



REPUBLIC OF MALAWI

HIV/ AIDS AGRICULTURE SECTOR POLICY AND STRATEGY

2003 – 2008

**Ministry of Agriculture and Irrigation
P. O. Box 30134, Lilongwe 3.**

January 2003

ACKNOWLEDGEMENT

FOREWORD

PREFACE

Key Abbreviations

ACU	AIDS Control Unit
ADD	Agriculture Development Division
ADMARC	Agricultural Development and Marketing Cooperation
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Therapy
ARV	antiretroviral
BCC	Behaviour Change Communication
BCI	Behaviour Change Interventions
CAC	Community AIDS Committee
CARE	Co-operative Relief and Assistance Everywhere
CBO	Community Based Organizations
CEDAW	Convention on the elimination of All forms of Discrimination Development
DAC	District AIDS Committee
FAO	Food and Agriculture Organization
GOM	Government of Malawi
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IFPRI	International food Policy Research Institute
ILO	International Labour Organization
ISNAR	International Services for National Agriculture Research
MASHA	Malawi Agriculture Sector for HIV/AIDS
MIS	Management Information System
MOAI	Ministry of Agriculture and Irrigation
MPRSP	Malawi Poverty Reduction Strategy Paper
NAC	National AIDS Commission
NGO	Non Governmental Organization
OPC	Office of the President and Cabinet
PLWHA	People Living with AIDS
PRSP	Poverty Reduction Strategic Programme
RAC	Regional AIDS Commission
SADC	Southern Africa Development community
SRH	Sex and Reproduction Health
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
VAC	Village AIDS Committee
VCT	Voluntary Counselling and Testing

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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 15-49 years living with HIV/AIDS. Malawi's infection rate of around 10% in rural areas and as high as 30% in urban areas and is one of the highest in the region and in the world. Higher HIV infection rates among women and the disproportionate share of the burden for care and support of the sick put women and children in a more disadvantaged position. HIV/AIDS is therefore a gender and crosscutting issue.

The devastating impact of HIV/AIDS on agriculture is causing untold misery to most households especially in the rural areas where agriculture is synonymous to livelihood security. All these culminate into reduced agriculture productivity and increased poverty. This policy and strategy document is therefore in line with the Malawi Poverty Reduction Strategy, The National Strategic Framework for HIV/AIDS 2000-2004 and the Malawi Gender Policy.

Rationale for HIV/AIDS Policy Development in Agriculture Sector

The HIV/AIDS epidemic and the resultant gender disparities are eroding development, economic gains and security of livelihood. Such gender disparities are characterized by:

- Sex – male/female, age- youth/adults/elderly, class – poor and rich and other
- Aspects significant to agricultural productive roles such as: technology development and transfer, agricultural inputs, competence and services necessary for the uptake and benefiting from agricultural technologies;
- Literacy and physical disabilities including those affected and infected by HIV/AIDS.
- The changing gender roles over time and circumstances within the Sector.

If such HIV/AIDS and Gender issues are not recognized and mainstreamed into policies, programmes at the both the work place and the farming communities it would be difficult to reduce further HIV/AIDS infections, adverse impacts and resultant gender disparities on productivity and livelihoods.

Loss of human resources in the agriculture sector, severe food shortage, loss of labour and skills therefore make HIV/AIDS policy and strategy for the Agriculture Sector imperative.

Achievements

The Agriculture Sector in collaboration with NAC and other development partners has made significant strides towards mainstreaming HIV/AIDS and gender issues into on going programmes particularly at the core functional level, in farming communities. A few impact studies by MOAI/ FAO, Project Hope and Care International within the Sector are already feeding into policy and programme designs. ADMARC is already sharing best practices for the work place programmes to be replicated in other institutions within the Sector. OXFAM in collaboration with the MOAI are striving 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
- Poor health and nutrition status
- Slow change of risky sexual behaviour stemming from cultural beliefs and rampant poverty
- Inadequate capacity and coordinated efforts to mainstream HIV/AIDS and gender issues into agricultural development

Guiding Principles for Policy Development

The policy is guided by a set of principles to provide users a framework for operation with efficient coordination, resource mobilization, stronger linkages for care and support, prevention, mitigation of HIV/AIDS services. The principles ensure recognition and integration of human rights, gender issues and quality participation by for various gender categories.

Priority areas for Policy Development and Strategic Focus

There are eight defined priority areas by policy recommendations, Strategies and Major actions. The priority areas to be addressed are: Gender Mainstreaming, Economic Empowerment, Community Based Support, Food and Nutrition; Expanded HIV/AIDS Communication; Human Resource Protection and Management, Workplace Support and HIV/AIDS Action Research.

The Implementation Strategy

The Implementation Strategy provides guidance for sector HIV/AIDS related activities and sets a framework for planning, implementation, coordination, resource mobilization and accountability. The Strategy will help to strengthen institutional capacity and coordination at all levels. The various strategic components of the implementation framework include:

- **Participatory Planning**
Principal to participatory planning are: (i) participatory diagnostic surveys to in order to identify deeper to be addressed, (ii) concurrent mainstreaming of HIV/AIDS and gender issues; (iii) strategic campaigns to promote the mainstreaming effort;
- **Implementation of Plans:**
Should focus on on-going capacity development as demanded by various key players.
- **Multi-sectoral nature of the Strategic Plan**
The Strategic Plan recognizes the importance of involving various stakeholders from the agriculture sector and beyond.
- **Co-ordination and management**
Successful implementation of the Strategic Plan require comprehensive and effective management and co-ordination arrangements to be in place in order to address a number of complex and strategic issues. This is coupled with stronger linkages with other GOM institutions, NGOs, CBOS and PLWHA in order to avail services such as: VCT, treatments of STIs and opportunistic infections, condoms, ARVS and home based services at workplace and communities. A coordinating body (MASHA) is required for interventions within the Sector to be better targeted to all.

- **Participatory Monitoring and Evaluation**

The successful management and implementation of the Strategic Plan will depend heavily on effective monitoring and evaluation. Monitoring and evaluation activities will take place through two separate mechanisms:

- (i) Annual reports to the Coordinating and management body by all intervention programmes and projects in the sector; and
- (ii) Biannual stakeholders Joint HIV/AIDS Programme Review that will take stock of the achievements and obstacles to achievement and solutions.

