

**HIV/AIDS AND ATTRITION:**

**ASSESSING THE IMPACT ON THE  
SAFETY, SECURITY & ACCESS TO  
JUSTICE SECTOR IN MALAWI AND  
DEVELOPING APPROPRIATE  
MITIGATION STRATEGIES**

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## GLOSSARY OF TERMS USED

Attrition	Refers to loss of employees in an organisation through resignation, retirement, death, morbidity (ill health) and absenteeism for reasons other than annual leave. HIV/AIDS related attrition is mainly evident through increased ill health, absenteeism due to funeral attendance and death.
Care and support	Care refers to facilitating access to testing and counseling, as well medical and nutritional treatment and guidance. Support refers both to the creation of a supportive environment in which people living with HIV/AIDS are able to operate without facing stigma and discrimination and referral to support mechanisms such as support groups.
Death rate	Death rate refers to the number of deaths as percentage of the population total. In Malawi, the expected death rate for the population as a whole has been calculated to be approximately 11.1 deaths per 1,000 people or 1.1%.
HIV/AIDS mainstreaming	Refers to a process of making HIV/AIDS issues part and parcel of the way an institution organises itself, treats its staff and delivers its services.
HIV/AIDS workplace programme	Refers to the programme of action put in place by an organisation to mainstream its HIV/AIDS activities. A workplace programme typically includes activities relating to HIV/AIDS education, care and support, and impact mitigation.
Impact mitigation	Refers to the steps taken by an organisation to minimise the impact of HIV/AIDS on its ability to deliver its services.
Institutional audit	A management tool used to assist organisations to assess their strengths and weaknesses. An Institutional HIV/AIDS Audit enables organisations to assess their susceptibility and vulnerability to the impacts of HIV/AIDS.
Management information system (MIS)	Refers to a system, usually computerized, for the collection, processing, analysis and distribution organisational data. It is designed to provide an organisation's management with up-to-date information (such as financial reports, human resource inventories) at any time for use in decision-making.
Susceptibility	Refers to those features of an organisation which make it more or less likely that its workers will contract HIV (Barnett & Whiteside, 2002).
Vulnerability	Refers to those aspects of an organisation that make it more or less likely that unusual levels of illness and/or death will have negative effects on organisational performance (Barnett & Whiteside, 2002).

## EXECUTIVE SUMMARY

### INTRODUCTION

By debilitating and killing large numbers of adults of working age, HIV/AIDS stands to reduce the operational effectiveness of institutions in high prevalence countries. With 15% of Malawian adults between the age of 15 and 49 estimated to be infected with the virus, the extent and implications of HIV/AIDS related attrition in the Malawian public service is cause for concern. This is because, should HIV/AIDS related attrition not be recognised and managed, its impact could cripple public sector institutions, including those in the Safety, Security and Access to Justice Sector (SSAJ). In so doing, this could seriously undermine the ability of SSAJ institutions to provide their mandated services to the people of Malawi.

In response to these concerns, the Malawi Safety, Security and Access to Justice Programme (MaSSAJ) commissioned the Institute for Security Studies (ISS) and the Malawi Institute of Management (MIM) to assess the impact of HIV/AIDS attrition on the 14 SSAJ institutions and to develop appropriate mitigation strategies.

### KEY FINDINGS:

Important findings of this study are that, despite denial and a general lack of acknowledgement that HIV/AIDS presents a significant organisational issue:

- **SSAJ personnel are susceptible to HIV/AIDS:** Due to a range of factors, including age, urban residence, postings away from home, relative wealth and status, most SSAJ personnel are at high risk of HIV infection.
- **The SSAJ sector is vulnerable to the impacts of HIV/AIDS related attrition:** As in the Malawian public service more generally, productivity with the SSAJ is low and vacancy rates are already high. Thus, a reliance on technically skilled, and thus hard to replace staff, together with a lack of information sharing, lengthy recruitment processes, and non-adherence to already generous sick leave and retirement policies, make the sector extremely vulnerable to the impacts of HIV/AIDS related attrition. This is likely to be compounded by a weak human resource monitoring and planning systems.
- **A large number of people are likely to be dying each year of AIDS related diseases:** Although a lack of prevalence testing within the institutions making up the SSAJ made it impossible to accurately estimate prevalence, death rates within all but two of the institutions were higher than expected for the population as a whole. Given that roughly one in six Malawians of working age are thought to be HIV+, and that the epidemic in Malawi has reached a level of maturity at which large numbers of people can be expected to start dying, it is

likely that a large proportion of these deaths are a result of HIV/AIDS.

- **Such deaths, and related absenteeism, are impacting on the operational effectiveness of the institutions in the SSAJ:** Anecdotal evidence suggests that not only are operational budgets being increasingly diverted away from core business costs to funeral costs, but that attrition is impacting negatively on service provision.
- **Institutions have yet to develop a sustainable response to the HIV/AIDS related attrition:** Where organizations are responding to attrition, such responses focus only on short-term solutions such as recruitment and replacement strategies, flexibility in applying conditions of service (sick leave, compassionate leave, medical retirement and funeral benefits) and ad hoc provision of anti-retroviral (ARV) therapy.

## **RECOMMENDED STRATEGIES**

On the basis of these findings, six strategies for mitigating the impact of HIV/AIDS-related attrition on SSAJ sector institutions were identified and detailed. All can be implemented by organisations in the short to medium term without having to wait for public sector reform initiatives or national HIV/AIDS policy decisions. They involve:

1. Raising awareness of the impact of HIV/AIDS-related attrition on the organization;
2. Conducting institutional audits to assess the impact of HIV/AIDS on organizations;
3. Developing a management information system to enable managers to manage all forms of attrition, including HIV/AIDS-related attrition;
4. Building capacity to manage all forms of attrition including HIV/AIDS-related attrition;
5. Implementing appropriate non-replacement responses, and;
6. Developing comprehensive HIV/AIDS in the workplace programmes.

## 1. BACKGROUND

*“Much of what is outlined as the institutional and governance impact of the HIV/AIDS pandemic describes conditions that already exist in much of sub-Saharan Africa. This wider malaise may obscure the effects of the pandemic, which is an amplifier of existing social, economic and political pathologies. But very soon, the impacts of the pandemic will become so visible that they can no longer be ignored or explained away.”*  
(De Waal. 2003)

Malawi has one of the highest HIV infection rates in the world<sup>1</sup>, with AIDS now a leading cause of death among 15–49 year olds (UNDP, 2002). The HIV/AIDS epidemic in Malawi has reached a stage where increasing numbers of those infected with HIV are becoming ill and dying of AIDS-related illnesses. HIV infections in Malawi may be stabilizing but without affordable and effective treatment, AIDS related illness and death will continue to increase (Barnett & Whiteside, 2002).

High vacancy levels indicate that general levels of attrition are already high in the Malawian public sector, largely due to poor conditions of service, lengthy recruitment processes and a shortage of qualified individuals from which to draw staff (see Table 1 for vacancy rates in SSAJ institutions). HIV/AIDS is likely to exacerbate existing attrition levels. A UNDP study on the impact of HIV/AIDS on human resources in Malawi (2002) found that AIDS-related deaths and other forms of HIV/AIDS-related attrition had contributed significantly to the erosion of human resource capacity in a public sector already experiencing human resource difficulties.

Table 1: Vacancy rates in selected institutions in 2002

<b>Institution</b>	<b>Establishment</b>	<b>In post</b>	<b>Vacancies</b>	<b>Vacancy rates</b>
Immigration Department	397	170	227	57%
Ministry of Justice	436	235	201	46%
Malawi Human Rights Comm	87	48	39	45% *
Anti-Corruption Bureau (ACB)	111	79	32	29% *
Local Government HQ	123	87	36	29%
Law Commission	54	39	15	28%*
Ministry of Gender and Community Services	1315	950	365	28%
Prisons	1126	871	255	23%
Office of the Ombudsman	66	54	12	18%
Ministry of Home Affairs	52	58	9	17% **
Police Service	6132	7316	374	6% ***

\* These vacancies are due to deliberate phasing of recruitment since the organizations are still new.

\*\* The Ministry of Home Affairs and Internal Security has 9 vacancies, and 6 excess bodies in other posts.

\*\*\* The police establishment needs to be revised to reflect current staffing requirements. Currently, the police say they are still under-staffed and have a vacancy rate of 6% in supervisory and management positions of Sergeants up to Deputy Inspector General.

<sup>1</sup> The national estimate for HIV infection in adults aged 15 – 49 is 15% with a big difference between urban and rural areas: it is estimated that HIV infection in urban areas is 25% compared to 13% in rural areas (National AIDS Commission, 2001).

HIV/AIDS increases attrition in the workplace in the following ways:

- Infected staff take (often unofficial) leave because they are sick.
- AIDS-ill staff die or take early retirement.
- Staff, particularly women, take time off or resign in order to care for HIV/AIDS ill relatives.
- Staff take time off to attend funerals of colleagues or relatives who have died of AIDS.

This increased attrition can be expected to impact negatively on the productivity and sustainability of Malawian public sector organisations.

