

Final Draft

**HIV/AIDS Policy and Strategic Framework of Action
for the Transport Sector in Malawi**

Prepared by

**The National Transport Sector HIV/AIDS Committee (NATAC)
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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BCC	Behavioural Change Communications
CSW	Commercial Sex Workers
CEAR	Central East African Railway
ECAM	Employers Consultative Association of Malawi
HIV	Human Immunodeficiency Virus
HTA	High Traffic Area
IEC	Information Education and Communication
ILO	International Labour Organisation
MCTU	Malawi Congress of Trade Unions
MEDI	Malawi Entrepreneurs Development Institute
MOHP	Ministry of Health and Population
MoLVT	Ministry of Labour and Vocational Training
NAC	National AIDS Commission
NATAC	National Transport Sector HIV/AIDS Committee
NGO	Non-Governmental Organisation
PAC	Project Advisory Committee
PGE	Peer Group Education
PLWA	People Living with HIV/AIDS
RTOA	Road Transport Operators Association
SADC	Southern African Development Community
STI	Sexually Transmitted Infection
TOR	Terms of Reference
UNAIDS	United Nations joint Programme on AIDS
UNDP	United Nations Development Programme
UNV	United Nations Volunteer
VCT	Voluntary Counselling and Testing

1.0 INTRODUCTION

The global HIV/AIDS pandemic has reached devastating proportions, especially in sub-Saharan African countries like Malawi. It is estimated that 60 million children and adults have been infected with HIV/AIDS worldwide since the beginning of the pandemic, of which about 20 million have died. In near future, about 50 million people will be living with HIV/AIDS, of which about 95% live in developing countries. Out of every ten HIV-infected people, seven live in sub-Saharan Africa. It is estimated that about one third of those currently living with HIV/AIDS are between the ages of 15 to 24 years (UNAIDS/WHO, 2001).

Malawi is amongst the most highly affected countries with a 16% adult prevalence /infection rate in the 15-49 age group. The estimated annual AIDS-related deaths remain alarmingly high. It is no longer just a health problem but a development issue as well. Its effects cut across all sectors of the society, leaving no one unaffected. This has had a major impact on individuals, households, and both private and public organisations.

The existence of an adequate transport infrastructure and the provision of transport services are essential for the normal functioning of a nation's economic, social and cultural life. HIV/AIDS has a complex and far-reaching impact on all the sectors of the economy, but sectors with highly mobile employees are particularly vulnerable. In high-prevalence countries such as Malawi, HIV/AIDS affects individuals, their families, communities, enterprises, and productivity, public services and the nation's development agenda.

The transport sector is one of the most vulnerable to the HIV/AIDS epidemic due to its highly mobile employees and inherent working conditions. The employees often travel long distances and spend long periods away from their families. Moreover, the working conditions of transport sector workers and the prevalence of risky sexual behaviour make them very vulnerable to HIV infection. The workers, who are mostly men, are often housed in an all-male environment for long periods. This increases the likelihood of risky sexual behaviour, while their comparative wealth enables them to purchase sex from commercial sex workers.

The transport sector comprises road, rail, water and air transport sub-sectors. It also includes the industries that maintain and provide services to the sector, such as construction industries, gas-filling stations, truck and bus stops, border crossings, port areas, train stations and airports.

The magnitude of the economic and social burden of the HIV/AIDS problem is very high at the individual, sector and national levels. This is exhibited through death of workers and spouses from HIV/AIDS related illness, increased requests to employ orphans, loss of productivity through absenteeism due to illness and attending funerals, increased medical costs, increased labour costs due to the need to hire temporary or replacement staff and increase in divorce rate among affected families.

Although a high awareness of HIV/AIDS issues has been achieved, there is no noticeable change in attitudes and behaviour. This is evidenced from the prevalence rates data. These high rates of infection, have a negative impact on the labour markets and families.