SECTION 1: CONTEXTUAL BACKGROUND

COMPONENT 1

1.0 GLOBAL HIV/AIDS SITUATION

More than 40 million people in the world are currently living with HIV/AIDS, one third of whom are youths aged between 10 and 24 (World Bank 2001). In Sub-Saharan Africa alone, more than 28 million men and women aged between 15 and 49 are living with HIV/AIDS, representing about two thirds of the total infected population (World Bank 2001). Young people are particularly vulnerable to contracting Sexually Transmitted Infections (STIs) including HIV/AIDS because many of them have regular and often unprotected sex.

Young girls and women are especially vulnerable and this population accounts for about 40 percent of the total HIV infection in Africa.

These problems compete for the same resources such that the case of HIV/AIDS must be highly compelling in order to be considered seriously in national initiatives as as the PRSP and HIPC documents. Such case must clearly demonstrate that poverty reduction cannot be achieved with increased advert of HIV/AIDS, and that an effective HIV/AIDS programme will contribute to the fight against poverty reduction and increased livelihoods of the people. This can be achieved through clear outline of benefits of the HIV/AIDS programmes 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 made by the National AIDS Commission indicate infection rates in women attending antenatal clinics varying from 10% in rural areas to nearly 30% in urban areas.

The high infection rate of HIV in women of childbearing age suggests that many children are born HIV infected.

The HIV infection in people aged 15-49 is concentrated in younger age groups (15-24years), particularly women. Most of these HIV infected individuals do not yet know their status. These infection rates seem to continue growing in spite of the apparent high awareness of HIV/AIDS amongst the general population.

1.2 HIV/AIDS National Response 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 major strategic review of these responses was undertaken from 1998-2000 culminating in the preparation of a National HIV/AIDS Strategic Framework covering the period 2000-2004.

In 1989 the Government established the National AIDS Control Programme (NACP) then a National AIDS Secretariat and worked in close collaboration with Ministry of Health and Population. The Secretariat has recently been renamed National AIDS Commission (NAC) and provides technical services in the areas of research, monitoring and evaluation; counselling; home based care; sexually transmitted infections (STI) control and management, IEC, and behaviour change interventions (BCI). NAC has linkages at central, regional and district levels in line with the current decentralization process.

1.3 HIV/AIDS in the Agriculture Sector

Malawi is an agricultural based economy with more than 85% of the rural households deriving their livelihood from farming. Ministry of Agriculture and Irrigation (MoAI) staff communicate to farmers improved technologies and messages to help them increase their agricultural productivity. HIV/AIDS has however brought many challenges to the agricultural sector, the very backbone of the Malawi economy.

The pandemic has increased morbidity and mortality of Ministry staff, agriculture service providers and the farming communities. Loss of staff has resulted in loss of manpower thereby making it difficult for farmers to access agricultural inform technologies. Replacing staff or filling of positions has been very difficult. Farmers, especially women, spend more time caring for the sick instead of tending to their agricultural enterprises. In the households, income meant for inputs is often diverted to mitigate for illness and funerals. Increasing incidence of HIV/AIDS has made the agriculture sector more vulnerable. The worst affected vulnerable groups are widows, orphans, elderly and the sick themselves who cannot easily access productive resources. The Agricultural service providers, particularly money –lending institutions are now facing problems dealing with such precarious non –conventional clientele.

Several studies have sited a number of factors likely to put farmers and/or employees at risk of HIV infection and spread. Among the farming communities, traditional beliefs, customs and practices regarding sex and sexuality are singled out as the main constraints to attitude change. Rural development institutions such as Community Day Schools, Rural Weekly Markets and Trading Centres have also been cited as a concern for the spread of HIV in the rural areas (MOAI/FAO,2001). Institutional arrangements such as marketing and banking system for tobacco and sugar cane that draw farmers away from their families for prolonged periods of time are also seen to be sources of sexual promiscuity and risk of HIV infection and transmission in the rural communities. Among employees, the main risk is seen to be absence from home to attend official functions. Compounding the HIV risk problem is the fact that use of condoms has not yet been fully accepted by both farmers and employees. This leaves both the service provider and the service beneficiary susceptible to HIV infection and vulnerable to further impacts of the epidemic.

It is against this background that the Ministry of Agriculture and Irrigation decided to initiate HIV/AIDS and gender mainstreaming at both the workplace and the on going rural development programs in farming communities.

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

Efforts to respond to HIV/AIDS at the community level, started in 1998 with the Integrated Technology Information Education and Communication (ITIEC) packaging process: A Gender-Based Participatory Rural Development approach supported by USAID and International Centre for Research on women (ICRW). In 1999, a more comprehensive effort jointly supported by the National AIDS Control Programme, UNAIDS and the World Bank yielded the following:

- A preliminary study for integrating HIV/AIDS in the Agriculture sector;
- A six-month consultancy to design a rural response to HIV/AIDS that contributed to the preliminary strategy for the Ministry to start implementing the community and workplace programmes;

- Formation of an organizational and operational structure to develop and implement both the rural community and work place programmes;
- Commitment at various management levels of the MOAI to start implementing the community and workplace initiatives;

1.5 **Other initiatives in the sector include**

- Initial interest and commitment to support the programmes by various partners including NGOs, private sector and the donor community;
- Towards the end of 2000 GTZ supported an appraisal consultancy to start training for a community response. The Ministry 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 documents helped in the development of the HIV/AIDS agriculture sector policy;

- Agricultural policy and strategies,
- Agricultural Extension Policy in the new millennium towards pluralistic and demand – driven services;
- Gender policy 2000-2005
- Malawi Poverty Reduction Strategy Paper (MPRSP);
- Gender and Empowerment Strategy accompanied with the Malawi HIV/AIDS Strategic Framework 2000-2004.

COMPONENT 2

2.0 IMPACT OF HIV/AIDS ON AGRICULTURE AND RURAL LIVELIHOODS

The impact of HIV/AIDS infections continues to cause illness and deaths in most of the rural communities thereby affecting agricultural productivity. The agriculture sector accounts for about 37 percent of the Gross Domestic Product (GDP) and well over 60% of the foreign exchange earnings. The sector employs about 80% of the nation's workforce, most of which are dependent on the sector for subsistence and cash crop farming.

2.1 The nature of the impact in the Agriculture Sector

The impact of HIV/AIDS has been experienced through:

- **Reduction in Labour supply**
HIV/AIDS has a direct impact on the labour requirements of the smallholder farmers. This is because the household diverts labour and other productive resources to caring for the sick.
- **Changes in land Use Patterns**
Loss in agricultural labour leads to farmers switching to less labour-intensive crops due to morbidity and mortality. This may mean switching from export crops to food crops.
- **Loss of income by employees in commercial agriculture**
Commercial agriculture is a source of livelihoods for many households through direct labour employment and remittances. Morbidity results into absenteeism, hence loss of income.
- **Loss of workers in Commercial Agriculture**

Loss of workers imposes high financial and social costs to the industry. The impact is felt more when skilled and experienced employees are lost.

