HIV/AIDS Mainstreaming in Conservation, the case of WESM

HIV/AIDS Mainstreaming in Conservation:
The case of Wildlife and Environmental Society of Malawi

Daulos D.C. Mauambeta
Executive Director
Wildlife and Environmental Society of Malawi
Private Bag 578, IMBE, MALAWI

ddemauambeta@africa-online.net

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1.0 Introduction

HIV/AIDS continues to be a growing concern amongst all nations in the world. It has become a critical concern amongst Southern African countries where the pandemic has established deep roots with adult HIV prevalence rates soaring above 36% for some countries such as Botswana. The number of people living with HIV/AIDS continues to increase coupled with escalating AIDS related deaths; and the impact is crippling the already dilapidated economies of Southern Africa. Malawi has not been spared at all, with a prevalence rate of about 15.96%; 800,000 people infected with HIV and 70,000 AIDS related deaths per year (www.worldpress.org). The impact of the disease in this poorest nation continues to threaten every economic sector. HIV/AIDS has become a household name, demanding attention of not only the health sector, but each and every development sector including the environmental sector. The situation has demanded an action that is more encompassing than isolation. It was with this realization that Wildlife and Environmental Society of Malawi (WESM), traditionally a conservation organization, started to think deeply of integrating HIV/AIDS issues into its programs, projects and activities. This paper describes the process WESM has undergone in mainstreaming HIV/AIDS issues in its programs and projects.

For the purpose of clarity, HIV/AIDS mainstreaming is defined as follows:

―Mainstreaming is about change that starts at the individual level where it must be internalized by the people in the institution. The process of change is from vertical to a horizontal process, from a lack of action towards a push, demand and request for support, to integration based on increasing ownership. It is about a growing organizational consciousness and culture towards integrating HIV/AIDS‖

Nikko Kninge, Interdepartmental Committee on HIV/AIDS, South Africa (OXFAM 2002),

―Mainstreaming is responding to HIV in development sectors where the impact of HIV may not otherwise be addressed‖ and ―retaining one’s core business but modifying it to be relevant to the people at risk, affected by, or living with HIV‖

Sunanda Ray, Executive Director of SAfAIDS (OXFAM 2002)

2.0 WESM’s Initiatives: Understanding the Impacts and Linkages

Established in 1947, WESM has traditionally been a conservation organization whose vision is to see all people living in harmony with nature. The mission is to
promote public participation in the wise management of wildlife, natural resources and the environment. To achieve this, WESM creates an awareness of environmental and biodiversity issues at all levels of the Society; influences government policy and action in areas of community participation, biodiversity, environmental education and sustainable management of natural resources; Establishes and maintains good working relationships with local and international non-governmental organizations, regional and international wildlife societies, commercial organizations and other related bodies.

In 1999 when the Government was launching the National Response to HIV/AIDS Strategy, WESM realized that HIV/AIDS was more than a health issue. Development partners such as the Joint OXFAM in Malawi shared the same view and started forging partnerships with different organizations to create awareness and develop strategic actions for tackling the pandemic both at Institutional and Program level. This was because the impacts and effects were being felt by almost each and every organization.

2.1 HIV/AIDS Impacts
Although not proven, anecdotal evidence pointed to the fact that HIV/AIDS was amongst us as noted below:-

2.1.1 Absenteeism and low attendance at meetings
In general, employees’ absenteeism in offices due to illnesses and deaths of individual staff member, spouses, dependants or relatives increased. On average, staff members would be absent from work twice or thrice a month. At program and project level, meetings with communities were often cancelled or postponed because communities were busy attending to funerals. Again, a week did not pass without a funeral in adjacent villages. In towns, this trend was more conspicuous. For example, at Malabada Cemetery in Ndirande Township in Blantyre, it is not uncommon to have at least five funeral sermons taking place every day. Death had become a norm and part of life - no more to be feared.

Indeed, participation of particular households in project activities had decreased tremendously because those families were busy attending to the sick amongst family members or funerals in the community.