In the short to medium term, expected impacts from HIV/AIDS-related attrition include:

- An inability of government to meet its service delivery targets as there are fewer people to do the same amount of work and the reach and quality of services provided by government declines.
- Replacement of mature, experienced leaders and managers with younger, inexperienced junior staff.
- Declining morale as staff are forced to cope with increasing workloads, see colleagues around them dying or grieve the loss of colleagues or relatives.
- Loss of institutional memory<sup>2</sup>, personal networks and experience.
- Increased spending on funeral costs, death gratuities and recruitment and retraining.

In the long term, as the epidemic matures and people throughout the country sicken and die in increasing numbers, additional impacts can be expected:

- The pool of individuals from which to draw staff, both un-skilled and skilled will shrink, as there are more jobs for fewer eligible people. Thus it becomes increasingly expensive and difficult for the public sector to attract quality people.
- Funeral costs, death gratuities and recruitment and retraining costs are likely to become overwhelming, with operational budgets being consumed by these costs at the expense of other allocations.

Should HIV/AIDS related attrition not be recognised and managed, its impact could cripple public sector institutions, including those in the Safety, Security and Access to Justice Sector (SSAJ). In so doing, this could seriously undermine the ability of SSAJ institutions to provide their mandated services to the people of Malawi.

This potential impact is of great concern to the Malawi Safety, Security and Access to Justice Programme (MaSSAJ).<sup>3</sup> This programme aims to build capacity and strengthen the institutions of the SSAJ and HIV/AIDS

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<sup>2</sup> Institutional memory refers to the knowledge, skills and experience of employees that is not immediately obvious or formally captured and includes networks of personal contacts, history of the organisation and experience gained through doing the work.

<sup>3</sup> MaSSAJ is a 10-year DFID-funded programme launched in 2001. It aims to develop a coherent sector-wide approach to criminal and civil justice issues amongst government and NGO institutions working in the sector.

related attrition has the potential to de-rail and unravel these positive developments.

## 2. PURPOSE OF THE STUDY

In response to concerns outlined above, MaSSAJ commissioned the Institute for Security Studies (ISS) and the Malawi Institute of Management (MIM) to assess the impact of HIV/AIDS attrition on the 14 SSAJ institutions and to develop appropriate mitigation strategies. The study focuses on mitigating the impact of HIV/AIDS-related attrition in SSAJ sector institutions because this is a neglected area in terms of understanding the implications for organisations as well as developing appropriate responses.

The objectives of the study were:

- To provide a descriptive analysis of the impact of HIV/AIDS-related attrition in the SSAJ sector institutions.
- To recommend, based on the descriptive analysis, appropriate mitigation strategies for the SSAJ institutions.
- To provide an integrated set of measurable indicators through which the implementation of each approved mitigation strategy may be monitored.

## 3. APPROACH

The study was undertaken through a series of stakeholder interviews, an analysis of available human resource information and a series of workshops through which input was obtained from stakeholders as to potential mitigation strategies.

***Stakeholder interviews:*** in-depth interviews were conducted with key personnel in the 14 SSAJ sector institutions. Interviews were also conducted with donors, the private sector and the National AIDS Commission. These interviews aimed to obtain information on the extent to which AIDS-attrition was impacting on institutions and their organisational response. A list of organisations at which interviews were conducted is attached as Appendix A.

***Analysis of relevant human resource data:*** SSAJ sector institutions were requested to provide human resource data for the period 1998–2003 on, for example, the actual number of staff by age, gender, qualification and place of deployment; deaths amongst departmental staff by age, grade, qualification and position; extent and causes of absenteeism; and funeral costs.

Most institutions were unable to provide all this information for the period 1998–2002. Information was available for 2002 on organisational establishment, actual number of staff and vacant posts. Some information was available on deaths amongst employees over the past five years. No

information was available on any form of absenteeism. Limited information was available on funeral and other death-related costs.

### **3.1 Limitations of the study**

- Time constraints limited interviews to a few key people in each institution and prevented a detailed, in-depth assessment of the impact on each institution, as was possible with the UNDP study.
- Lack of uniform human resource information covering a five-year period, a lack of data on both HIV prevalence and causes of death in these institutions, and a lack of data on service delivery performance made it difficult to assess the real extent of HIV/AIDS-related attrition and its actual impact on service delivery.
- In the absence of employees coming forward and revealing their status, coupled with the lack of information on cause of death, managers were uncomfortable with attributing illness and deaths to HIV/AIDS. It was therefore difficult to know for certain how many deaths were attributable to HIV/AIDS. In the face of high levels of attrition, it was difficult to isolate HIV/AIDS-related attrition specifically.

However, in spite of these limitations, the findings of the study still provide valuable insight into HIV/AIDS-related attrition trends and the likely impact of HIV/AIDS on the SSAJ sector.

## **4. KEY FINDINGS: THE SUSCEPTIBILITY AND VULNERABILITY OF SSAJ TO HIV/AIDS AND AIDS-RELATED ATTRITION**

This section explores the susceptibility and vulnerability of the SSAJ sector to HIV/AIDS-related attrition.

### **4.1 The susceptibility of the SSAJ sector to HIV/AIDS**

A simple risk assessment based on the age profile of personnel and three additional risk factors indicates that personnel in SSAJ institutions are susceptible to HIV infection.

Analysis of available staff profiles in the SSAJ sector place most personnel squarely in the high-risk category for HIV infection. That is, SSAJ sector institutions, as with most other government institutions, are staffed by:

- Adults aged between 21–49 years which is the most economically and sexually active age group (Table 2).
- Predominantly urban based – the HIV prevalence rate for urban areas is 25%.

Table 2: Age profile of staff in selected SSAJ institutions

<b>Institution</b>	<b>20 – 29</b>	<b>30 – 39</b>	<b>40 – 49</b>	<b>50+</b>	<b>Unknown</b>	<b>Total</b>
Police Service	364	834	408	170	-	1776
Immigration Department	44	51	53	21	-	169
Anti-Corruption Bureau	18	44	12	1	3	78
Home Affairs & Internal Security	7	20	27	7	2	63
Office of Ombudsman	22	16	8	7	1	54
Law Commission	11	21	4	1	1	38
<b>Total</b>	<b>466</b>	<b>986</b>	<b>512</b>	<b>207</b>	<b>7</b>	<b>2178</b>

In addition to the age profile, three factors make personnel in these institutions more susceptible to HIV infection:

- Personnel frequently work away from home. Mobility has been identified as a risk factor for HIV infection, particularly when people must stay away from home overnight or for extended periods, as loneliness, boredom or relative freedom encourage people to engage in often risky sexual activity (Manning, 2002).
- Senior officials enjoy relative prosperity and status in relation to the communities they serve. This has been shown to increase access to sexual partners and consequently, risk of HIV infection (Johnson and Budlender, 2002). In addition, senior officials may use their power within an organisation to obtain sexual favors from more junior members of staff.
- Within the sector, there is a high level of denial of the personal risk of contracting HIV/AIDS. HIV/AIDS is seen as a problem affecting ‘them’ rather than ‘me’ or ‘us’. When people do not think they personally are at risk, they do not find it necessary to do anything to protect themselves from infection.

#### **4.2 Vulnerability of SSAJ institutions to the impact of HIV/AIDS attrition**

The findings indicate that, as with Malawian government institutions generally, the SSAJ sector is characterized by a number of factors that make it particularly vulnerable to the impacts of HIV/AIDS attrition. These include:

- High vacancy levels, due to high turnover of qualified and competent staff who leave for ‘greener pastures’ in the private or NGO sectors, and the cumbersome procedures required to fill vacant posts.
- Low levels of productivity caused by poor conditions of service, low morale, poor performance management, few technical staff and many support staff, inadequate training and inadequate financial resources.
- Reliance on technically skilled professional staff, with a very small pool of people from which to recruit more staff, and few incentives to attract skilled professionals to join the public service.
- Hierarchical structures that prevent sharing of information and team-work.

- Organisations with lenient sick leave and compassionate leave policies which are costly financially and make it difficult to replace staff.
- Lack of human resource record keeping and planning systems which make it difficult to monitor and manage attrition in all its forms.

In addition to these largely structural weaknesses, there was a clear lack of acknowledgement that HIV/AIDS presented a significant problem for organisational capacity, and a lack of support for those who had the disease.

A common response by stakeholders to the issue of HIV/AIDS attrition was denial. Most stakeholders saw HIV/AIDS impacting on 'them' not 'us'. This was indicated in the following responses:

- "It's a problem for the community out there, not employees in the organization.
- It's a problem for support staff not professional staff.
- It's a problem for individuals in the organisation, not the organisation as a whole."

If organisations deny that HIV/AIDS is a problem they are unlikely to take action to proactively plan to mitigate its negative impacts.

Linked to denial was the lack of open discussion in organisations about HIV/AIDS as a workplace issue. Within the institutions, a culture of support for HIV-infected personnel was not evident. Rather, staff tended to gossip about people who were suspected to be HIV-infected or AIDS-ill.