- **Increased Food and Nutritional insecurity**

Due to HIV/AIDS, there is general lack of resources to purchase agricultural inputs leading to abandonment of farm improvement. This results in decline in the variety of crops grown and impacts on the required dietary diversification.

In those households affected by HIV/AIDS, food consumption is generally low and this in turn leads to malnutrition.

- **Loss of Physical Assets and Disruption of Safety Nets**

The rising number of HIV/AIDS infections has led to a breakdown in customary practices and traditions that served as safety nets in various communities. When a high proportion of the household is affected, the traditional safety mechanisms like care for orphans, the elderly and the destitute are overstretched. The widespread loss of active adults affects the transferring of knowledge, skills, values and beliefs from one generation to the next thus, disrupting the social organization.

Labour-intensive income generating activities that are critical to household survival are severely affected when a household is afflicted with HIV/AIDS. Increased expenditure requirement often leads to sale of household assets, which begins a cycle of impoverishment.

This further brings a greater challenge to the extended families and kinship systems that provide a critical welfare function to the society. Therefore, one of the long-term impacts of HIV/AIDS is the disruption of a people's way of life.

- **Disruption of Social Order**

The interdependence that is strong in our communities is disrupted when the affected and infected cannot participate in the communal activities leading to their marginalisation. The ability to cope with the new demands is reduced so too the resource base on which members of a community can draw upon.

- **Social Exclusion and Stigmatization**

The death of parents due to HIV/AIDS deprives children of their social status, emotional and maternal security and is often ostracized by the community.

- **Changes in Demographics of the Farming Communities**

Due to an increase in HIV/AIDS prevalence, there are more and more single headed households including orphans and the elderly who cannot carry out household roles. On the other hand, elderly households find themselves taking care of orphans without reliable income

- **Gender Discrimination and disparities**

Women take more responsibilities in caring for the sick other than men. Upon the death of a husband, many women including those infected with the HIV virus often migrate back to their maternal homes during the later stages of their illness.

Both women and children lose their property to the relatives of the dead husband /father. Therefore, women and children become highly vulnerable to high- risk behaviours thus exchanging sex for money as a means of survival. High-risk behaviours often lead to STI and HIV infections.

SECTION II: POLICY FRAMEWORK

COMPONENT 3

3.0 AGRICULTURE SECTOR POLICY FRAMEWORK

HIV/AIDS policy framework provides guidance for the many social, political, economic and cultural issues that the epidemic raises in the agriculture sector. The Ministry of Agriculture and Irrigation therefore, initiated a policy formulation and development process in 1999. The purpose of formulating policy framework in the agriculture sector is:

- To have clear policy guidelines for the prevention, care, support and mitigation of HIV/AIDS in the agriculture sector;
- To provide guidelines for gender-mainstreaming into the agriculture sector;
- To institute procedures for economic empowerment of the vulnerable groups in the agriculture sector;
- To provide guidelines for Human Resource Management and protection for continued and uninterrupted flow of services;
- To establish community support structures for reduced incidences of HIV/AIDS;
- To ensure equitable and sustainable food availability and consumption both at household and national level for increased food and nutritional security;
- To advocate effective two-way communication for positive HIV/AIDS behaviour change;
- To provide strategies that minimize stigmatisation and discrimination and safeguard the rights of the HIV/AIDS infected and affected individuals in the workplace for improved productivity;
- To guide action research that contributes to the reduction of the impacts of AIDS and increasing of agricultural productivity and the health of the people and
- To stimulate innovative agricultural interventions for improved health and livelihoods.

3.1 RATIONALE

HIV/AIDS is a major cross-cutting problem that Malawi and various institutions need to 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, currently estimated at 29 officers in a month in the Ministry of Agriculture and Irrigation. Severe food shortages partly contributed by loss of active labour force are becoming a perennial event.

The need for a clear HIV/AIDS policy in the agriculture sector is therefore imperative,

3.2 MAJOR CHALLENGES

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

- **Lack of resources to scale up interventions against HIV/AIDS.**
Although effective interventions against HIV/AIDS are known, the ability to scale up implementation is severely constrained by weak economic performance.
- **Poor health and nutritional status of the people**
Women and children are particularly vulnerable to poor health and nutritional status hence increasing maternal and child mortality. Poor households also pose a major challenge to national food security and opportunities for effective mitigation against HIV/AIDS
- **Slow change in high-risk sexual behaviour**
There are deep-rooted cultural beliefs and practices, foreign cultures and practices that predispose individuals to HIV/AIDS. In addition there is self- low risk perception coupled with inconsistent health seeking behaviour.

3.3 VISION

Progressive agricultural sector with HIV/AIDS free vibrant labour force.

3.4 MISSION

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

3.5 GOAL

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

3.6 OBJECTIVES

- To promote gender based participation of the agriculture sector as part of the national HIV/AIDS response;
- To address the HIV/AIDS epidemic both in the workplace and at community level in the agriculture sector;
- To mobilize resources for the implementation of HIV/AIDS agriculture sector response;
- To provide administrative support for the implementation of the sectoral HIV/AIDS strategic framework; and
- To advocate 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 of real or perceived HIV status should be discouraged.
- (iii) Gender Equity should be observed in all matters of development.
- (iv) No person should be dismissed for being HIV positive
- (v) Consultations among all stakeholders should be promoted
- (vi) HIV status of a person is strictly confidential and cannot be disclosed without consent.

- (vii) The workplace environment should be healthy and safe to reduce vulnerability and susceptibility to HIV.
- (viii) The work environment should facilitate care and support for HIV-positive individuals and their family members.
- (ix) Employees should have access to user friendly up to date information packages
- (x) Research results should influence designs of interventions for any specific social group.

COMPONENT 4

4.0 PRIORITY SECTORAL POLICY AREAS

4.1 GENDER MAINSTREAMING

In order to ensure quality participation by all gender **categories groups** within the Sector, Gender and HIV/AIDS mainstreaming as a policy should be harmonized and be guided by national policies.

The AIDS statistics point out the disproportionately high numbers of infected young women and the faster rate at which they die once HIV positive. Therefore it is only proper that gender- HIV/AIDS Mainstreaming should specifically address these vulnerable groups at the workplace **and clientele level**.