2.1.2 Impacts on Finances and Budgets
Requests for short term loans or salary advances in the Society’s accounts office became a norm, escalating the organizational monthly budgets. WESM also started to lose staff, spouses and immediate family members to HIV/AIDS. These increased administrative costs in funeral costs, training of new staff, loss of knowledge and skills. Between 1994 and February 2003, WESM could count close to seven staff members, two spouses and two
dependants who died to unusual diseases, which might have been linked to HIV/AIDS.

WESM’s staff conditions of service stipulate that:
“Upon the death of an employee management shall ensure that the following are immediately done:-

- A suitable coffin is purchased by the Society on behalf of the family of the deceased after consultations with members of the deceased. Where the deceased’s family or relatives are not available and it is ascertained that they will not be quickly available to attend the funeral, management shall ensure that suitable arrangements are made for the funeral of the deceased member of staff.
- In accordance with custom, the reasonable funeral expenses including cost of the coffin and transport shall be met by the Society.
- In respect of the death of a spouse, children and up to three dependants of the employee, the Society will render similar assistance, if requested to do so by the employee.
- Upon death of an employee, the Society shall provide transport to the other members of the family with belongings back to the deceased home of origin if requested by the deceased family” (WESM 1997)

These staff conditions have meant that the Society is responsible for all costs related to staff members, their spouses, children and dependants. This has strained the budget of the organization. There has also been a substantial increase in expenditure in personnel and administrative budget categories of projects.

2.1.3 HIV/AIDS Impacts on Environment and Natural Resources

2.1.3.1 Poaching

While environmental degradation can be attributed to several linked problems such as increased poverty, hunger, high population growth, there is strong evidence that HIV/AIDS is playing a major role to the degradation of the environment and increased use of natural resources. Animal counts done by the Society in Lengwe National Park since 1967, has revealed unusual tremendous decreases in animal populations from the 1980’s. See Figure 1.0 on Page 10. While there are many explanations for this observation, conservation experts hypothesize a number of factors, including HIV/AIDS. For example, first, it might be that poaching has increased tremendously because people are looking for alternative sources of income and other livelihood strategies. Second, it might be that staff members responsible for law-enforcement are not doing their work either because they are sick or attending funerals, giving a chance to poachers to poach. Another
observation is that as breadwinners die, orphans will go poaching. However, these results need to be verified with some additional socio-economic and ecological surveys around these protected areas.

2.1.3.2 Deforestation for charcoal

Deforestation currently at 2.3%, and one of the highest in the Southern African Development (SADC) region, is a result of many related issues such as poverty (63% of the population being very poor), population growth (1.5%) requiring more land for agriculture and settlement, and lack of alternative energy forms (according to the 1997 Malawi Population and Housing Census, over 96% of the population were still using firewood and charcoal for cooking and heating). For example, illegal charcoal production from indigenous trees has increased since the 1994. Everyday, one finds over 1500 men on bicycles cycling towards Blantyre, Zomba, and Lilongwe Townships. They would be coming from Nkula, Kuthembwe, Mdeka, Lirangwe, Zalewa, Mvera, Chikwawa and similar places. Each of the men would be carrying an average of three bags of charcoal to be sold in towns where the average price is K250.00 ($3.00) for each 50Kg bag. The market for the charcoal is readily available. Township women wait for the charcoal vendors by the roadside, buy it and resell it in small plastic bags. While poverty, lack of alternative energy sources, high tariffs for electricity and importing electrical cooking appliances, and other factors are the major driving causes of deforestation, the effects of HIV/AIDS are escalating the problem. Families which are affected by the pandemic will look for quick means of generating income and charcoal production from indigenous trees offer that alternative. There is also increased utilization of charcoal, firewood as a result of frequent fevers and increased funeral occasions, an observation that requires more field research.
Figure 1.0 Animal Counts in Lengwe National Park, Southern Malawi. 1967 to 2000. Source: WESM Blantyre

Notes: Optimistic Observations: Weather might have contributed to low figure counts during the years when the figures were recorded.

Pessimistic Observation: There is terminal decline of animals in the park due to a number of reasons including inadequate staff, increased poaching among others.