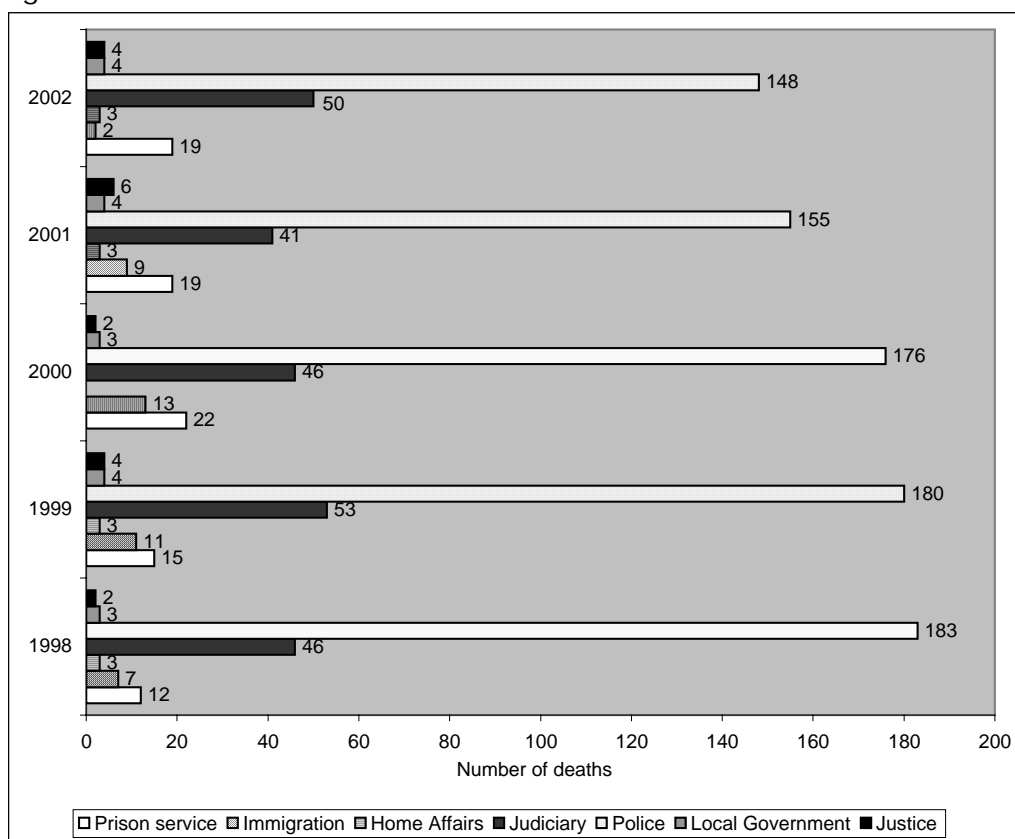
While pre-employment testing was put forward as both a proactive management strategy and a means of screening out infected new recruits, few managers were willing to undergo testing and make their test results known to the organisation.

## **5. KEY FINDINGS: IMPACT OF HIV/AIDS ON THE SSAJ SECTOR**

### **5.1 HIV/AIDS-related mortality**

In the absence of prevalence testing in SSAJ institutions it was impossible to accurately estimate HIV prevalence rates in this sector. Information was however available on the number of employee deaths. The graph below shows that over the last five years institutions within the sector have seen the death of many employees each year, with a total of 1,257 recorded for the sector as a whole over this period.

Figure 1: Number of deaths in selected institutions 1998–2002



Under normal circumstances, a certain number of deaths can be expected in any workplace. In Malawi, the expected death rate for the population as a whole has been calculated to be approximately 11.1 deaths per 1,000 people or 1.1% (Government of Malawi National Statistical Office, 2000). In the case of SSAJ institutions, however, analysis suggests higher than expected rates of death and this provides an indication of how HIV/AIDS may be impacting on the sector.

Death rates were estimated by comparing numbers of deaths in each institution during 2002 with numbers of staff in post in 2002.

As shown in Table 3, death rates in all but two of the SSAJ institutions were higher than expected, with Home Affairs and Internal Security, the Ministry of Local Government and the Human Rights Commission having the highest rates of death. The low death rate for the Immigration Department, however, should be interpreted with caution, as the death rates calculated for 2002 are considerably lower than those of the past four years, which ranged from 6.5% in 1999 to 5% in 2001.<sup>4</sup> While the

<sup>4</sup> The Immigration Department was one of the few institutions able to provide information on both the number of deaths and the number of employees in post for each of the last five years.

numbers of deaths in the smaller institutions were less than larger institutions, their actual death rate is far higher and therefore cause for greater concern.

Table 3: Death rates in institutions in 2002

<b>Institution</b>	<b>In- Post</b>	<b>No. Dead</b>	<b>Rate</b>
Home Affairs	58	3	5.2%
Local Government	87	4	4.6%
Human Rights Commission	48	2	4.2%
The Judiciary	1839*	50	2.7%
Law Commission	37	1	2.7%
National Committee on Community Service	39	1	2.6%
Police Service	7316	148	2.0%
Ombudsman's office	54	1	1.9%
Prisons Department	871	19	1.7%
Ministry of Justice	235	4	1.7%
Anti-Corruption Bureau	79	1	1.3%
Immigration Department	170	2	1.2%

\* From 2002 Estimates Book

Due to the fact that HIV/AIDS frequently goes undiagnosed, and even if it were diagnosed is seldom admitted to or recorded, it is difficult to say with certainty how many of these deaths are attributable to HIV/AIDS. Given that roughly one in six Malawians of working age are thought to be HIV+, and that the epidemic in Malawi has reached a level of maturity at which large numbers of people can be expected to start dying, it is likely that a large proportion of these deaths are a result of HIV/AIDS.

#### **The case for HIV/AIDS as a leading cause of death**

Without an official HIV/AIDS diagnosis it is very difficult to determine whether a death is AIDS-related or not. Certain diseases, however, are often associated with HIV/AIDS, including TB, pneumonia, malaria, meningitis and anemia. Only one SSAJ institution was able to provide information on causes of death. Analysis of this data indicates that over half (53%) of the deaths were from TB, 33% were from malaria, and 13% from "general body pains". While sometimes fatal, diseases such as TB and malaria generally tend not to kill healthy adults of working age, particularly, as in the case of civil servants in the SSAJ, when these individuals live in urban areas with access to medical care. That a large number of people are dying of these diseases suggests the weakening of immune systems associated with HIV/AIDS.

Whether HIV/AIDS-related or not, the age distribution of recorded deaths shows that deaths are concentrated amongst those between the age of 30 and 49, with 82% of all deaths being recorded for this age group (Table 4). Considering that the retirement age in the Malawi Public Service is 55 years, these findings suggest that many productive years stand to be lost through death. They also highlight the potentially damaging impact of deaths on the accumulation of skills, experience and leadership, with the

people in this age range being most likely to have gathered the necessary skills and experience to do their jobs well and to fulfill leadership roles.

Table 4: Age distribution of deaths in selected institutions

Age at death	20 - 29	30 – 39	40 – 49	50+
Judiciary	11	89	96	39
Local Government	-	11	8	2
Home Affairs	0	8	4	1
Office of the Ombudsman	1	3	3	-
Immigration Department	-	20	18	3
Total	12	131	129	45

Table 5 shows that, in absolute terms, the majority of deaths occurred among support staff and junior technical staff. For example in the Judiciary, 85% of deaths occurred among support staff (mostly messengers) while 14% occurred among technical staff, most of whom were lay magistrates. The death of lawyers accounted for less than 1% of all deaths. Because lawyers (or any other skilled staff) are so much harder to replace than support staff, their loss is more devastating for an organisation. However, in the absence of relevant data to calculate death rates by occupational categories, it was difficult to make conclusive statements about which occupational category was most affected.

Table 5: Deaths by occupational category in selected institutions 1998–2002

Institution	Occupational Category				Total
	Management/ Professional	Technical	Support	Not known	
Judiciary	2	34	199	-	235
Prisons	-	60	-	27	87
Immigration	0	37	5	-	42
Local Government	3	1	14	-	18
Ministry of Justice	1	0	17	-	18
Home Affairs	0	0	14	-	14
Office of the Ombudsman	0	1	3	-	4

- Management: Heads of Departments/Ministries of super-scale grades of between P4/S4 and P2/S2.
- Professionals: core cadres with degrees from PO grade to P2 grade.
- Technical staff: core staff with school certificates or diplomas. In the Judiciary, lay magistrates have been placed in this category.
- Support staff: administrative and accounting staff from S5 grade to messengers.

## 5.2 Ill health and absenteeism

This study confirmed the findings of the UNDP study (2002), which found that systems for monitoring and recording any form of sick leave absenteeism (official or unofficial) were lacking in the public service. In the SSAJ institutions, sick leave and compassionate leave policies were implemented inconsistently, if at all.

It was therefore not possible to quantify the extent of absenteeism due to ill health or funeral attendance. Anecdotally, however, all institutions reported regular absence by staff to attend funerals.

### 5.3 Financial impacts

There appears to have been no assessment of the financial cost of attrition by public sector institutions. As with human resource record keeping, records of attrition related expenditure are generally lacking. Information on funeral costs was thus largely unavailable as these costs do not have a separate budget line item and are drawn from other line items such as consumables and transport. In addition, in an attempt to provide financial support, some institutions 'hide' unauthorized funeral expenses as operational expenses.

While individual departments are required to keep records on death gratuity expenditure, they are not responsible for budgeting for this cost as Treasury makes these payments. They therefore do not feel the full impact of deaths on their budgets. Only one institution identified an indirect cost related to the administration of death gratuities. According to this institution, it costs them close to MK114,000 per annum to administer the payment of death gratuities.