4.1.1 POLICY RECOMMENDATIONS

- 1) The Agriculture Sector should recognize the varied gender needs, interests, roles, rights, and **relations within different as well as the same agricultural production systems for efficient and equitable for technology development and outreach programmes relations in agriculture production systems for efficient and equitable technology development and outreach programmes**.
- 2) The 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 resource persons.
- 3) There should be simultaneous mainstreaming of Gender and HIV/AIDS issues and clear guidelines to orient all stakeholders within the Sector in the content and process of mainstreaming.
- 4) The Sector should harmonize relevant and interrelated policies such as the national gender policy and HIV/AIDS workplace policies. Acts such as customary Land Law and Wills and Inheritance and International and regional instruments and acts such as human rights from CEDAW, Beijing Platform of Action, the ILO/SADCC code of conduct and practice.

4.1.2 STRATEGIES

- Develop guidelines for mainstreaming HIV/AIDS prevention, care, support and treatment to reduce the effects of service disparities.
- PLWAs should participate in breaking the culture of silence, stigma and discrimination.
- Solicit expert support in mainstreaming HIV/AIDS in agricultural programmes, projects and institutions.

- Strengthen the Gender and AIDS Desk officer's competencies for continued networking and capacity development.
- Institute Action research in order to inform the HIV/AIDS mainstreaming activities, policy modifications, technology, and programme development with emphasis on innovative behaviour change strategies.
- **Strengthen policy makers and analysts to apply gender analytical tools in harmonising policies.**

4.1.3 MAJOR ACTIONS

- Sensitise the community on HIV/AIDS gender related issues.
- Advocate for mainstreaming Gender and HIV/AIDS for both communities and workplace
- Train the community, including women, men and community leaders in the role and status of women in the society
- Undertake diagnostic surveys to bring out deeper understanding of needs, issues and links of HIV/AIDS, Gender and Agricultural Development.
- Develop a gender Disaggregated data bank for programming and monitoring and evaluation.
- Design and provide technical backstopping to Agricultural training institutions, communities and workplace on Gender and HIV/AIDS interventions.
- Re-orient programmes and projects towards mainstream HIV/AIDS and gender issues **to cover upcoming and on going programmes and projects.**
- Advocate for strengthened linkages for co-ordinated services, financial and technical support within and outside the Agriculture sector.
- Institute participatory monitoring and evaluation

4.2 ECONOMIC EMPOWERMENT

The HIV/AIDS epidemic has had a negative economic impact on the country. This has resulted in reduction in the size and experience of the labour force , increased health care expenditure, increased costs of labour and reduced savings and investment. Most households of the infected have resolved to sell assets. Access to appropriate micro finance opportunities will therefore protect those affected and infected from dire poverty.

4.2.1 Policy recommendations.

1. Micro-finance institutions should make special provision of soft loan packages to AIDS affected families especially widows, widowers, orphans, elderly people, and people with disabilities.
2. Find appropriate time and labour **saving** technologies for the vulnerable groups. Farmers should be encouraged and assisted to diversify into agro-based income generating activities.
3. The Agricultural /Extension Service should also promote diversification into high value crops such as spices, herbs, mushrooms and ornamentals.

4.2.2 STRATEGIES

- Initiate diversified agribusiness and non-agro based small-scale enterprises;
- Improve **women's** economic status **of disadvantaged groups especially women** through enhanced access to credit, skills training, and employment;

- Strengthen existing community-based women’s organizations in the sector to improve and expand the provision of services;
- Develop integrated HIV/AIDS community programmes for income generation and poverty eradication;
- Integrate HIV/AIDS into functional literacy, reproductive health, and family planning programmes in communities.

4.2.3 MAJOR ACTIONS

- Develop projects that promote viable agro-based small-scale industries;
- Initiate programmes that will uplift the economic status of vulnerable groups;
- Establish a revolving fund for women PLWHAs and their families.
- Initiate integrated HIV/AIDS community programmes for income generation.
- Set up saving schemes through cooperate banks such as rural agriculture community based banks/cooperatives.
- **Training the disadvantaged groups especially women in business skills.**
- **There is need for the start up funds for revolving within the village.**

4.3 HUMAN RESOURCE PROTECTION AND MANAGEMENT

HIV/AIDS results in increased morbidity and mortality, which have a direct impact on human resource capacity and retention. The attention caused by AIDS leads to organizational loss of labour and capacity; In order to minimise this loss, the organization needs to design and implement preventive programmes, provide care, treatment and support services to the infected and affected employees. There is also need to establish succession planning and institute capacity building programmes for continued efficiency and productivity and the immediate filling of vacancies

4.3.1 POLICY RECOMMENDATIONS

Retirement including:

- Retirement on health grounds for **HIV/AIDS infected persons** should be granted **with full benefits in accordance with the existing labour laws and should not discriminate against the aforesaid persons.**
- **Retirement may be initiated either by the sick person or the employer.**
- **Government should advise employees to prepare for retirement. This should be an on going process for everybody in the workplace, so that it won’t be discriminatory against HIV/AIDS infected persons**
- Management should advise its employees to prepare themselves for retirement;
- Management should institute multi-skilling

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

Training

HIV testing should not be a requirement **of for** recruitment of trainees. However, VCT should be promoted and encouraged at all levels.

Sick Leave

People who are on sick leave should be treated in accordance with labour laws without discriminating against such persons. The private sector that is profit oriented should come up with ways of assisting those on sick leave.

Welfare Officers

There is need to create welfare focal points with officers to provide support to **all** sick employees.

Medical Support

Government should subsidize the cost of medical cost for people who declare their HIV status including ARVs. Government should provide medical care including the provision of ARVs for the people who declare their HIV status.

Budgeting

The agriculture sector including the Ministry of Agriculture and Irrigation should have a **trained** Budget lines for HIV and AIDS Activities

PLWA Position

Efforts should be made to have permanent position for PLWA within the agriculture sector to provide support.

There should also be vacancy analysis for successive planning, which would result in; intensified and expanded training at all levels.

Awareness

Management should increase awareness about HIV/AIDS for both 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 in their curriculum

Discrimination

Management should ensure that People are not discriminated against based on real or perceived HIV/AIDS status.

4.3.2 STRATEGIES

- Design and Implement HIV/AIDS workplace programmes;
- Promote linkages with HIV/AIDS service providers;
- **Mobilise funds for workplace activities and community.**
- Promote HIV/AIDS behaviour change initiatives;
- Promote Information, Education and Communication activities at workplace.
- Ensure engagement of PLWAs in all aspects of the workplace;
- Expand VCT Services through mobile VCT Centres;
- Establish a database for attrition rates at workplace.
- Institute capacity building programme in the agriculture sector for the purpose of immediate filling of vacancies.