Daulos D.C. Mauambeta, Malawi
2.1.3.3 Timber extraction for Coffins

A related issue to deforestation is the need for wood for coffins. In the past, coffins were not made in advance, and were not displayed on the road side. Today, coffin workshops are everywhere throughout the country. Coffins are proudly displayed along the road. Unlike in the past, these days children can peep inside a coffin without any fear. In villages where coffin workshops are not available, Village Leaders have sawn timber in advance into planks and stock piled these for use in anticipation of a funeral. This observation was made in over twenty four villages in Blantyre (Mauambeta et al 2002) and in some villages in Mchinji District (personal observations). In short, the amount of wood required for coffins has increased, constraining sustainable harvesting of timber.

2.1.3.4 Soil erosion

WESM did a survey to look at the linkages of HIV/AIDS and soil erosion. It was indeed proved beyond doubt that as families affected by HIV/AIDS failed to maintain contours ridges in their gardens due to HIV/AIDS related illnesses and deaths, soil erosion increased. Soil erosion reduced soil fertility, resulting in reduced crop production, and thus increasing household food insecurity (Mastaglio 2002).

WESM is also aware that sustainable use of natural resources can mitigate the impacts of HIV/AIDS. For example, the use of herbal medicines to treat HIV/AIDS related diseases, and conservation based enterprises to generate income are some examples. These are discussed in detail under Mitigation of Impacts in section 4.0.

2.1.3.5 Impacts on Settlements and Land

As bread winners die to HIV/AIDS in towns and cities, bereaved families relocate to villages. As a result, villages are increasing in size and numbers due to people coming back from urban cities after losing the bread winners. Unfortunately, most of these do not have land for cultivation, and normally conflicts occur amongst family households for land.
At village level, as breadwinners die to HIV/AIDS, land is inherited by influential family members within the community leaving orphans and widows without any land for cultivation.

3.0 Mainstreaming HIV/AIDS into the Work of WESM

WESM identified a number of areas in which HIV/AIDS can be mainstreamed to provide a more efficient, holistic and effective organization. These have been broken into three:

(a) Institutionalization of HIV/AIDS
(b) Program/Project Level Interventions
(c) Mitigating Impacts

3.1 Institutionalization of HIV/AIDS Issues

In order to fully mainstream the HIV/AIDS issue into the organization, WESM took a number of steps:

- Establishment of Social Welfare Committee
- Training of Trainers
- Breaking stigma—breaking the silence
- Designation of a focal person
- Allocation of budgets for HIV/AIDS related activities
- Increasing Internal Education
- Staff Conditions and HIV/AIDS Policy

3.1.1 Social Welfare Committee

Continued funerals and the need to contribute condolence funds for bereaved families, necessitated the organization to establish a Social Welfare Committee. Initially, the committee was charged with a responsibility of collecting financial contributions from staff members on pay days. The contributions were deposited in a special account “Social Welfare Account”. The funds were used for condoling bereaved staff members in conformity with existing customs and traditions. In addition to the contributions made through the Social Welfare Committee, the organization provided some money to subsidize funeral expenses as stipulated in the WESM Staff Conditions of Service (WESM 1997).

3.1.2 Breaking stigma

The Board and Management team of the organization started to talk about HIV/AIDS issues during meetings, and any venues that provided the opportunity to do so. This showed the seriousness of the matter. WESM
agrees that leaders bear a special responsibility to set examples that spur others into action (UNAIDS September 2002).

3.1.3 Training for Trainers (ToT)

Selected staff members were sent on Training for Trainers course that OXFAM-Malawi had organized to sensitize partner organizations and raise awareness about HIV/AIDS. Staff members were drawn from field offices and the headquarters. These became the training facilitators in their respective work locations. The desired impacts of the training were to raise awareness amongst and provide basic knowledge about HIV/AIDS.

3.1.4 Designation of Desk Officer

The organization designated one headquarter staff member as the Desk Officer for HIV/AIDS issues. The Officer, a Secretary to the Executive Director, was charged with the following responsibilities:

• Planning internal activities to bring awareness to other staff members.
• Planning and organizing HIV/AIDS meetings for staff members
• Distributing HIV/AIDS information
• Mobilizing HIV/AIDS related preventive resources such as condoms.