2.0 AIM OF THE POLICY ON HIV/AIDS

The aim of the policy is to guide and direct the process of dealing with HIV/AIDS in the workplace of the Transport Sector in Malawi. The policy provides the framework which the transport sector employers, workers, and their representatives will use to formulate HIV/AIDS policies, design, implement, monitor and evaluate practical and pro-active HIV/AIDS programmes at their workplace, at high traffic areas and at border posts.

This policy is a result of wide consultations among all the major partners in the transport sector. The policy also draws from the Malawi National HIV/AIDS policy (draft 03.2003), the National Policy on HIV/AIDS in the workplace, (draft by MoLVT), the Malawi Gender policy, the code of conduct on HIV/AIDS and employment in the SADC, and the ILO Code of practice on HIV/AIDS in the World of Work.

This policy is furthermore based on and in compliance with our existing country laws which relate to HIV/AIDS, these are as follows: The Constitution of the Republic of Malawi, Health and Welfare, Occupational Safety, and the Employment Act. (Publishing years?)

2.1 Guiding principles

Since the aim of this policy is to guide, the Transport Sector and its sub-sectors in the design of HIV/AIDS interventions and prevention programmes, the following provides a set of guidelines.

2.1.1 Recognition of HIV/AIDS as an issue in the transport sector

Many organizations now recognize that HIV/AIDS is a critical workplace issue. The transport sector in Malawi recognizes the central role the transport industry has played in promoting or encouraging the spread of HIV/AIDS. To this effect the Transport Sector has committed itself to mitigate the effects of the epidemic through this policy and the strategic framework of action.

2.1.2 Prevention through Information and Education

Prevention is central to, and acts as, a basis for all efforts in combating the HIV/AIDS epidemic. The TS will adopt a holistic, comprehensive, pro-active and practical approach to mitigating HIV/AIDS. This will involve the design, implementation and coordination of various interventions to change attitudes, beliefs and risky sexual behaviour, of employees, their families and communities. Employees will be provided with information and adequate information to bring about behavioural change in order to reduce the risk of infection.

2.1.3 Non-Discrimination

Human rights and dignity of everyone in the transport sector should be observed irrespective of the HIV status. People living with HIV/AIDS (PLWHA) should be protected against stigmatization, discrimination, and

victimization by co-workers, clients and employers at the workplace, border posts and ports and high traffic areas.

2.1.4 No screening for purposes of exclusion from employment or work processes

In the transport sector, employees should not be forced in any manner to be tested for their HIV status for purposes of recruitment, termination of employment and access to training and promotion. The medical examinations should test for the physical fitness of the worker or prospective worker to perform the job in question and should not include the test for HIV status. Indirect screening methods such as questions in verbal or written form about previous HIV tests or questions related to the assessment of risky behaviour should not be permitted.

2.1.5 HIV status disclosure and confidentiality

Medical personnel, in accordance with law, should handle all medical information about the employees in confidentiality. Confidentiality is premised on no compulsory disclosure of the HIV status or screening for HIV status. Disclosure of the status should be on a voluntary basis, with written consent by the concerned worker and after counseling on the potential consequences. Employers and health care personnel should be provided with training and guidance to ensure that confidential medical information is handled in accordance with the relevant law. Policy of acceptance and non-discrimination will be adopted and discrimination and unnecessary disclosing of one's status without permission should be strongly discouraged.

Confidential voluntary counseling and testing should be encouraged.

2.1.6 Continuation of employment relationship

Every employee should be treated the same irrespective of HIV status. Employment should not be terminated on the basis of the HIV status. As long as the employee is fit, he/she should be allowed to continue working. However, if the working environment is likely to worsen the condition of the employee, the employer may, in consultation with the worker and representatives of the labour unions, arrange for transfer to a more suitable job and location but with no loss in status and benefits. Where the worker with a HIV/AIDS-related condition is too ill to continue to work, and where alternative working arrangements, including extended sick leave, have been exhausted, the employment relationship may cease in accordance with anti-discrimination and labour laws and respect for general procedures and full benefits.