4.3.3 MAJOR ACTIONS

- Provide free VCTs and ARVs at workplace organizations and institutions;
- Provide male and female condoms;
- Train staff in human resource monitoring and analysis;
- Identify individuals to understudy critical positions within the sector;
- Identify critical areas for training;
- Provide on-going orientation on HIV/AIDS updates.
- On going orientation (IEC) on HIV/AIDS up dates at the workplace and community.

4.4 COMMUNITY BASED SUPPORT

Malawi is basically a pluralistic society where its members pool their labour, food and other resources. On the other hand, the very same social support systems are dwindling thereby making communities susceptible to HIV and vulnerable to the impact of AIDS.

Extension services in collaboration with faith communities and other CBOs should therefore provide support to vulnerable groups such as widows, orphans, PLWAs and the disabled. However, these faith institutions lack capacity to undertake new challenges presented by HIV/AIDS epidemic.

4.4.1 POLICY RECOMMENDATIONS

- Research and extension service should carry out action research that would develop and introduce more labour-saving technologies.
- The agricultural extension service should re-orient its approaches in order to deliberately target and include the vulnerable groups.
- The extension workers should encourage communities to establish community-based labour 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 such as youth groups, schools, and faith-based groups in the HIV/AIDS prevention, care, and support, the faith based groups should be provided with capacity to meet the arising challenges in communities;
- The Agriculture Sector should train extension workers and farmers in HIV/AIDS and also support them by providing regular services such as: condoms, counselling and **testing services Voluntary Counselling and Testing (VCT)**, and treatment of sexually transmitted infections;
- Extension workers and farmers to be oriented on Inheritance Act and Rights Laws.

4.4.2 STRATEGIES

- Empower the vulnerable groups by linking them to lending institutions;
- Mobilize communities in HIV/AIDS prevention and mitigation;
- Develop a community based revolving fund;
- Support of community based organizations including HIV/AIDS support groups;
- Make available time and labour saving technologies;
- Research into labour serving technologies;

- Establish community-based care groups.
- **Enlist the help of legal experts or NGOs to orient Extension Workers and farmers on inheritance act and laws.**

4.4.3 MAJOR ACTIONS

- Identify and implement income-generating activities targeting the vulnerable groups;
- Create and maintain community food banks, and transport support.
- Develop and support revolving fund activities for women LWHAs and their families including women in extended families;
- Agriculture Sector should train local leaders to mobilise communities in HIV/AIDS prevention and mitigation.
- **Source help of legal experts or NGOs to civic educate Extension Workers and farmers on inheritance act and laws.**

4.5 FOOD AND NUTRITION SECURITY

HIV/AIDS impacts negatively on both food production and consumption. This leads to malnutrition and speeds up the progression of HIV infection to AIDS. There is a vicious cycle between malnutrition and HIV/AIDS whereby under nutrition increases susceptibility of an individual to opportunistic infections due to low immunity. The opportunistic infections lead to low dietary and nutrient absorption thereby causing severe malnutrition.

There is general lack of knowledge on the actual impact of the HIV/AIDS on nutrition and food security. Notably, the relationship between HIV/AIDS and various dimensions of food security including availability, stability, access and consumption is not understood.

4.5.1 POLICY RECOMMENDATIONS

- Agriculture sector should promote **processing, utilisation** and production of high nutritive value crops such as quality protein maize, Soya beans, dark green vegetables and fruits; and livestock such as rabbits, poultry and goats;
- Agriculture sector should promote food banks in order to ensure food security.
- Extension services in collaboration with development agencies should encourage the establishment of community feeding programmes for the most vulnerable groups;
- Extension services should promote dietary diversification and its acceptability by the communities;
- **Extension services should bring awareness on the actual impact of HIV/AIDS on nutrition and food security.**
- Agriculture sector should conduct research in high nutritive value crops and livestock.

4.5.2 STRATEGIES

- Build community based capacity in food processing and nutrition education
- Empower communities through diversified income generating activities
- Mobilize communities to diverse food production and food banks
- Support water harvesting technologies to increase off-season crop production
- Develop food-processing technologies to expand on agro-based industry and household food availability.
- **Develop an effective farmer/extension/research linkage.**

4.5.3 MAJOR ACTIONS

- Advocate for the consumption of high nutritive value food;
- Develop backyard gardens;
- Train extension workers and staff in income-generating activities
- Establish income-generating activities to enable households and communities get money for buying enough food
- Establish community food banks
- Conduct research into local dietary recipes.

4.6 EXPANDED HIV/AIDS COMMUNICATION

There is very high awareness of HIV/AIDS among people of sexually active age in Malawi. Almost everybody is aware of HIV/AIDS and have fair knowledge about HIV/Virus, how it is spread and prevented.

It is also clear that despite fairly high levels of awareness, very little has changed in terms of the spread of HIV/AIDS and people's behaviour especially of men towards women.

Most of the information that has reached people through print and electronic media has not been interactive with the target audience or social groups. Communities do not debate issues openly about HIV/AIDS and sex. Therefore, the agriculture sector policies are intended to empower Malawians to make informed choices towards change of high-risk behaviour

The expanded communications will exploit the "two way" approaches to promote interaction and dialogue when disseminating HIV/AIDS information and education programmes. Advocacy and social mobilization will be intensified beyond printed information to influence individuals' sexual behaviour at all levels in society.

4.6.1 POLICY RECOMMENDATIONS

- The public sector in agriculture should encourage open debate on issues related to HIV/AIDS through multi-media and other outreach programmes targeting change in behaviour of employees, families and communities,
- Agricultural institutions should develop behaviour change communications in service programmes, seminars in collaboration with health institutions on HIV/AIDS/Sexual Reproductive Health behaviour change;
- MOAI should mobilize resources and initiate information and education centres for **BCC BCI** activities, which are agriculture specific.
- Institutions within the agriculture sector should work collaboratively with the National AIDS Commission and other partners to assist in training staff on HIV/AIDS issues using participatory methodologies;
- Institutions within the agriculture sector should establish mainstreaming mechanisms to appraise the implementation of gender issues of HIV/AIDS prevention and mitigation programmes.

4.6.2 STRATEGIES

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

4.6.3 MAJOR ACTIONS

- Break the “conspiracy of silence” on HIV/AIDS at all levels and in whatever form it exists, through mass information dissemination and broader networking to prevent further spread of HIV infection;
- Introduce BCI programme to facilitate a two-way AIDS information sharing and education activities;
- Identify and establish team(s) to develop strategic BCI/IEC messages for each target group through multi-media channels.