• Inviting guest speakers from other Health related organizations to talk about HIV/AIDS.

Mrs. Towera Maleta, HIV/AIDS Specialist & Facilitator
Facilitating and managing loan applications for staff members in need of emergency advances due to illnesses or funerals, including disbursing petty cash to such staff members.

### 3.1.5 Budget allocation

While most of the activities have been done during normal working hours, there was a realization that there was need to adding a budget line to the annual program’ or project’ budget to enhance the fight against HIV/AIDS. Such a budget line would target creation of awareness through publications, print IEC, conducting meetings, producing awareness materials and holding rallies for mass awareness.

The first step was to convince donors supporting some programs and projects to allow for a special allocation of funds to be used on HIV/AIDS.

The German Agency for Technical Cooperation (GTZ), allowed WESM to use 5% of the overall budget for HIV/AIDS related activities in the Sustainable Management of Indigenous Forest (SMIF) Project being implemented in Mwanza East in Malawi.

Joint OXFAM in Malawi which was and still continues to support WESM approved the inclusion of a separate objective in the project document which integrated HIV/AIDS and gender into natural resource management program. The percentage allocation for conducting HIV/AIDS activities equaled 7.5% of the total budget.

The Wildlife Utilization Raises Community Standards (WURCS) supported by the Community Fund was unable to contribute funds directly from the existing budget. Instead, extra finances were identified to support HIV/AIDS affected families especially orphans in...
the targeted enclave villages in Lake Malawi National Park, Cape Maclear in Mangochi District. Orphans were able to implement a number of mitigation impacts. WESM has assisted the orphans with sewing machines to enable them build life saving skills.

WESM acknowledges that has limited financial capacity and technical knowledge on issues of HIV/AIDS. Therefore, in addition to its own resources, WESM has been working with NGOs providing a variety of program services and advocacy around HIV/AIDS. Banja La Mtsongolo (BLM), a reproductive Health Non-Governmental Organization and Malawi-German HIV/AIDS Project funded by the German Agency for Technical Cooperation (GTZ), and most of the Government Hospitals and Clinics have been helpful in this regard.

3.1.6 Increasing Internal Education

WESM realizes that HIV/AIDS provides a potential threat internally because it targets the most productive and often educated members of the Society that includes staff and members (Mastaglio 2002).

Practically, all staff underwent an orientation regarding the risks of HIV/AIDS. The training sessions were tailored for both staff and their spouses. These covered all aspects of HIV/AIDS from infection, epidemiology, voluntary testing, mitigation, prevention, treatment and care. It was an important aspect to bring both spouses to these meetings to ensure that the message went to the right people at the same time.

WESM has also established an HIV/AIDS Resource Centre. The resource centre has information on HIV/AIDS both in local languages and English; and also stocks condoms.

HIV/AIDS is now integrated with training and ‘new employee’ orientation. New employee’s are also requested to undergo medical check-up but do not necessarily disclose their HIV/AIDS status. It is hoped that the acknowledgement of HIV/AIDS at that stage in an employee’s career will ensure that he/she is comfortable in addressing any issues if they arise.
WESM realizes that the loss of staff to AIDS is not just the loss of a person. It is also the loss of experience, money in the form of qualifications and compensation expenses, knowledge, continuity and familiarity of the organization and its methods. Although this may require initial financial outlay, the potential savings, certainly in regard to the non-tangible factors, are hugely beneficial. Internal education is a potentially useful source of combating the internal threat of HIV/AIDS to WESM (Mastaglio, 2002).

3.1.7 Staff Conditions and HIV/AIDS Policy

WESM does not have a specific HIV/AIDS Policy. While this constitutes a major weakness, WESM has Staff Conditions which are non-discriminatory of HIV/AIDS employees. Among others, the following issues which relate to HIV/AIDS are covered in the WESM Staff Conditions of 1997:

3.1.7.1 Medical Examination Report

The process of employment includes a Medical Examination Report which must be completed by both the prospective employee and an approved Medical Officer. The Medical Examiner has to certify the following:

“I have examined the above candidate and consider him/her:

(a) In / not in good health and fit for employment in WESM.
(b) Fit / not fit for specified duties only, Specify______”.