2.1.7 Healthy working environment

Occupational health, safety and welfare should be assured in the workplaces of the transport sector. A healthy working environment ensures security to both infected and affected employees. Practices and procedures should address vulnerability of workers and protect them from HIV infection.

<<HIV pos. employer and PLWHA>>

2.1.8 Gender equality

Gender equality should be promoted in all workplaces and high traffic areas, and should be part of all preventive and care programmes. Different needs of men and women should be addressed in all programmes. Gender sensitivity and awareness, especially the need for women to know their rights should be ensured. Men and women should respect their own and each others security. Policies and programmes should take cognizance of the fact that women are more vulnerable to HIV/AIDS due to their biological make up, socio-economic and cultural factors. Thus, specific needs for women empowerment programmes are a priority.

2.1.9 Continuous social dialogue

Open dialogue among social partners enhances responses to HIV/AIDS by transport enterprises, individuals, families and communities. The involvement of tripartite partners and other stakeholders in the community such as local authorities, self help organizations religious groups and their leaders, PLWA, civic organizations and non-governmental organizations provides a supportive and gender sensitive environment to combat HIV/AIDS. This encourages openness and voluntary disclosure of status by the infected, helping to provide timely care and support to infected employees in the transport sector, their families, co-workers and the community.

2.1.10 Care and support

A compassionate and caring social and workplace environment is necessary for positive support to people living with HIV/AIDS. Care and support of the infected and affected families is essential in lessening the economic burden and social and psychological stress. **Adequate Health facilities of good standard, and adequate treatment should be provided independent of the prevalence of HIV.** Support, psychologically or in cash or in kind should be provided for affected people, especially the families.

2.1.11 Tripartite partners involvement in HIV/AIDS programmes

The success of this policy depends on the full involvement of all transport sector tripartite partners in the formulation and implementation of policies and programme at sector, sub-sector and enterprise levels. There is need for effective communication of HIV/AIDS policies at all levels.

2.1.12 Continuous review of the policy

There should be continuous monitoring, evaluation and review of policies and programmes at the enterprise, sub-sector and sector levels.

3.0 STRATEGIC FRAMEWORK OF ACTION ON HIV/AIDS TRANSPORT SECTOR

3.1 Introduction

The process of development of this Strategy was highly consultative and included individual stakeholder interviews, a transport sector assessment, two stakeholder workshops, the first one at the UN Resource Centre on 14th March, and the second one from 1st - 3rd June 2003 at MEDI, Mponela. This Strategy is based on the principles laid out in the HIV/AIDS Policy for the Transport Sector.

3.2 Aim of the Strategy

The transport sector contributes significantly towards reducing, controlling and preventing the further spread of the HIV epidemic and mitigate its impact on the transport sector-workforce, their families and communities¹.

3.3 Objectives of the Strategy

The objectives of this strategy are:

1. To reduce the further spread of HIV in Malawi
2. To instill measures and interventions for Behavioural Change Communication
3. To support people living with HIV/AIDS to live longer by enabling them to access counseling services and drugs to treat STI's opportunistic infections, and if possible offer Antiretroviral therapy to AIDS patients.
4. Promote awareness and education on HIV/AIDS and other sexually transmitted infections.

3.4 Technical areas

1. Prevention: regular provision of updated HIV/AIDS messages and provision of IEC materials such as, videos and audio – messages; promotion of condoms; promotion of BCC; increase of HIV awareness; advocating for the needs to be faithful; consistent and proper use of male and female condoms; encourage VCT at the workplaces and at the intervention sites;
2. Treatment, care and support: Workout mechanisms to administer ARV to AIDS patients, and discourage discrimination of people living with HIV/AIDS. Encourage health seeking behaviour, cultivate the culture of openness at workplaces and other sites; provide spiritual appeal and support through faith communities; reduce the workload for people living with AIDS; provision of medical benefits.
3. Establish information and reporting system to enable the recording of the number of staff and spouses, prevalence rates, clients using VCT services, attendants of workplace training etc. This system should also capture the success of the recommended interventions.
4. Capacity building: Training of Trainers, Peer Group education training, Health Communities and counselors.