Thus, the analysis of costs is limited to a conservative estimate of funeral costs as indicated in the box below:

<b>Funeral costs: an estimate</b>
<p>When an employee dies, most SSAJ institutions provide a similar package of assistance, which includes a coffin, transport and in some instances, food. Actual amounts allocated vary from institution to institution and the following figures provide an average estimate:</p> <p><b>Coffin:</b> between MK5,000 and MK60,000 depending on the status of the deceased.</p> <p><b>Transport:</b> Cars are hired at a cost of about MK25,000 per car depending on the distance; anything from 1–6 cars can be hired depending on the employee's status. Transport is needed to take the coffin, relatives and colleagues to the person's home village. It is rare for people to be buried in town.</p> <p><b>Food:</b> Variable depending on need, employee status and availability of funds.</p> <p><b>Driver allowance:</b> MK1,000+ per driver; depends on how many cars are hired.</p> <p><b>Man-hour costs:</b> Employee's colleagues take time off to travel to and attend the funeral, for between one and three days.</p> <p>Average cost for one employee funeral (lowest estimate): MK50,000</p> <p>When an employee's dependant dies the employer will provide financial assistance for the purchase of a coffin (in most instances this is given as a repayable loan). Transport to take the coffin to the person's home village</p>

is usually provided and re-payment is not expected. Financial assistance to buy food may be provided.

The definition of a 'dependent' is variable, in many institutions it is taken to mean a relative who dies in the employee's home. Anecdotal examples were given of ill relatives being moved to a public servant's home so when they died there the employee could access the funeral benefits on their behalf. It appears that institutions, while aware of this abuse, are not taking any action to prevent it.

Some institutions have Social Welfare Committees, made up of employees that provide mostly emotional and some financial assistance to the relatives of the deceased. Financial assistance is limited to small employee contributions to food for the person while in hospital or the funeral.

Given the limited information, one can only support the assertion made by the UNDP report (2002) and many of the stakeholders interviewed that operational budgets are increasingly being diverted away from core business costs to funeral costs.

#### **5.4 Impact on service delivery**

The lack of information on the extent of HIV/AIDS prevalence and related attrition makes it difficult to assess the impact of HIV/AIDS on the coverage of the service provided by SSAJ institutions. Most institutions, particularly the larger, older ones, acknowledged that deaths, illness and funeral attendance had a negative impact on productivity, although it was again difficult to estimate the extent to which impact was attributable to HIV/AIDS per se.

In terms of coverage, anecdotes suggest:

- ***Interrupted service provision:*** examples were given of border posts and magistrates courts closing due to the absence of key personnel.
- ***Undermining of service improvement initiatives:*** such that by the National Juvenile Justice Forum, which has lost over half of the police and prison officers trained in child justice procedures over the past three years to illness and death.
- ***Overstretching of services:*** the example given being that of the Malawi prison service where the warden to prisoner ratio is 1:15, compared to an ideal ratio of 1:5.

Difficulties were also encountered in quantifying the extent to which HIV/AIDS attrition was impacting on the quality of services. Performance management systems have only recently been introduced in the upper echelons of the Malawian public service and institutions do not have systems to monitor and evaluate their overall service delivery performance.

Anecdotally, people say that the public service is performing at a far lower level than 10 years ago. But it is again impossible to say whether this is

due to HIV/AIDS attrition or the current malaise in the public service, or a combination of both.

## **6. CURRENT SSAJ RESPONSES TO HIV/AIDS-RELATED ATTRITION**

The National HIV/AIDS Strategic Framework (2000–2004) developed by the Government of Malawi in partnership with civil society identified HIV/AIDS mainstreaming as one of the key strategies for addressing and scaling up the national response to the epidemic. With this in mind, the National AIDS Commission (NAC) conducted a study in 2002 to assess the extent to which public sector institutions had mainstreamed HIV/AIDS. According to the NAC study few institutions have HIV/AIDS focal points or HIV/AIDS in the workplace policies, strategies and programmes and none are focusing on impact mitigation. This gap was attributed to limited commitment from senior managers; insufficient budgets for implementation; a lack of clear responsibility for monitoring the impacts of HIV/AIDS; and a lack of focus and consensus on the relative importance of impact mitigation.

The situation identified by NAC was confirmed by the findings of this study, as most SSAJ organisations did not have any form of HIV/AIDS workplace activities. None of them had developed a programmatic response to HIV/AIDS-related attrition.

### **6.1 Existing HIV/AIDS programmes**

As of 2002, Treasury required all public sector institutions to set aside 2% of their budgets for HIV/AIDS mainstreaming activities. It was intended that this budget supplement additional funds raised from the National AIDS Commission. While most institutions have set aside 2% of their budgets, it appears that the funds that are allocated by Treasury are often diverted to other more pressing operational expenses and the flow of these funds from Treasury is erratic. In addition to this, some institutions said they needed guidance from Treasury and/or the Office of the President and Cabinet on how to spend these funds.

Given the above, it is not surprising that only 5 of the 14 SSAJ institutions have established HIV/AIDS workplace programmes. These are:

- Ministry of Home Affairs and Internal Security
- Police
- Prisons
- Immigration Department
- Ministry of Local Government

The Ministry of Justice and the Ministry of Gender and Community Services are in the process of establishing HIV/AIDS workplace programmes. However, there appears to be nothing planned in the independent agencies or in the Judiciary. This is a concern given the high death rates in these institutions.

Of equal concern is that none of the established workplace programmes had been informed by an assessment of the likely impact of HIV/AIDS on, and the specific needs of, the organizations in question. In the absence of this needs analysis, the programmes that exist focus on basic HIV/AIDS education and awareness. Although a detailed analysis of these programmes was not within the scope of this study, discussions suggest that these programmes are relatively limited and superficial, and may not be well suited to the local context.

Care and support programmes are weak. The Police and the Departments of Prisons and Immigration have some home-based care activities, which are run through Welfare Committees that assist employees and their families in the event of illness or death. The Department of District Administration and Local Government offers anti-retrovirals (ARVs) to all its employees, despite the fact that their current budget can only provide ARVs to 10 people a month. Due to the stigma surrounding the disease, no member of staff has to date accessed these ARVs, although two applications have been received.

## **6.2 The sustainability of current responses**

More generally, organisations are responding to this attrition through:

- Recruitment and replacement.
- Flexibility in applying conditions of service (sick leave, compassionate leave, medical retirement and funeral benefits). None of the government departments applied their sick leave and medical retirement provisions as stipulated in their Conditions of Service.<sup>5</sup> Rather, in many institutions there was an unofficial policy of being 'flexible' when applying these provisions so as to provide the employee with the maximum benefits. Many institutions had examples of employees who were on fully paid sick leave for up to three years.
- The provision of anti-retrovirals (ARVs) – currently only provided by the Department of District Administration and Local Government.

As indicated in Table 6 below, the appropriateness and long term sustainability of all these responses is questionable.

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<sup>5</sup> Most SSAJ institutions have similar conditions of service with some variation in the government agencies. Generally, sick leave provisions are 6 months full pay; 6 months half pay, 6 months no pay and then a decision has to be made for a medical retirement. The Malawi Human Rights Committee has by far the most generous sick leave benefits: 12 months full pay, 9 months half pay, 6 months no pay.

Table 6: Existing initiatives and their likely sustainability

Response	
1. Recruitment and replacement	
Rationale	Sustainability?
<ul style="list-style-type: none"> <li>This is the most conventional and easiest human resource response to attrition.</li> </ul>	<p><b>Unsustainable</b> because...</p> <ul style="list-style-type: none"> <li>HIV/AIDS in the general population leads to a shrinking human resource pool.</li> <li>As more people become ill, government spending priorities will increasingly shift to health-care and away from education and training, which is likely to reduce the amount of money available for such functions in the future.</li> <li>With current recruitment processes it can take between 1–3 years to fill a vacant post, during which time the organisation has to continue to provide services with fewer staff in the short to medium term.</li> <li>Newly appointed staff take time to become competent in their positions and require in-service training and staff development. This does not provide a short term solution.</li> </ul>
Response	
2. Provision of ARVs	
Rationale	Sustainability?
<ul style="list-style-type: none"> <li>ARVs have the potential to mitigate the impact of HIV/AIDS on both the employee and the organisation as they can extend the person's productive life.</li> <li>Provision of ARVs is also seen as the morally right thing to do.</li> </ul>	<p><b>Low</b> sustainability at present because...</p> <ul style="list-style-type: none"> <li>It is poorly planned and poorly budgeted for.</li> <li>There is no long term political and financial commitment by the government of Malawi.</li> <li>Organisations are not properly linked with the National AIDS Commission.</li> <li>Adequate and up to date health infrastructure, including VCT facilities, and systems for monitoring are not in place.</li> <li>The risk of creating a gap between those who have access to ARVs and those who don't has not been thoroughly considered.</li> </ul>
Response	
3. Flexibility in applying conditions of service	
Rationale	Sustainability?
<ul style="list-style-type: none"> <li>The culture of Malawian "humaneness"<sup>6</sup>: it was recognised that in the absence of a viable insurance or medical scheme, ill employees were entirely dependent on their salary. To deprive them of their income could possibly hasten their death and people did not want to be held responsible for this.</li> <li>Managers found it very difficult to raise the issue of ill health retirement with sick employees who denied they were ill.</li> </ul>	<p><b>Unsustainable</b> because...</p> <ul style="list-style-type: none"> <li>Financial and human resources are very limited.</li> <li>This response considers the needs of the employee only and gives no consideration to the capacity of the organisation to deliver its public services with depleted financial and human resources.</li> </ul>

<sup>6</sup> Malawian "humanness" was cited as the main reason for leniency in applying conditions of service to employees who are ill. In the absence of state or private sector assistance this caring attitude has provided a much-needed safety net to those who have nothing. There is a tendency, however, to focus solely on the well-being of the employee, with no consideration given to the well-being of the organisation. Public sector institutions need to find a balance between delivering services and caring for incapacitated employees – currently the scales swing heavily in favour of the employee to the detriment of service delivery.