4.7 WORKPLACE HIV/AIDS

Keeping employees healthy and on the job is essential for the well being of both employers and employees **at all levels**. HIV infected persons may have 5 or more years of asymptomatic productive life. For some employees, the workplace could be a source of basic facts of HIV/AIDS. Unfortunately, not all workplaces provide information or programmes about the HIV/AIDS epidemic, although the majority of workers spend more time at workplace.

There is a direct link between the risks to HIV infection of workers who leave for extended period of field duty and their spouses who remain behind. Little information on HIV/AIDS at workplaces **is available** and this may lead to an environment shrouded in fear, lack of understanding and unwarranted discrimination.

4.7.1 POLICY RECOMMENDATIONS

- The employers should provide employees and their families with sufficient updated information and other preventive health measures.
- The medical staff and **volunteers** in the agriculture sector should be trained in counselling, setting up of VCT and appropriate ARVs prescription procedures;
- The medical staff of the private sector should be involved in the establishment of the HIV/AIDS education programmes;
- The Agriculture Sector should work with AIDS Specialist Organizations, Stakeholders and other sectors to establish intervention programmes at the workplace;
- Employers in the Agriculture Sector should ensure that systems that will protect the plight of HIV/AIDS infected persons are incorporated in the conditions of service. Employers should devise a medical scheme that offers health education in SRH, STI and BCI as part of the fight against AIDS.

4.7.2 STRATEGIES

- Institute worker’s committees to champion workplace HIV/AIDS activities
- Create times for open fora to discuss all related HIV/AIDS impact on people
- Design relevant workplace conditions that guide events and eventualities
- **Increase access to relevant information to match with the pace of HIV/AIDS epidemic.**

4.7.3 MAJOR ACTIONS

- Carry out needs assessment on HIV/AIDS at the workplace;
- Adapt appropriate guidelines for HIV/AIDS prevention and care in workplace;
- Develop IEC/BCI material for HIV/AIDS in workplace;
- Disseminate HIV/AIDS guidelines and policies to partners in the sector;
- Train other staff as multi-disciplinary models to sustain the core business in the sector.
- **Put in place a monitoring and evaluation mechanism.**

4.8 HIV/AIDS ACTION RESEARCH DEVELOPMENT

Agriculture sector has the greatest potential to contribute immensely, through research to the interventions aimed at the reduction of HIV infection and impact of AIDS. Farming technologies that were developed for a healthy, average, male farmer may no longer be valid in HIV/AIDS-imposed situations characterized by weak persons, the elderly, and juvenile farmers. Response to the needs of those that are HIV/AIDS infected and affected has not been sufficient. HIV/AIDS has also posed new problems of food security at national level and rural livelihoods. Recommendations on immunity boosting supplements, nutritious crop varieties or nutrition-related options remain haphazard. This challenge therefore, requires focused research that is responsive to the changing needs of the clientele.

4.8.1 POLICY RECOMMENDATIONS

- The Department of Agricultural Research and Technical Services in the MOAI **with other stakeholders** should form national, regional and international networks of agricultural research;
- Agriculture Extension Service providers should ensure that research findings on HIV/AIDS and Agriculture are disseminated to the right target groups in a user-friendly, non-stigmatising manner;
- Agriculture Extension and Research Institutions should research into and promote production and consumption of high nutritional value crops such as Soya beans, spices and herbs;
- Agriculture Research and Extension **and other research institutions and community** should conduct investigations and introduce more labour-saving technologies to take into account the HIV/AIDS infected and the affected.
- Conduct HIV/AIDS and Agriculture related - research to reduce susceptibility and vulnerability to HIV and AIDS and enhance resilience.

4.8.2 STRATEGIES

- Institute a variety of Agriculture based **HIV/AIDS** research at community level and work place in all Agriculture Programs.
- Establish research networks that will conduct operational research that is meant to improve the livelihood of the HIV/AIDS infected and the affected households.
- Compile appropriate data on crop diversification, food processing and labour saving technologies **relating to HIV/AIDS and agriculture.**
- Identify researchable areas and prioritise within the current means and resources.
- Collaborate with government, Quasi-government, NGO, and private national, regional, or overseas institutions **on HIV/AIDS and agriculture.**

4.8.3 MAJOR ACTIONS

- Fill critical gaps in understanding of the links, in both directions between HIV/AIDS on one hand, and agricultural systems, food security and rural livelihoods on the other;
- Fill critical gaps in understanding of how agricultural policies and programmes can contribute to prevention and/or mitigation of AIDS impact and how this knowledge can be used to support local responses;
- Assess existing policies and programmes and test modified versions **in relation to HIV/AIDS response**;
- Identifying new options for and with HIV/AIDS affected communities;
- Assessing the contribution of enhanced livelihood and food security for HIV prevention and/or mitigation of AIDS impacts;
- Explore new forms of farming systems, coping/innovative approaches including cooperative arrangements **that may benefit both the affected and the infected**;
- Target actions at agricultural systems that make people Particularly vulnerable/susceptible or resilient to HIV/AIDS.
- Clarify the effects of AIDS on labour availability and capital accumulation;
- Clarifying the effects of AIDS on off-farm economic activities and vice versa;
- HIV/AIDS and access to and management of resources;
- Address long term and aggregate effects of AIDS on rural society and the agricultural economy;
- Promote AIDS and agricultural knowledge among the young and vulnerable groups.

SECTION III: AGRICULTURE SECTOR STRATEGIC FRAMEWORK

5.0 THE SECTOR STRATEGIC FRAMEWORK

The Strategic Framework is designed to galvanize a multi-sectoral approach to HIV/AIDS control, impact mitigation and sector policy formulation. Among other areas, this Strategic Plan focuses on issues of simultaneous HIV/AIDS and Gender mainstreaming in the Agriculture Sector. Other areas of focus of the Agriculture Sector Strategic Plan include the other seven-priority policy areas identified by the sector, namely: Economic empowerment, Human resource protection and management, Community based support, Expanded HIV/AIDS communication, HIV/AIDS at the workplace and HIV/AIDS research development.

The Ministry of Agriculture and irrigation has played a significant role to prevent and mitigate the impact of HIV/AIDS. The Ministry of Agriculture has vigorously spear-headed HIV/AIDS and gender mainstreaming and other behaviour change interventions in the agriculture sector.