¹ Communities have been defined under section 3.5 as those living in traffic areas, people living and working near cross border sites, construction sites, passengers, and transport companies.

3.5 People who should benefit from this Strategy

Employers and employees in the Transport Sector in Malawi and their families. The focus should be on the mobile workforce as they are particularly vulnerable to HIV infection.

Communities at high traffic areas, people living and working near cross border sites, construction sites, passengers, transport companies. High traffic areas include water, air, rail and road traffic.

3.6 Implementation strategies

The National Transport HIV/AIDS Committee will promote and facilitate technical coordination of HIV/AIDS initiatives being undertaken in the various transport sector institutions. Whilst accountability for implementation shall remain within the individual organizations, NATAC will provide initial technical inputs on specific institutional proposals wherever possible as well as on those issues which are cross-cutting in nature. NATAC may form sub-committees, which may meet more regularly. The decisions and recommendations of these subcommittees will be brought to NATAC for noting and/or guidance.

It is **recommended** that each major transport sector institution formally appoint an HIV/AIDS Coordinator. To ensure that most transport sector institutions participate in HIV/AIDS initiatives, a full time officer shall be appointed to look into day to day coordination issues. Such a person should work closely with NAC, the Chairperson of NATAC and the HIV/AIDS coordinators in each institution. If the identification and recruitment of the coordinator proves difficult, UNDP and ILO may assist the transport sector in identifying a UNV.

It is therefore **proposed** that NATAC's terms of reference (TOR) should be as follows:

- To provide technical advice and support to stakeholder HIV/AIDS committees;
- To review annual work plans so as to ensure proper coordination and implementation;
- To monitor and evaluate progress in the implementation of the HIV/AIDS program;
- To map out strategies and ensure timeliness in the transport sector for the development of appropriate capacity building initiatives, systems and policy related strategies;
- To hold regular meetings to identify opportunity for synergy and discuss issues relating to program implementation;

The National Transport Sector HIV/AIDS Committee takes note of the existing projects and programmes in certain organizations and enterprises. All efforts will be made to support those initiatives. For example those of MoLVT, Shire Bus Lines, and RTOA.

3.7 Monitoring and evaluation

Monitoring will be done at three levels: *soliciting employee feedback; tracking changes in key indicators; and program evaluation*

3.7.1 soliciting *employee feedback*

Monitoring can be done through informal feedback such as a suggestion box or casual conversation. This can also be done more formally through meetings.

3.7.2 tracking *changes in key indicators*;

The company/organization should set up a management information system to record absenteeism, medical retirements, production delays or disruptions, funerals, funeral attendance, cost of medical equipment. The amount/quantity of drugs and supplies can help to track the impact of the epidemic.

Whenever companies work with outside service providers, it would be important to insist that these agencies monitor employees' use and acceptance of services.

3.7.3 *program evaluation*

An evaluation may have to be undertaken after three to four years, especially when an enterprise is putting resources into the program.