In addition to flexibility in applying sick leave provisions, funeral attendance was largely seen as a non-negotiable part of Malawian culture and restrictions were rarely placed on employees attending funerals. Further, as mentioned previously, few institutions had systems in place to prevent employees abusing their funeral benefits.

## **7. AN APPROPRIATE RESPONSE TO MITIGATING THE IMPACT OF HIV/AIDS ATTRITION FOR SSAJ INSTITUTIONS**

The most appropriate response to mitigating the impact of HIV/AIDS related attrition is one that focuses on:

- Addressing all forms of stigma and discrimination
- Understanding the impact of HIV/AIDS on the organisation
- Preventing new infections
- Helping to maintain the health of those living with HIV/AIDS
- Creating an HIV/AIDS ‘friendly’ environment for those living with HIV/AIDS
- Balancing the needs of the HIV/AIDS employee with the service delivery needs of the organisation
- Implementing non-replacement work-place practices that will enable organisations to continue to function in spite of increasing attrition.

Implemented effectively, a comprehensive HIV/AIDS workplace programme based on these components is likely to have a significant impact on the management of HIV/AIDS related attrition in the workplace (see Appendix B for more information on how these different components can contribute to mitigating the impact of HIV/AIDS-related attrition).

In addition to these components, any response to mitigating the impact of HIV/AIDS-related attrition should be guided by current Malawian government HIV/AIDS policies and strategic frameworks and programmatic initiatives. A brief overview of the existing initiatives on mitigating the impact of HIV/AIDS in the public sector in terms of the policy framework, existing and planned activities of the various public sector institutions, initiatives of Malawi’s development partners and the role of the National AIDS Commission (NAC), is provided below.

### **7.1 Policy framework**

The National HIV/AIDS Strategic Framework (NSF) defines the response to the epidemic in Malawi. Mainstreaming HIV/AIDS is a major approach in achieving and sustaining a multi-sectoral approach to the epidemic. NAC is in the process of finalizing mainstreaming guidelines, which focus on prevention, care, support and impact mitigation. NAC is also in the process of developing a national HIV/AIDS policy to guide the implementation of all HIV/AIDS activities in the country. The Ministry of Labour and Vocational Training has also developed a draft HIV/AIDS workplace policy (informed by the ILO Code of Practice on HIV/AIDS).

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Both policies emphasise the importance of impact mitigation but do not advocate mandatory pre-employment testing (see Appendix C for additional information on these policy frameworks).

While these policy frameworks emphasise the importance of impact mitigation, their focus is more on prevention, care and support.

It is clear though that SSAJ institutions, along with the rest of the Malawian public sector, are required to manage the impact of HIV/AIDS in their organisations in a way that respects the human rights of their employees while at the same time maintaining a focus on the effective delivery of essential public services.

## **7.2 Initiatives in the public sector on impact mitigation**

In 2001, the UNDP funded a study on the impact of HIV/AIDS on human resources in the public sector. The major finding of the study was that the capacity of public sector institutions to deliver services was being eroded by high levels of morbidity, mortality and absenteeism due to HIV/AIDS. Major recommendations included the establishment of information management systems, capacity building and mainstreaming HIV/AIDS in all public sector institutions.

Following the recommendations of this study, the Department of Human Resource Management and Development (DHRMD) in the Office of the President and Cabinet, developed a concept paper for a coordinated public sector response to address the impact of HIV/AIDS on human capacity. The paper included a proposal to develop an action plan to operationalise the recommendations of the study. Individual institutions are expected to develop their own action plans based on the public sector-wide action plan.

Some progress has been made. For example, the Public Sector Steering Committee on HIV/AIDS (made up of some Principal Secretaries and Chief Executives of parastatal organizations) and a Public Sector Technical Committee on HIV/AIDS have since been established. Discussions with DHRMD also revealed that there are plans to review the Malawi Public Sector Regulations in view of HIV/AIDS.

Considering that SSAJ institutions are public sector institutions, it will be necessary to create some synergy between the impact mitigation strategies recommended for the SSAJ sector with the public sector wide initiative that is being coordinated by DHRMD.

## **7.3 Initiatives of development partners on impact mitigation**

Malawi's development partners have plans to support impact mitigation in the public sector. These partners include DFID, UNDP the World Bank and CIDA. DFID aims to promote an effective and better coordinated multi-sectoral response to HIV/AIDS in terms of prevention, care, support, treatment and impact mitigation. In addition to working through NAC, DFID will provide direct sector support to enable institutions manage staff

attrition. The UNDP is currently supporting the public sector initiative on HIV/AIDS that is being coordinated by DHRMD. Information management systems are a priority for UNDP. CIDA is funding the Government Assistance Project (GAP) which will support capacity development in the ministries of Finance, Water Development, Gender and Community Services, Health and Population, Education, Science and Technology and DHRMD. The capacity building initiative will also be responding to capacity erosion due to HIV/AIDS attrition.

Some development partners such as DFID, CIDA and the World Bank will be providing resources to NAC, through the basket funding arrangement, to support various initiatives on HIV/AIDS. All public sector institutions, including SSAJ institutions may access funding from NAC for mainstreaming HIV/AIDS.

#### **7.4 The role of the National AIDS Commission (NAC) in impact mitigation**

In its role as a coordinating agency for the expanded response to HIV/AIDS, NAC has developed guidelines for mainstreaming HIV/AIDS in the workplace. In addition, NAC has developed project proposal guidelines, which institutions can use to develop proposals for accessing funding from NAC. Funding is available for HIV/AIDS education, care and support, and impact mitigation activities.

### **8. RECOMMENDED STRATEGIES FOR MITIGATING THE IMPACT OF HIV/AIDS-RELATED ATTRITION IN THE SSAJ SECTOR**

The MASSAJ brief required recommendations that would take account of the Malawi public sector context and should:

- Not include interventions based on substantive restructuring in the SSAJ institutions (i.e. public sector reforms) or interventions that may require decentralized, local level initiatives.
- Focus on what would be feasible in a centralized and hierarchical public sector context and creatively build on existing mechanisms and strategies.

At the first stakeholder workshop, participants (see Appendix D) made a number of valuable suggestions for managing the impact HIV/AIDS attrition on their institutions. Many of these suggestions require public sector reforms or national HIV/AIDS policy decisions. They are therefore not included in the recommended strategies. These suggestions have been captured in Appendix E, as they remain central to any successful response to the mitigation of HIV/AIDS-related attrition.

Six strategies for mitigating the impact of HIV/AIDS-related attrition in SSAJ sector institutions have been identified. These strategies can be implemented by organisations in the short to medium term without having to wait for public sector reform initiatives or national HIV/AIDS policy decisions.

The first five strategies focus specifically on mitigating the impact of HIV/AIDS on the organisation. The last strategy provides a framework for institutions to integrate the three key HIV/AIDS activity areas (education, creating a supportive environment and impact mitigation) into one integrated workplace programme.

### **1. Raise awareness of the impact of HIV/AIDS-related attrition on the organisation**

The study found that the level of awareness amongst SSAJ senior managers of the actual and potential impact of HIV/AIDS on their organisations was very low. Unless senior managers in SSAJ institutions recognise that HIV/AIDS is a serious workplace issue, no action will be taken to manage the problem.

It is therefore ***recommended that SSAJ leaders, managers and human resource personnel be made aware of the impact of HIV/AIDS related attrition in their organisations*** through:

- A series of high-level and carefully facilitated workshops at which the implications of HIV/AIDS related attrition can be highlighted and discussed. It is important that such workshops include clarification of participants' own perceptions and attitudes towards the disease. Members of staff who attend these workshops should be tasked to discuss the issues further with their subordinates throughout the organization.
- The establishment of a high-level internal committee to coordinate and monitor activities related to HIV/AIDS education, the creation of a supportive environment and impact mitigation.

### **2. Conduct institutional audits to assess the impact of HIV/AIDS on organisations**

A lack of information on the susceptibility and vulnerability of the various institutions to HIV/AIDS and its impacts was evident. This information is vital if organisations are to understand how they should respond to the disease.

It is therefore ***recommended that as a first step in developing informed and appropriate mitigation strategies, institutions conduct an institutional audit in order to understand their susceptibility and vulnerability as well as related organisational dynamics***. Such an audit usually involves the following six steps:

- Personnel profiling
- Critical post analysis
- Assessing organisational characteristics
- Determining organisational liabilities
- Estimating organisational productivity
- Assessing the organisational context.

