focus group members did not include AIDS as one of the causes of the increasing number of orphans. Only the widows included “the illness they don’t want to mention” as one of the causes. The presence of orphans has a major effect on the dependency ratios in the group. The average number of dependents per household increased from 5 to 7 when including orphans living in the household, not including the widow’s children who are paternal orphans. The widows also indicated that they personally knew of at least 7 child-headed households of orphans in the village.
- The fishermen indicated that they may fish at night, depending on the fish, but they never stay in other villages overnight. They paddle their canoes and they never go too far to be able to return the same day. Overnight travel is not a risk factor for the men; however, their absence for long periods during the day and sometimes at night may be a risk factor in that their absence provides an *opportunity* for women to engage in risk behavior.
- Contradictory information was provided by wholesalers and fishermen and the availability of fish. Fishermen indicated that there were more wholesalers than fish, while wholesalers said they could get as much fish as they wanted and capital was their constraint. Clearly there is more to the situation that we did not understand. One potential explanation of this contradiction is that fishermen have the power to choose who they sell the fish to, while the wholesalers have little power in that negotiation process. One way to guarantee their supply of fish would be for the wholesalers to barter with other assets including themselves.
- The Lake has Beach Village Committees (BVCs) and one member of the male focus group was on the committee. They emphasize that the BVCs are important because they work to protect their resources, but BVC members had been promised access to microfinance through their membership, and this support has never materialized.

Honey

- The women own the hives communally within the group. When asked whether they would rather own the hives individually, they said no because not all hives are colonized all the time and then whoever’s hive was not colonized would get nothing. In other words, they are able to distribute the risk of hive failure amongst the group through communal ownership.
- The women earned MK7,000 from the first harvest from the sale of honey from 5 hives. They estimated their yield of processed honey at 5 liters per hive. The price per 0.25 liters was Mk 75 at the time, according to them, which means their average yield per hive was 4.7 liters, if their estimation of revenue is correct (more likely than their estimation of volume).
- The mixed group estimated that each season they get 3 full 20L buckets of processed honey. The group has 12 hives, which gives them an average of 5 L processed honey per hive per harvest.

- According to Emanuel Mlaka, the harvest should be at least 40 and up to 80 liters per hive per harvest. The women's group blamed the low harvest on bad weather (rainy and cool).
- Cost of equipment

Overalls	3,000
Gumboots	3,100
Smoker	1,000
Hive	3,000
Buckets	275 x 2
Gloves	500
Yield	Approximately 5 L per hive per harvest (2 harvests per year)
Price	Mk 100 per 250ml (minus 10 Mk for bottle and 10 Mk per label)

ANNEX D: AIDS Services by District

District	Organization	Funding Source	Services Provided	Contact person E-mail	Phone
Chikwawa	World Vision International	NAC - Umbrella Org		Wells Sakara, Blantyre	01 670 311/301
Chikwawa	Family Health International	USAID	HBC, OVC care	Reuben Lizi rlizi@fhi.org.mw	01 420 437/09 510 604
Chitipa	Action Aid Malawi	NAC - Umbrella Org			01 757 500/504
Dedza	World Vision International	NAC - Umbrella Org			01 670 311/301
Lilongwe	Save the Children	NAC - Umbrella Org			01 753 888
Machinga	World Vision International	NAC - Umbrella Org			01 670 311/301
Mangochi	Save the Children	NAC - Umbrella Org			01 753 888
Mangochi	Family Health International	USAID	HBC, OVC care	Levi Soko lsoko@fhi.org.mw	01 593 372/08 862 893
Mulanje	Action Aid Malawi	NAC - Umbrella Org			01 757 500/504
Mzimba	PLAN International	NAC - Umbrella Org			01 770 699/946/897
Nkhata Bay	Canadian Physicians for Aid and Relief (CPAR)	NAC - Umbrella Org			01 757 811
Nkhotakota	Save the Children	NAC - Umbrella Org			01 753 888
Nsanje	World Vision International	NAC - Umbrella Org			01 670 311/301
Ntcheu	World Vision International	NAC - Umbrella Org			01 670 311/301
Phalombe	Action Aid Malawi	NAC - Umbrella Org			01 757 500/504
Rumphi	Canadian Physicians for Aid and Relief (CPAR)	NAC - Umbrella Org			01 757 811
Zomba	Action Aid Malawi	NAC - Umbrella Org			01 757 500/504