Efforts are being made to develop an essential package of care for people living with HIV/AIDS that will include VCT, early diagnosis and treatment of opportunistic infections, psychosocial care, as well as access to ARV drugs.

5.1 PURPOSE OF STRATEGIC PLAN

The development and formulation of agriculture sector policy on HIV/AIDS provides the beginning of a stronger co-ordination 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 Agriculture sector has developed policy and strategic plan that seek to:

- Guide the sector implement activities at all levels;
- Provide a framework that will be used for co-ordination and resource mobilization, and accountability for the prevention of HIV transmission;
- Guide care and support to the infected and affected people in the agriculture sector in Malawi;
- In line with broader GOM policies, the Strategic Plan aims to facilitate the realization of the principle objective of arresting the epidemic and reducing its impact on the society and the economy. The targets are:
- Strengthened capacity and co-ordination to respond to HIV/AIDS epidemic at all levels in the sector;
- Increased access to care and support to people infected and affected by HIV/AIDS in Malawi.

5.2 OPERATIONAL GUIDING PRINCIPLES

5.2.1 At design phase: Participatory Planning- institutions should:

- Recognize human rights, gender roles and relations (triple Rs.) that are vital as prerequisites for organizing the workplace and rest of agricultural communities for more responsibilities, ownership, equity and efficient mobilization of human, material and other resources to realize full benefits from the Agricultural production in relation to HIV/AIDS prevention, care, support/treatment and mitigation interventions.
- Conduct a bi-directional impact analysis of the HIV/AIDS Epidemic, that is, (a) the impact of HIV/AIDS on the Sector's Core Business and the (b) Sector's Organizational and operational impact on the spread of HIV/AIDS for giving a more holistic baseline for interventions.
- Undertake Strengths, Weakness, Needs Priority Opportunity and Threat (SWNPOT) analysis using more from participatory extension methods, stepping stones and story codes for generating deeper issues HIV/AIDS and Gender issues and streamline line them with the Sector's core business.

5.2.2 Implementation phase institutions should to recognize and institutionalise what is coined under the acronym PROCSE as:

- **Participation** with quality inclusion of all relevant gender categories and service delivery partners at all phases of the *intervention modular cycle* that involves Participatory Appraisal, Planning, Implementation, Monitoring and Evaluation and Impact Assessment inclusive.
- **Responsibilities** to be shared by all gender categories to fulfil the roles under the prevention, care, treatment/ support and mitigation for Agricultural development activities.
- **Opportunities** identified and linked to various gender categories as catalytic efforts to the interventions focusing at closing the gap between knowledge based interventions and the Behaviour Change Communication and Interventions.
- **Commitment** for accountability and ownership of activities and related resources at all levels particularly the beneficiary (farmer and field staff) level.
- **Security** to ensure human rights, dignity and worthiness of life and enjoying full benefits of Agricultural and health interventions without discrimination, exclusion and the stigma associated with HIV/AIDS and gender relations.
- **Empowerment** of all gender categories by sex, age, class, religion and ethnicity, culminating to communities, to access and be in control of required resources such as information, diversified income streams and food, land, farm inputs and realized benefits from the interventions with equity and efficiency and equality outcomes.

5.2.3 Gender and HIV/AIDS mainstreaming should be used in a simultaneous strategic process in response to the reduction of agriculture production from poor participation due to increased morbidity, mortality rates from HIV/AIDS and resultant disparities in gender roles, responsibilities, rights, relations and benefits.

5.2.4 Transformative outcomes should be targeted through innovative packaging of technologies accompanied with appropriate information education and communication (ITIEC) with emphasis on Behavior Change Interventions (BCI)

5.3. Roles And Responsibilities

The following is an outline of the roles of key stakeholders in the fight against HIV/AIDS:

- *The Public Sector*

The Office of the President and Cabinet (OPC) will lead in policy direction, institutional development, resource mobilization and advocacy. To achieve this objective, all key sub sectors in the agriculture sector must be involved in steering the strategy to successful implementation.

The process of mainstreaming HIV/AIDS initiatives into the core functions of the sector will need the support of all cooperating partners. HIV/AIDS will be infused into the training and induction programmes of all employees.

The institutions that will be central to the implementation of HIV/AIDS activities are the National AIDS Commission, Management Secretariat in the Agriculture Sector and Ministry of Health and Population. Their specific roles and responsibilities are as follows:

- ***National AIDS Commission***

The National AIDS Commission is the umbrella co-ordinating body responsible for development and dissemination of broad HIV/AIDS policies and guidelines for prevention and care activities, and resource mobilization.

- i. NAC will facilitate the adoption and effective implementation of the national BCI strategy nation wide in collaboration with reproductive Health Unit in the Ministry of Health and Population.
- ii. Facilitate HIV/AIDS Technical Programmes and capacity building for the sector
- iii. Provide financial and material support to the sector especially those that are addressing the issues of HIV/AIDS.

- ***Malawi Agriculture Sector on HIV/AIDS (MASHA)***

The Agricultural Sector will establish its own Co-ordinating Secretariat to manage sector specific programmes. This will be called Agriculture Sector for HIV/aids (MASHA).

The Secretariat therefore will endeavour to:

- (i) Strengthen the networking of the focal points that will be co-ordinating the implementation of Agriculture Sector HIV/AIDS Policy
- (ii) Develop and maintain an inventory of organisations BCI materials on HIV/AIDS within the sector
- (iii) Facilitate and support BCI materials production process with other partners
Establish guidelines to monitor the quality of interventions
- (iv) Facilitate and support research on HIV/AIDS within the sector
- (v) Mobilize financial and material resources for implementation

- ***Ministry of Health and Population and other Health Providers will be linked for:***

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

- ***District, Community and Village AIDS Committees.***

These are already established under NAC and will be responsible for:

- (i) Co-ordinating the implementation of HIV/AIDS activities in their area 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 to partners regarding implementation of BCI strategy.
- (v) Management of financial and material resources allocated to BCI at their level.
- (vi) Integrate BCI activities in the district plans.

○ ***The Private Sector***

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

- (i) Design of work place programme for prevention of HIV/AIDS
- (ii) Finance interventions for provision of care, support and treatment
- (iii) Improvement of medical and retirement benefits
- (iv) Assist other institutions to develop HIV/AIDS workplace policies and guidelines
- (v) Support HIV/AIDS research initiatives

The private sector allied to the agriculture sector is also expected to co-ordinate its HIV/AIDS activities through the Malawi Agriculture Sector HIV/AIDS Management Secretariat (MASHA).