(See Appendix F for more detail on the six steps.)

### **3. Develop a management information system to enable managers to manage all forms of attrition, including HIV/AIDS-related attrition**

Recognising that managers and human resource personnel who are aware of the extent of HIV/AIDS on their workforce are more likely to proactively plan for anticipated HIV/AIDS related attrition, ***it is recommended that the impact of HIV/AIDS-related attrition be made visible in SSAJ institutions*** through:

- Collecting and monitoring information on deaths, sick leave and absenteeism due to ill health and funeral attendance.
- Collecting and monitoring information on funeral costs, training and recruitment costs.
- Collecting and monitoring information on disruption of services as a result of attrition.
- Disseminating this information to managers and human resource personnel and using it to proactive plan and manage human resources and budgets.

### **4. Build capacity to manage all forms of attrition including HIV/AIDS-related attrition**

A sustainable response to HIV/AIDS-related attrition requires the organisation to balance the needs of the HIV/AIDS employee with the service delivery needs of the organisation. The study identified a tendency on the part of managers and human resource practitioners to meet the social welfare needs of employees at the expense of the service delivery needs of the organisation. If managers are to respond appropriately to HIV/AIDS related attrition, they need the necessary know-how and support.

It is therefore ***recommended that the human resource management capacity of managers and human resource practitioners in SSAJ institution be strengthened*** through:

- A review of the extent to which sick leave and medical retirement provisions are implemented.
- Developing the leadership and management capacity of managers and human resource personnel to enable them to manage the delivery of public services within the context of high levels of attrition and actual and anticipated HIV/AIDS impacts.
- Developing the capacity of managers and human resource personnel to collect and use relevant attrition related information.
- Developing the capacity of managers to identify and apply appropriate non-replacement responses to all forms of attrition, with a specific focus on HIV/AIDS-related attrition.

### **5. Implement appropriate non-replacement responses**

Recruitment and replacement of staff was identified as an unsustainable response to managing the impact of HIV/AIDS related attrition. Non-replacement options such as multi-skilling, documentation of important workplace processes and teamwork were identified as being more sustainable. The choice of non-replacement responses is informed by the vulnerability of an organisation to HIV/AIDS-related attrition. It is therefore ***recommended that, following an institutional audit, SSAJ institutions identify and implement appropriate non-replacement responses***, examples of which are provided in Appendix G.

## **6. Develop comprehensive HIV/AIDS in the workplace programmes**

The five strategies outlined above focus specifically on mitigating the impact of HIV/AIDS-related attrition once it has occurred. Preventing new infections, combating stigma and discrimination, promoting positive living and helping to maintain the health of those living with HIV/AIDS are also essential elements of a sustainable response to managing HIV/AIDS-related attrition.

As found by the study, few SSAJ institutions have HIV/AIDS workplace programmes and those that do focus largely on prevention. ***It is therefore recommended that all SSAJ institutions develop comprehensive HIV/AIDS in the workplace programmes***, which include HIV/AIDS education, creating a supportive environment and impact mitigation.

In designing this programme, institutions should:

- Build on information from the institutional audit to make interventions appropriate to the local and organisational context.
- Use the framework provided by National AIDS Commission guidelines to guide the design of this programme.
- Decide on appropriate elements of a workplace programme that meet the specific needs of their employees and service delivery needs. The workplace programme should include at the very least include the following:
  - HIV/AIDS education that provides information on HIV/AIDS; clarifies values, attitudes and behaviour as part of addressing stigma and discrimination; provides information on positive living; and raises awareness of HIV/AIDS as an organisational issue.
  - Creating a supportive environment through combating stigma and discrimination; provides information on VCT, anti-retrovirals and other care and support services in the community.
  - Impact mitigation that identifies appropriate non-replacement responses to attrition based on an HIV/AIDS institutional audit; and build capacity of managers to manage within the context of actual and anticipated HIV/AIDS impacts.

**Guidelines to implement these strategies have been prepared and include a set of monitoring and evaluation indicators (attached as a separate document). The guidelines were informed by inputs from stakeholders obtained at the second stakeholder workshop (see Appendix H).**

## BIBLIOGRAPHY

- Barnett, T. & Whiteside, A. (2002). *AIDS in the Twenty-First Century. Disease and Globalization*. Hampshire: Palgrave MacMillan.
- Barnett, T; Fantan, T; Mbakile, B and Whiteside, A (2002). *The Private Sector Response to the Epidemic: Debswana – a Global Benchmark*. UNAIDS, Geneva, Switzerland.
- De Waal, A. (2003). How will HIV/AIDS Transform African Governance? *African Affairs*, 102, 1 – 23.
- DFID. (Undated). *Towards and Mainstreamed Response to HIV/AIDS in DFID-Malawi. Situation Analysis of HIV/AIDS in Malawi*.
- Else, H. & Kutengule, P. (2003). *HIV/AIDS and Mainstreaming: A Definition, Some Experiences and Strategies*. DFID HIV/AIDS, & STI Knowledge Programme.
- Flint-Taylor, J. & Burch, G. (2001). *Scoping the Options for Institutional Management of HIV-Related Attrition*. Report prepared for the Department of International Development (DFID).
- Global Reporting Initiative. (2003). *Reporting Guidance on HIV/AIDS: A GRI Resource Document*. Draft for public comment. February 2003.
- Government of Malawi National Statistical Office. (2000). *Demographic and Health Surveys (DHS) Report*. Zomba, Malawi.
- Johnson, L and Budlender, D (2002), cited in Shneider, H (2002). *The Past in the Present: The South African AIDS Epidemic and Policy Responses in a Context of Inequality*. Centre for Health Policy, University of the Witwatersrand.
- Manning, R. (2002). *The Impact of HIV/AIDS on Civil Society. Assessing and Mitigating Impacts: Tools and Models for NGOs and CBOs*. Durban: Health Economics and HIV/AIDS Research Division (HEARD), University of Natal. <http://www.und.ac.za/und/heard>
- Ministry of Home Affairs and Internal Security. (2002). *HIV/AIDS Policy for the Police, Immigration, Department of Prisons and Ministry Headquarters Department*. Draft. March 2002. Lilongwe: Ministry of Home Affairs.
- Mistry, N. & Plumley, B. (2002). *HIV/AIDS Workplace Protocols and Practices for Businesses in Resource Poor Settings*. Global Business Coalition on HIV/AIDS.
- Moran, D., Butcher, K., Curtis, D. & Laurence, C. (2003). Commissioned Desk-Based Research. Literature Review on HIV/AIDS and Governance. GRC.
- National AIDS Commission. (2002). *Rapid Appraisal for mainstreaming HIV/AIDS in the Public Sector*. Lilongwe: National AIDS Commission.
- National AIDS Commission. (2003). *A Guide to Mainstreaming HIV/AIDS into the Public Sector*. Draft. January 2003.
- UNDP. (2002). *The Impact of HIV/AIDS on Human Resources in the Malawi Public Sector*. Report prepared for the UNDP by the Malawi Institute of Management.

## **APPENDIX A: LIST OF SSAJ INSTITUTIONS INTERVIEWED**

- Ministry of Home Affairs and Internal Security
- Police Service
- Prison Service
- Immigration Department
- Ministry of Justice
- Judiciary
- Ministry of Gender and Community Services
- Department of District Administration and Local Government
- Office of the Ombudsman
- Law Commission
- National Juvenile Justice Forum
- Anti-Corruption Bureau
- Malawi Human Rights Commission
- Malawi National Committee on Community Services

## APPENDIX B: CONTRIBUTION OF HIV/AIDS WORKPLACE PROGRAMME COMPONENTS TO MITIGATING THE IMPACT OF HIV/AIDS-RELATED ATTRITION

HIV/AIDS component	Contribution to mitigating the impact of HIV/AIDS-related attrition
Awareness raising	<ul style="list-style-type: none"> <li>▪ If managers in an organisation are aware of the actual and potential impact of HIV/AIDS on the workforce and services, they are more likely to proactively plan for anticipated HIV/AIDS-related attrition.</li> <li>▪ Anonymous prevalence testing is one way of finding out the extent of HIV infected employees in an organisation and the possible future impact.</li> <li>▪ Recording deaths and absenteeism enables managers to monitor the extent of HIV/AIDS-related attrition in their organizations.</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>▪ Prevention of new HIV infections in employees is short-term activity with long-term benefits. An HIV infection prevented today, means a healthy and productive employee in 8–10 years time.</li> </ul>
Care and support of infected and affected employees	<ul style="list-style-type: none"> <li>▪ Addressing stigma and discrimination against HIV+ employees is the starting point for creating a supportive and caring environment. Without a caring a supportive environment, none of the other interventions will have any impact.</li> <li>▪ Promoting positive living<sup>7</sup> amongst employees living with AIDS is one way of prolonging the productive life of employees and reducing sick leave taken (i.e. reduces attrition). It is most appropriate for those PWAs who are not yet eligible for ARVs.</li> <li>▪ Providing medical care to treat opportunistic infections is another way of reducing illnesses and prolonging productive lives (reduces attrition).</li> <li>▪ Providing food supplements to build and strengthen immune systems is also a way of reducing illnesses and prolonging productive lives (reduces attrition).</li> <li>▪ Providing ARVs<sup>8</sup> to PWAs can be a very effective way of reducing illness and prolonging productive lives (reduces attrition).</li> </ul>
Impact mitigation	<ul style="list-style-type: none"> <li>▪ Addressing the underlying causes of other forms of attrition to prevent additional staff losses e.g. prevent staff leaving for 'greener pastures' by improving salaries and conditions of service.</li> <li>▪ Ensuring that staff welfare policies (sick leave policies, compassionate leave policies, funeral and death benefits) balance the needs of the infected employee and the service delivery needs of organisation.</li> <li>▪ Identifying where the organisation is most vulnerable to attrition and developing creative non-replacement responses such as multi-skilling, documenting institutional memory, encouraging teamwork and information sharing, and exploring alternative ways of providing services (see Appendix C for more detail).</li> </ul>

<sup>7</sup> Promoting positive living teaches people living with AIDS that they can live full and productive lives if they keep a positive and hopeful attitude, and look after their immune systems by, for example, eating healthily, exercising and managing their stress.