The Medical Examiner does not have to disclose the status of HIV/AIDS for those who have tested positive.

3.1.7.2 Gratuity Contract

“All confirmed employees who are below the retirement age will automatically join Society’s Gratuity scheme. Full details are provided in the Gratuity Contract Form (Appendix “5”) to be filled by a member of staff after confirmation of probationary appointment. A copy of the contract form will also be with the Administrative Officer. The gratuity contract rates shall be at 25% for a contract running for 2 ½ years and 20% for contracts less than 2 years. The Board will review these rates from time to time.” Again, this policy statement does not exclude employees with HIV/AIDS.

3.1.7.3 Contributory Medical Scheme

“All confirmed staff members shall enjoy Society’s Medical scheme and workman’s compensation Insurance Schemes as described in the Letter of Appointment.

The Society shall cause to be kept separate medical account books for the Medical Scheme for each Employee. The account shall be used for medical treatment.
purposes only. Upon the end of the contract, dismissal or demise of the employee, all the money saved plus interest shall be due to him/her or dependants. An employee, who resigns on his own accord, shall only get 50% of his medical contribution without interest.

The Board shall decide the amount of the medical scheme upon recommendation by Management. This shall be reviewed annually.”

WESM contributes 50% to the medical scheme for each employee and registered spouses, children and dependants, while the employee contributes the other 50%.

3.1.7.4 Sick Leave

“A member of staff who is ill and has been declared by medical officer as being unfit for work shall be entitled to put a total of one month sick leave at full salary and a further two months at half salary in a calendar year.

Thereafter, the Board may grant a further period of sick leave on humanitarian grounds at half pay depending on the merits of each case; otherwise the Board may retire the member of staff on conditions to be decided by the Board.”

3.1.7.5 Death of Member of Staff, Spouses, Children and Dependants

Upon the death of an employee WESM management ensures that the following are immediately done:-

a) The next of kin of the member of staff are notified on the cause of death.

b) Necessary steps are taken to secure cash and personal effects of the deceased, where applicable, and hand them over to the person or persons lawfully entitled to administer the deceased estate.

c) Appropriate insurance authorities are informed for any benefits from insurance policies contracted by the deceased or pension scheme benefits contributed by the deceased when he was alive during his employment.

d) An application is made for compensation under the Workmen’s Compensation Act when this is appropriate.

- A suitable coffin is purchased by the Society on behalf of the family of the deceased after consultations with members of the deceased’s family. Where the deceased’s family or relatives are not available and it is ascertained that they will not be quickly available to attend the funeral, management ensures that suitable arrangements are made for the funeral of the deceased member of staff.
In accordance with custom, the reasonable funeral expenses including cost of the coffin and transport are met by the Society.

In respect of the death of a spouse, children and up to three dependants of the employee, the Society renders similar assistance, if requested to do so by the employee.

Upon death of an employee, the Society provides transport to the other members of the family with belongings back to the deceased home of origin if requested to do so by the deceased family (WESM, 1997).

3.2 Program / project level interventions

3.2.1 Programs and Projects Impacts on HIV/AIDS

WESM understands that Programs and Projects at the snake level – community level - have some impacts in two main ways:

Projects have the potential to decrease the effects of HIV/AIDS. This may be achieved through offering a broader range of Income Generating Activities to households and individuals thus resulting in a decrease in vulnerability to HIV and prolonging onset of AIDS by access to good nutrition and medicines. It may take the form of increasing income thus decreasing poverty or even providing information and education that is digested and acted upon (Mastaglio, 2002). HIV related projects also contribute to raising awareness and behavioral change. WESM is exploiting the potential of programs and projects to achieve these.