3.8 Stakeholders of the Transport Sector in Malawi

Air Malawi

Central East African Railways

Lake Services

Marine Department

Shire Bus Lines

Road Traffic and Operators Association

Malawi Congress of trade Unions (MCTU)

Rail Workers Union

Employers Consultative Association of Malawi

Ministry of transport And Public Works

Ministry of Labour and Vocational Training

National AIDS Commission (NAC)

National Construction Industry

National Roads Authority

Ministry of Health and Population (MOHP)

ILO

UNDP

UNAIDS

3.9 National Transport Sector HIV/AIDS Committee and their contact persons

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Ministry of Transport And Public Works	Loius Chipofya
Ministry of Labour and Vocational Training	Alfred Mbewe
National Construction Industry	Caroline
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ILO	

3.10. Framework of Action

Problem Area	What is the problem	Where exactly	Activity	Responsibilities	Existing Activities
HTA/Road Transport	CSW/truckers interaction (e.g. tobacco loading, and unloading).	Songwe, Mwanza, Mchinji, Muloza, Kanengo	Involve faith communities, civic education	Trade Unions MoT, faith community, NAC	RTOA started project, is idle at the moment
High Road Traffic Areas	CSW interaction, illiteracy, unemployment	Chilumba, Songwe Karonga, Mzuzu, Lunzu, Nchalo, Dwangwa Ekwendeni, Ntcheu, Bangula, Balaka, Kanengo, Luchenza, Mwanza, Salima	Civic education, Lobby for regulation of CSW, condoms	Immigration, MoHP, Transport, NGO, Policy makers	
Truck stop Resthouses	Interaction Truck drivers/CSW	Lunzu, Chigwizano, Ekwenden, Border Posts	PGE, ev. Health services	Rest House owners, NAC, MoH	None
Bus terminals and Bus stops	People transiting and sleeping there	All major stations and bus stops	IEC Materials, Leaflets, messages	Shire, Transport and Health, Town and city councils, all major truck operators (e.g. Gaffar) RTOA	
Passenger Terminals	Stranded passengers	Bus Depots Wenela, Lilongwe Mzuzu	Condoms ² , leaflets, audio messages	Trade Unions Bus operators	(Project Hope, Shire Buslines)
Bicycle Taxi Services	Poverty, poor accessibility of Antinatal Clinics	Salima, Lilongwe, Liwonde, Muloza, Makanga	Sensitisation of bicycle taxi riders, distribute bicycle stickers, PGE	NAC, NGO's, PAC, (ANC) Health Centres	None
Construction sites, esp. Road construction	Long absence from home, Poverty	Project sites	Encourage contractual workers to bring spouses.	NRA, NCIC, Transport and Public Works	
Ports	Interaction passengers, workers with CSW	Chipoka, Monkey Bay, Likoma, Nkatabay, Chilumba	Faith communities	Marine Department (Malawi, Lake Services), Trade Unions, Faith Communities, NAC	None
Lake Ports	Way of life (infidelity, polygamy)	Nkatabay, Likoma, Chipoka, Chilumba, Monkey Bay	Evangelist, BCC, Civic education, Agrobased business	Lake services, Marine, MoHP	
Marine Vessels	Long trips and stay in vessel (2 to seven days)	Ilala, Mtendere	Condoms, PGE Health Services, Health education.	Lakes ferry, Marine, MoHP, Trade Unions	None
Rail Transport	Illiteracy and poverty	Limbe, Blantyre, Bangula, Nayuchi, Liwonde, Makanga, Luchenza, Balaka	IEC on railstations and trains	CEAR, MoT, Trade Union	
Railway Stations	Lack of sleeping areas for passengers, Passengers long time on train	Stations: Limbe, Balaka, Liwonde, Nanyuchi, Makanga, Blantyre	Sensitization passengers	Central East African Trade Union	None
Lack of workplace policies	Un co-ordinated or absence of HIV/AIDS projects	Most stakeholders (Private enterprises, Unions)	Develop WP Projects	ECAM, Trade Unions, MoT, ILO	ECAM
Border Posts	Poverty, illiteracy, Cross Border culture <i>borrow</i> ? Lack of entertainment facilities, Lack of accommodation	Mwanza, Mchinji, Songwe, Mloza, Marka	BCC, proper facilities, ease border crossing	MOHP, Immigration, Ministry of Tourism	
Airport					

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² Activities include condom promotion, audio/visual messages, leaflets, posters

3.11 List of participants

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