<sup>8</sup> ARVs are only relevant for PWAs who have a CD4 count of less than 200. They will have been living with the HIV infection for some years, their immune system will have been slowly weakening and they will be starting to become ill with more frequency.

## **APPENDIX C: ADDITIONAL INFORMATION ON POLICY FRAMEWORKS**

### **The ILO Code of Practice on HIV/AIDS**

Malawi is a signatory to this Code of Practice. Key principles of the Code include:

- Recognition of HIV/AIDS as a workplace issue – HIV/AIDS affects the workforce and the workplace can play a vital role in limiting the spread and effects of the epidemic.
- Non-discrimination – there should be no discrimination or stigmatization of workers on the basis of perceived or real HIV status.
- Screening for purposes of employment – HIV/AIDS screening should not be required of job applicants or persons in employment.
- Continuing the employment relationship – persons with HIV/AIDS should be able to work for as long as medically fit in appropriate conditions.

### **Draft National HIV/AIDS Policy**

This policy is in the process of being finalised. The overall aim of the Malawi HIV/AIDS policy is to provide the necessary legal and administrative framework for the implementation of a rights-based, expanded, multisectoral national response to the HIV/AIDS epidemic. Guiding principles of the policy include:

- The promotion of respect for the dignity and human rights of all citizens, and the protection of these rights, irrespective of HIV status.
- The reduction and prevention of stigmatisation on the basis of real or perceived HIV status, and the provision of protection where such stigmatisation does occur.
- The promotion and nurturing of cultural and religious norms and practices, which enhance the response to the HIV/AIDS epidemic, and also addressing those that hinder or weaken the response to HIV/AIDS.
- The recognition of people living with HIV/AIDS and acknowledging and supporting them in their role as full participants in decision making at all levels, with regard to HIV/AIDS related issues.

On the provision of ARVs, the policy says that the Government will provide access to affordable antiretroviral therapy (ART) and treatment of HIV/AIDS related infections. The Government also commits itself to promoting and providing high quality, cost effective voluntary HIV counselling and testing (VCT) services to reach the largest number of Malawians.

HIV testing without consent will only be premitted for anonymous unlinked testing for surveillance (legislative changes may have to made before this can happen).

On the management of HIV/AIDS in the workplace, the policy states that “one of the most effective ways of reducing and managing the impact of HIV/AIDS in the workplace is through the implementation of an HIV/AIDS policy and programme”.

### **National Strategic HIV/AIDS Framework 2000-2004**

National Strategic HIV/AIDS Framework for Malawi provides the basis for government, NGOs and the private sector to formulate a range of operational programmes, projects and activities.

On managing HIV/AIDS in the workplace, the framework offers the following actions:

- Developing human resource strategies which take into account health related and other causes of personnel losses.
- Developing and institutionalizing a framework for assessment of the impact of HIV/AIDS and benefits of prevention programmes.
- Establishing flexible welfare and credit schemes which will support PLWAs, orphans, widows and widowers, including medical cover and funeral arrangements.
- Promoting the establishment of workplace support and counselling groups involving personnel of all levels and status.
- Restructuring benefits schemes for broader coverage, equity of distribution and incorporation of funeral policy guidelines and benefits for dependants.

### **Guidelines for Mainstreaming HIV/AIDS into the Public Sector**

These are still draft guidelines, prepared by the NAC. The guide defines mainstreaming as "a process of making HIV/AIDS issues part and parcel of the way an institution organises itself, treats its staff members and delivers its services". Key steps in mainstreaming involve:

- Becoming informed about HIV/AIDS as an illness, how it is transmitted and how it may be prevented.
- Talking openly about sex, STIs and HIV/AIDS in the workplace to address the culture of silence and stigma surrounding the disease.
- Assess the actual and potential impact of HIV/AIDS on the institution in order to be able to design appropriate interventions.
- Develop a strategy to reduce HIV infections through awareness and behaviour change programmes; prevent premature deaths through referrals to appropriate care and support services; and strategies to minimize disruptions to work activities through, for example, multi-skilling and succession planning.

**APPENDIX D: ATTENDANCE REGISTER – FIRST  
STAKEHOLDER WORKSHOP ON 29 APRIL 2003**

<b>Name</b>	<b>Organisation &amp; Postal Address</b>	<b>Position</b>	<b>Telephone &amp; Email</b>
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3. Wezi Kayira	Legal Aid Dept MOJ Box 675 Lilongwe	Chief Legal Aid Advocate	01 758 392 01 753 945 09 994 892
4. L.M. Kapanga	Judiciary Box 30244 Chichiri BT 3	Principal Human Resource Management Officer	670 255 670 513 DL 09 951 911 cell
5. Joseph S. Manyungwa	Judiciary Box 109, Zomba	Chief Resident Magistrate, Zomba	01 524 417 01 524 644 09 961 161
6. K.T. Manda	Judiciary P/Bag 18, Lilongwe	Chief Resident Magistrate (Lilongwe)	01 753 710 09 930 237
7. Justice E.B. Twea	High Court Box 30244, Blantyre 3	Judge	01 670 255 01 670 213 mulindat@sdpn.org.mw
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10. S. Sanyila	Ministry of Home Affairs and Internal Security	Director of Administration	01 788 680 08 865 876
11. Margaret Chingeni (Mrs.)	Min. of Home Affairs & Internal Security P/Bag 331, Lilongwe 3	Chief Human Resource Management Officer	01 789 177 01 788 263 – Direct line Mchingeni@yahoo.com
12. Charles F. Nsitu	Police Headquarters	Assistant Superintendent	08 892 421
13. G. Chilembe	Police Headquarters P/Bag 303, Lilongwe 3	W/A/Supt.	08 319 473
14. V.H. Kumilonde	Immigration Department, P/Bag 331 Lilongwe	Regional Immigration Officer (HIV/AIDS Coordinator)	01 789 177 01 788 998
15. Literton L. Ndovie	Immigration Headquarters P.O Box 331 Blantyre	Senior Assistant Human Resource Management	01 623 777/545 08 858 151

<b>Name</b>	<b>Organisation &amp; Postal Address</b>	<b>Position</b>	<b>Telephone &amp; Email</b>
		Officer	
16. M.L. Chaona	Prison Headquarters Box 28 Zomba	Commissioner of Prisons (Operations)	01 525 711 08 848 056
17. T.C. Nowa	Regional Prison HIPS (South, Box 30117, Chichiri BT 3)	Senior Assistant Commissioner of Prison – Prisons Aids Co-ordinator.	01 675 207 08 838 138
18. H.W. C. Mgogo	Prison Headquarters	Ass. Human Resource Manager	08 865 126/01525 7111
19. Alan Msosa	Office of the Ombudsman, P/Bag 348, Lilongwe 3	Principal Research and Civic Education Officer	01 772 055 09 950 570
20. BPS Chimatiro	Anti-Corruption Bureau Box 2437 Lilongwe	Administrative Assistant	08 828 397/ 01757 844
21. Stevie M. Kauka	Anti-Corruption Bureau Box 2437 Lilongwe	SN Human Resource MGT & Dev Officer	08 201 477 01 755 089
22. C.T Mphande	Anti-Corruption Bureau Box 2437 Lilongwe	SNR Public Education Officer	01 757 844 08 844 374
23. Eleanor Mataya	Malawi Human Rights Commission, P/bag 378 Lilongwe	Director of Administration and Finance	01 771 750/08 851 841
24. Jolex Malikhaya	Malawi Human Rights Commission P/Bag 378 Lilongwe	P.R. Human Resource Management Officer	01 771 750 08 201 476
25. C.J. Kachale	Malawi National Committee on Community Service, P.O Box 733	Deputy National Coordinator	01 758 280 01 758 474 (fax)

## APPENDIX E: SUGGESTED STRATEGIES THAT REQUIRE PUBLIC SECTOR REFORM OR NATIONAL HIV/AIDS POLICY DECISIONS

Suggested strategy	Intervention required
<b>PREVENT ATTRITION</b>	
Pre-employment HIV testing.	Not an option in terms of National AIDS Policy – this policy is still in the process of being drafted. In terms of the draft policy it will be allowed for the Malawi Defence Force only.
Anonymous HIV prevalence testing in institutions.	Draft National AIDS Policy makes provision for this – however legislative changes will be required to implement.
<b>REDUCE ATTRITION</b>	
Provide Anti-Retrovirals (ARVs).	National AIDS Commission policy decision – they are currently considering various delivery options to ensure national coverage.
Provide medical insurance to cover medical costs.	Requires a policy decision and action from the DHRMD.
Provide food supplements to promote positive living.	National AIDS Commission policy decision – needs to be considered as part of the package of medical services to be provided by government.
Ensure that staff welfare policies (sick leave policies, compassionate leave policies, funeral and death benefits) balance the needs of the infected employee and the service delivery needs of organisation.	Requires public sector reform – not likely to happen in the immediate future. The UNDP study makes specific recommendations to manage funeral costs. The Department of Human Resource Management & Development have put together a task force to look at prioritizing and implementing the recommendations.
<b>LESSEN THE IMPACT</b>	
Streamline recruitment processes to speed up the filling of vacancies.	Requires action from the Department of Human Resource Management & Development. It was also a UNDP study recommendations. DHRMD have put together a task force to look at prioritizing and implementing the UNDP recommendations.
Lower recruitment qualifications and build skills on the job through enhanced staff development programmes.	Requires a policy decision and action from the Department of Human Resource Development and Management.
Address the underlying causes of other forms of attrition to prevent additional staff losses e.g. prevent staff leaving for 'greener pastures' by improving salaries and conditions of service.	Public sector reform required – not likely to happen in the immediate future.