Projects also have the potential to increase the incidence of HIV/AIDS. This can be through increasing the disposable income, particularly of men, and potentially increasing their access to recreational sex. Successful projects may also increase migration to an area as there is potential for income to be generated. This leads to people wishing to settle in project areas and also creation of new trading opportunities, increasing interactions with markets and trading centres (Mastaglio, 2002). WESM is also trying mitigating or minimizing the negative impacts of HIV/AIDS that programs and projects may contribute through the promotion of conservation based enterprises.

Practical steps have been taken to ensure that projects discourage rather than encourage HIV/AIDS.

3.2.2 Forging collaboration and partnership
WESM collaborates with health-related organizations to provide counseling services and products to communities and staff on HIV/AIDS and family planning. WESM also provides linkages between communities and other collaborating institutions involved in HIV/AIDS and family planning programs.

For example, WESM works with such institutions such as:

- **Banja La Mtsongolo (BLM), a healthy NGO,** provides services in family planning, HIV/AIDS including Sexually Transmitted Diseases (STDs), and other healthy related products and services. WESM has used the outreach unit of BLM to conduct awareness campaigns in WESM's project areas.

- **Malawi-German HIV/AIDS Project funded by the German Agency for Technical Cooperation (GTZ)** has been helpful in this regard. This program has provided training to our staff members and their spouses. It also provides awareness packages on HIV/AIDS and family planning services and products including condoms which are distributed free to communities and staff members.

- **The OXFAM-Malawi Country Representative, an HIV/AIDS lady advocate** has made speeches at rallies and awareness campaigns organized at community level organized by WESM. This has been appreciated especially by women who have been inspired by their fellow lady taking a proactive role in this area.

The partnership is at two levels. First, WESM provides resources such as funds, transport etc. to staff of these organizations to conduct training or awareness in geographical areas where they do not normally operate. Second, if the training or awareness is taking within their areas of operation, no such resources are provided.

Other loose relationships occur with the Malawi Aids Counseling and Research Organization (MACRO). Staff members and clients are encouraged to get their blood tested for HIV/AIDS. It is a loose relationship as there is no direct communication links established between WESM and MACRO.
3.2.3 Community Level Interventions

3.2.3.1 Developing and conducting awareness campaigns on HIV/AIDS

The problem of HIV / AIDS is a critical one both at local and national level in Malawi. It is believed that at-least one in seven of the population are HIV positive (Strategic Planning Unit, Malawi National Control Programme, 1999). While it is true that AIDS/HIV is transmitted in a number of ways such as mother- to- child, blood transfusion and others, there is a general belief that unsafe sexual intercourse is the major transmission process in Malawi. Therefore, WESM programs and projects develop and conduct awareness campaigns on modalities of AIDS/HIV transmission, its effects and consequences, and how communities and individuals can prevent being effected.

WESM program teams:-
• Carry out community needs assessments using an Appreciative Inquiry Assessment (AIA) or Participatory Rural Appraisal to learn and appreciate the severity of the AIDS/HIV pandemic in each area of operation.
• Develop themes from the lessons learnt on the kind of messages to develop for awareness.
• Prepare questions to ask people during awareness campaigns.
• Organize awareness campaigns where dramatist would perform.
• Ask questions during awareness campaigns and present prices to those providing right answers.
• Organize monthly awareness meetings on HIV/AIDS with women, Village Headmen and political party leaders.
• Identify and consult dramatists to write and perform about AIDS/HIV.
• Use Band existing in the area to compose and sing songs on HIV/AIDS.
3.2.3.2 Targeting members of the community, which are heavily affected by the HIV/AIDS pandemic.

WESM projects ensure that at-least 30% of the beneficiary households constitute people affected by the HIV/AIDS pandemic. These include women, the old and orphans. To achieve this, WESM field staff:

- Record and visit regularly family households most affected by the disease.
- Deliberately include people suffering with AIDS/HIV in income generating activities and other food security safety nets.

However, due to the stigma associated with the disease, it has proved very difficult for families to come into the open to declare their HIV/AIDS status. This constitutes one of the many challenges associated with the disease, and most people may end up suffering in silence.