○ ***The Non Governmental organizations***

Non-governmental organizations (NGO) in Malawi have been actively involved in the fight against HIV/AIDS. They are an important force for social-economic development. However, local NGOs are few in number.

The strengths of NGOs are considerable and compliment government agencies in its outreach programmes. They have close links with rural communities and have requisite skills to ensure wide participation.

The role of NGOs shall include:

- (i) The Implementation of programmes through information sharing, advocacy and social mobilization of particular social group
- (ii) Support the capacity development for field level partners to interpret and implement the BCI strategy
- (iii) Advocate for increased resources and institutions to take part in the implementation of BCI strategy at field level
- (iv) Mobilize agencies and communities to support HIV/AIDS Interventions Programmes.

• ***People living with HIV/AIDS (PLWHA)***

The organization of PLWHAs and their partners could play an important role in the response to the epidemic. The number of PLWHAs who have disclosed their HIV status in Malawi is growing. Majority of those who know their status prefer to keep their HIV status private for fear of stigma and discrimination. However, most people with HIV do not know their HIV status private stigma and discrimination.

However, support groups play an important roles such as

- (i) Awareness campaign
- (ii) Provision of services to other PLWHAs
- (iii) Provision of Home Based Care

- (iv) HIV prevention and mobilization
- (v) Lobbying and advocacy (interaction with local authorities, international organisations and donors)
- (vi) Essential HIV/AIDS counselling to newly infected people
- (vii) Information on nutritional and for PLWHAs and their families

- ***Peer Educators, Councillors and other Support Groups***

MASHA will support the formation of such groups and build capacity of their networks in order to enable them perform their role in mitigating the impact of the epidemic. The following are some of the strategies to be used by PLWHAs:

- (i) Encourage involvement and visibility of people living with HIV/AIDS;
- (ii) Establish a more enabling and supportive environment for PLWHAs to respond to HIV/AIDS adequately;
- (iii) Promote the training of groups and individuals PLWHAs in counselling;
- (iv) Strengthen services of PLWHAs in the districts under the guidance of DACs and CACs
- (v) Advocate for reduction of stigma and discrimination through education and information.

- ***Civil Societies***

Civil Societies and other institutions are an essential element of a successful intervention program against HIV/AIDS.

The civil societies basic role generally requires responses of love and compassion integrity and humility suffering. In pursuit of these values the civil societies have roles to provide services to the HIV/AIDS infected and affected. The roles include:

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

Of the civil societies, religious institutions also have a significant influence as educators. They are: channels to inform and educate masses of people in churches, mosques and other religious sites; they have access to all age groups and hence will be placed to tackle behaviour formation and inculcate desired moral values conducive to battle against HIV/AIDS. Their official religious statements have credibility and are readily followed by their congregations.

- **The role of Multi-lateral and bi-lateral development partners**

The objective of the international assistance and co-operation in against HIV/AIDS is:

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

5. 4 COORDINATION AND MANAGEMENT

Proper Co-ordination and Management of project activities is essential if the project is to yield the intended results. The roles and functions of various players in the implementation of Agriculture Sector HIV/AIDS Strategic Plan will have to be defined properly so that the strategic plan is successfully implemented.

5.4.1 LEADERSHIP AND THE 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 sectoral Strategic Plan requires comprehensive and effective management and co-ordination arrangements to address a number of complex issues, such as:

- HIV/AIDS as a multi[-sectoral issue and requires effective coordination
- Implementation of the Sectoral Strategic Plan at all levels;
- Substantial funding;
- Adequate capacity in terms of staff to implement sector strategic plan.

At national level, NAC coordinates intersectoral HIV/AIDS activities to which the agriculture sector is a member. To this effect, the Malawi Agriculture Sector of HIV/AIDS (MASHA) will be established to provide leadership at sectoral level. The membership of MASHA will be drawn from all its sub-sectors to ensure equal representation. The executive committee will be set up to give guidance and oversee the Sector. This committee will work hand in hand with NAC, OPC and Ministry of Gender and Community Services to ensure appropriate implementation of policies.

5.5 MONITORING AND EVALUATION

Monitoring and Evaluation is a management tool that each manager should be acquainted with. Monitoring of activities help the manager make appropriate decisions when things go wrong. With a well-formulated M & E system, resources may be used effectively. In view of this, it is imperative that a systematic database be established at:

1. Ministry level
2. Community and projects level
3. NGO/CBOs,
4. Private sector level.

5.5.1 Monitoring Tools

There are various monitoring and evaluation tools that the programme can use. Some of the tools include:

- **Field Visits**

The Sector Management and Coordination team need to carry out regular field visits to all levels of operation. The visit will also motivate field supervisors and other operatives as well as guide them on any missing links and weaknesses in the systems.

- **Progress Reporting**

- The Secretariat to be constituted will: (i) collect quarterly data on specific targets and indicators; (ii) source from the Ministry of Health HIV/AIDS prevalence data; and (iii) compile and analyse data to assess trends in HIV/AIDS infection and impact and implications for the sector.
- Ministry of Health and Population will collect HIV/AIDS surveillance data.
- The management will consolidate all quarterly, semi and annual reports. .
- Participatory reviews will be held annually to assess the progress reports to all partners and stakeholders for appraisals and the way forward.

- **Questionnaire**

Data could also be collected for analysis-using questionnaires, which could be, send to the implementers to respond to. This tool could provide quantitative analysis and not only qualitative.

- **Regular management meetings**

Management should ensure that management meetings are held on a regular basis with all implementers on the ground. These meetings could produce positive solutions to any problems affecting implementation of activities without much delay.

- **Monitoring indicators**

It is difficulty for policy and interventions to respond to HIV/AIDS if the epidemic is not monitored effectively. Therefore, a system that is relatively simple but able to track the changing HIV/AIDS trends with accuracy and reliability to guide timely actions is important. The capacity to manage such system will need to be developed and strengthened. Also, a number of generic indicators for monitoring of programmes will be to be developed once specific interventions are funded for implementation.

These indicators will have to be context specific and the process of deciding on the indicators and data collection will have to involve target communities. The communities knowledge will be invaluable not only in identifying indicators, but also in clarifying their use and delineating what is feasible in terms of who will collect relevant data.

- mobilize resources and install an appropriate management structure to coordinate the implementation and monitoring of programme activities at all levels of the sector;
- enhance and scale up current small clusters of programmatic activities. In the first year of this plan, emphasis should be placed on expanding these activities in all sections of the sector:
- conduct advocacy and social mobilization activities at all levels and increase openness about HIV/AIDS among people in the sector.

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