## APPENDIX F: THE SIX STEPS INVOLVED IN AN INSTITUTIONAL AUDIT

(Barnett et. al 2002)

An Institutional Audit consists of the following components, which form a series of linked steps in a process:

- Personnel profiling
- Critical post analysis
- Assessment of organizational characteristics
- Estimated cost of organizational liabilities
- Organisational context

Each of these steps are outlined in turn below.

**Step one: Personnel profiling** - What kinds of people are employed? Central in this are two questions: which groups, if any, are susceptible to infection? What different skills levels exist in the organization; what are their characteristics and what is their strategic importance to the organization?

Susceptible groups:

- Are there particular groups among employees that may be particularly exposed to infection?
- Why are they exposed?
- Can/should the organization do anything to reduce exposure?
- Will undertaking such programmes benefit the organization?
- Should all employees be included or only those who are most difficult to replace?

Skills levels:

- What are the skills levels in the organization?
- How many people are there at each level?
- What are the costs of training/replacing these people?
- Given the known and predicted rates of sero-prevalence, how many people might be expected to become ill or die over the next X years in each category of employment?

Ease of training and replacement:

- How easy will it be to train or recruit personnel at each skill level, considering costs and time for training and also the state of the national and regional labour market?

### **Step two: Critical post analysis**

Are there key personnel whom it will be particularly difficult to replace, and on whom a production or administrative process depends (eg. the person who knows most about the computer).

### **Step three: Organisational characteristics**

Size of the organization and flexibility of employees:

- How easy will it be to replace or retrain within the organization?
- Are there sufficient people to allow for internal training?
- Should the organization introduce 'shadowing' of key employees?
- Do the resources exist to undertake replacement and/or training or replacement of personnel
- Is it possible to move people around to take over other people's jobs?
- What is the lead time for training or recruiting a replacement for different skills levels?

#### **Step four: Liabilities**

The potential or actual liability of an organization will be determined by some or all of the following factors:

- Level and type of employee benefits
- The level of value added

#### **Step five: Productivity**

Attrition may result in a slow and barely detectable decline in output. How is this going to be detected and managed?

Labour/capital substitution

- Can capital be used to replace people who are sick or who have died?
- Could larger number of unskilled workers replace the lost skilled workers?

Outsourcing and 'multi-skilling'

- Can non-core functions, for example, security and cleaning, be outsourced (although this is only a short term solution that will not solve the problem in the long-term)?
- Can some staff be trained to do multiple jobs should the need arise?

#### **Step six: Organisational context**

- What is the legislative / policy framework?
- What must an organization do for its workers when they are well enough to work and when they become ill to continue working?

**Concrete information on the operationalisation of such audits can be found in:**

Barnett, T. & Whiteside, A. (2002). *AIDS in the Twenty-First Century. Disease and Globalization*. Hampshire: Palgrave MacMillan.

Barnett, T; Fantan, T; Mbakile, B and Whiteside, A (2002). *The Private Sector Response to the Epidemic: Debswana – a Global Benchmark*. UNAIDS, Geneva, Switzerland.

## APPENDIX G: NON-REPLACEMENT RESPONSES TO MANAGING HIV/AIDS-RELATED ATTRITION IN THE WORKPLACE

### Examples of non-replacement responses to managing HIV/AIDS-related attrition in the workplace (Flint-Taylor & Burch, 2001)

**Knowledge management** involves sharing of information in organisations and the storage and retrieval of important organisational information such as case management, training programmes, work procedures and processes. Institutional memory (knowledge and processes) is recorded in a formalized manner – e.g. a manual for each position so knowledge is not lost when the employee departs.

**Work design** involves job design, teamwork and multi-skilling:

- Job design – explores whether work can be done differently e.g. manual vs. computerized), or whether it can be done by someone else less skilled (e.g. community-based alternatives).
- Teamwork is encouraged as teams are seen as being more reliable than individuals – the impact of an individual leaving the organisation is far less when they are part of a team than when they are working in isolation.
- Multi-skilling – may be seen on a continuum where all employees share the same skill set to where job requirements overlap just enough to allow team members to stand in for each other for short periods or help with certain aspects of another's work.

**Career development and succession planning** involves identifying and developing employees with high potential and ensuring that enough people are equipped to take over key positions if they fall vacant. Also looks at mentoring and coaching to pass on knowledge and skills as well as institutional memory.

**APPENDIX H: ATTENDANCE REGISTER – SECOND  
STAKEHOLDER WORKSHOP ON 20 MAY 2003**

<b>Name</b>	<b>Position</b>	<b>Org. &amp; Address</b>	<b>Tel. No.</b>	<b>Fax &amp; Email</b>
1. Servas E.L Chitimba	Hr Officer	Ministry Of Justice	01 788 411	01 7883 332
2. L.M. Kapanga	Primary Hr Mgt Officer	Malawi Judiciary	01 670 255 01 670 513 09 951 911	01 670 213
3. Louis L. Loti	Admin Officer	Min. Of Home Affairs P/Bag 331, Lilongwe	01 789 177	01 789 509 Homeaffairs@Malawi . Gov.Mw.
4. M. Chingeni (Mrs)	Chief Hr Mgt Officer	Ministry Of Home Affairs And Internal Security, P/Bag 331, Lilongwe	789 177 788 263 08 321 330	789 506 Mchingeni@Yahoo.Com
5. Charles F. Nsitu	Hr Officer	Malawi Police Service P/Bag 305 Lilongwe	01 796 040	01 797 979
6. Lewis Phinifolo Luba	Assistant Commissioner Of Police Deputy Head Of Prosecutions	Malawi Police Service P/Bag 305 Lilongwe	01 796 040 08 870 857	01 796 835
7. E.G. Chatsalir a	HIV/Aids Coordinator	Malawi Police P/Bag 305 Lilongwe 3	01 796 333 01 759 229 (H) 08 890 795	01 797 979
8. Tobias Nowa	Senior Assistant Commissioner Of Presence Prisons Aids Coordinator	Regional Prison Headquarters (S) Box 30177, Chichiri Blantyre 3	01 675 207 01 675 192 08 838 138	01 675 192
9. Mcdonald L. Chaona	Commissioner Of Prisons (Operations)	Prisons Box 28 Zomba	08 843 056 01 526 590	01 525 123
10. H.W.C.	Assistant Hr Mgt Officer	Prison Headquarters	08 865 126	01 52211
11. Simon W. Chisale	Principal Social Welfare Officer	Ministry Of Gender And Community Services P/Bag 330 Lilongwe	01 770 411 08 863 952	01 770 826
12. Dina Dembo Migochi	Primary Hr Mgt Officer	Law Commission P/Bag 373 Lilongwe	08 865 286	Dinamigochi@Yahoo .Co.Uk
13. Fiona Mwale (Mrs)	Law Reform Officer	Law Commission P/Bag 373 Lilongwe	01 772 822	01 772 532 Fionajaffu@Yahoo.Co m Lawcom@Sdnp.Org.

<b>Name</b>	<b>Position</b>	<b>Org. &amp; Address</b>	<b>Tel. No.</b>	<b>Fax &amp; Email</b>
				Mw
14. Eleanor Mataya	Director Of Admin And Finance	Human Rights Commission P/Bag 378 Lilongwe	01 711 750 08 841 851	01 771 751 Matayae@Yahoo.Co.Uk
15. John Chipeta	Monitoring And Evaluation Officer	National AIDS Commission Box 30622 Lilongwe	08 850 989	01 727 398 Chipetaj@Aidsmalawi.Org.Mw
16. Ken Longden	Teacher Development Advisor	Department Of Teacher Education And Development, P/Bag 215 Lilongwe	01 750 647	01 775 635 K-Longden@Dfid.Gov.Uk
17. Rose Kumwenda	HIV/AIDS Program Coordinator	DFID Education Officer P/Bag 57 Lilongwe	01775 637	01 775 635 R-Kumwenda@Dfid.Gov.Uk
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