3.2.3.3. Conducting research to understand the linkages of HIV/AIDS and Conservation

In 2002, WESM initiated some studies to understand the linkages between HIV/AIDS and Conservation. The study, done by an Intern from England, looked at HIV/AIDS, Soil Erosion and Food Insecurity in selected project sites. The results reveal that as families become affected with HIV/AIDS, their ability to maintain soil conservation structures greatly reduce, leading to soil erosion, loss of fertility, and low production (Mastgalio 2002).

4.0 Mitigating Impacts

One of the main objectives of WESM is to implement projects that address root causes of environmental degradation. A number of needs assessment done by WESM have identified poverty, illiteracy and high population growth as root causes of environmental degradation. Poverty, however, seems to be the main driving force of both environmental degradation and increasing spread of HIV/AIDS in Malawi. HIV/AIDS is affecting young girls and women more than men due to inequalities in financial dependency. Young girls and women are forced into commercial sex in-order to generate income. On the other end of the equation, HIV/AIDS is affecting educated young men and old rich men. These have the resources to spend on commercial sex and extra sexual relationships. WESM feels that any mitigation efforts must target women, who are most vulnerable to HIV/AIDS.
WESM is implementing conservation based enterprises and activities which aim at reducing and mitigating impacts of HIV/AIDS. Some of these include the following:

4.1 Attaining Food Self Sufficiency
Food security and good nutrition is a prerequisite to improved health, especially amongst people living with HIV/AIDS. However, food self sufficiency is dependant on good soils. Therefore, the conservation of soil is a key and important component for Malawi’s social and economic development. Soil is a resource that requires to be fed if it is expected to produce the required products. The soil needs to be conserved against soil erosion, soil fertility loss, and other forms of soil degradation. Without proper soil conservation, Malawi will continue to fail to attain agricultural sustainability. Of late, indeed, Malawi has failed to attain food self-sufficiency, rendering over 3 million people to starvation and hunger (UNAIDS/WHO 2002).

While the causes of food insecurity are many, domestic economic policy mismanagement, resource degradation and irregular weather patterns are some of the most important factors that caused the 2002 horrible hunger in Malawi. One of the resources that have been degraded is the soil due to deforestation, soil erosion and general bad farming practices. The result is that most of the smallholder farms are very poor in soil fertility. Declining or low soil fertility is the major constraint to increasing crop yields. Soil fertility declines under cultivation because of nutrient removal during harvest, erosion of topsoil escalated by the inability of communities to maintain soil conservation structures due to effects of HIV/AIDS, leaching of nutrients below crop rooting depth and due to floods. Soil conservation measures require labor. Unfortunately, this labor pool is now affected by the HIV/AIDS pandemic. A study conducted in central Malawi showed that about 70% of the surveyed households had suffered labor losses due to sickness. The study also found that more than 50% of poor households affected by chronic illnesses, such as HIV/AIDS, delayed their own farming in order to try to earn cash incomes elsewhere to cover basic expenses (UNAIDS/WHO 2002).

While inorganic fertilizers can contribute to soil fertility retention, they have proved to be too expensive to be afforded by the ordinary farmer in Malawi. Most of the fertilizers are being sold over K1, 500.00 ($30.00) per 50Kg bag. They have become expensive because of the over-reliance of many farmers on inorganic fertilizers, increasing the demand for such fertilizers.

Organic manure, on the other hand, can provide the necessary nutrients and improve the retention of soil texture and fertility. Despite the high labour input required into the production of sufficient quantities of manure, if available manure can be cheap. WESM is, therefore, encouraging Malawians, to adopt or go back to organic farming in order to conserve and replenish the degraded soils with necessary nutrients. If farmers can afford it, then a combination of inorganic fertilizers, organic manure and good husbandry methods will produce wonderful results in terms of crop production. WESM is also encouraging agro-forestry and perm-culture.
4.2 Conservation of native crops and crop diversification

Related to soil conservation is another issue of conservation of native crops. Malawi's nutrition situation is deteriorating by each passing day, and this is a serious concern. Much of the population, especially in rural and low-income urban areas, is more vulnerable to malnutrition and starvation than ever before. This is more critical in households affected by HIV/AIDS whose effects are made worse by poor nutrition. From its track record, Malawi used to have its own native crop diversity, which assisted reduce the vulnerability of serious at-risk people to food shortages. Smallholder farmers used to diversify and grow a number of native crops (Liebenow, J. Gus 1987). Unfortunately, this is no longer the case, pointing at a number of possible contributing factors including leadership, weather, diseases such as HIV/AIDS (UNAIDS/WHO, 2002).

In the years 2001 and 2002, most rural Malawians failed to plant their gardens because they did not have either the improved hybrid seeds or the money with which to buy the improved seeds. Indeed, some farmers were compelled to plant the Genetically Modified Organism (GMO) seed, an American food aid (Malawi Nation, January 2002). This has been the case because Malawians have become so dependant on improved maize seeds, which are both expensive and need to be bought annually. The native crops have either disappeared or are nearly disappearing.

If Malawi is going to get out of the food insecure trap; there is need to conserve the diversity of Malawi’s native crops, which can withstand both the local climatic conditions and soils. In this way, every household including those affected by the HIV/AIDS pandemic shall manage to plant and harvest some crops to improve their nutritional status.

4.3 Promotion of conservation based enterprises

The conservation of wildlife (game) can contribute to the social and economic development of a country through tourism, spot hunting, cropping or culling, sell of hides, ivory and trophies, sell of live animals, and related products. WESM recognizes that Malawi does not have such abundant wildlife to engage in these enterprises as is the case in Zimbabwe, Botswana, Namibia and South Africa.

However, WESM has promoted utilization of wildlife and forests which has improved both the social and economic standards in some parts of the country. For example, in 2001, communities raised K964,800.00 (US$12,864.00) from guinea fowl sales in Mwanza District, in a project funded by the Germany Agency for Technical Cooperation (GTZ). This money went straight into the farmers' pockets, and increased incomes from $43.00 to over $500.00 per annum for some households engaged in these activities.
During the same year, communities raised MK494,345.00 (US$6,590.00) out of Malambe (Baobab) and Bwemba (Tamarind) Fruit Juice. Of this, 20% went directly to local individuals involved in the juice production, 30% went to the Local Steering Committee for community development projects, while 50% went into production of more juice.

During hunger times or illnesses, communities have sold guinea fowls for immediate money.

Bee keeping for honey production is another activity that is generating substantial income for communities.

WESM is also promoting production of fire briquettes, tree seedling production which, are extra sources of income.

The role of WESM in this has been to assist communities with start up funds by way of breeding stock, hives, seedling pots and technical advice using Village Based Workers (VBW) who are also from the same communities.
WESM is also encouraging the planting and conservation of fruit and indigenous trees for both food and herbal medicines. WESM is advocating for a *fruit tree for every child every year* campaign. This motto has seen an increasing variety and diversity of fruit trees in the landscape. Women have liked the program as they get more fruits for both consumption and income.

Personal interaction with old people and traditional healers has shown that a number of indigenous and fruit trees provide successful remedies against many HIV/AIDS related diseases such as shingles. For example, it is believed that an infusion of Papaya, Lemon tree roots and other tree species successfully treats some sexually transmitted venereal diseases such as syphilis. The lemon fruit is taken by many to treat colds and coughs in Malawi. Use of herbal medicine to treat HIV/AIDS related diseases has also been reported in East Africa (UNAIDS June 2002).

The various activities promoted by the Society have shown that communities can conserve the environment because of the benefits or values they can get out of it. Communities can now get more money without destroying trees, as was the case before. Community's attitude towards natural resources has greatly improved. The social and economic welfare of the communities has also greatly improved, mitigating in part, impacts of HIV/AIDS. This conservation approach is encouraging innovative ideas and activities that are less destructive, sustainable and give better returns. Another advantage of the approach is that the technologies being used are simple and cheap. Simplicity and low cost are critical factors for sustainability and extension to other communities including those people living with HIV/AIDS.

### 4.4 Advocating for a Conducive Land Policy and Legislation

WESM is a Chair and member of the Civil Society Task Force on Land and Natural Resources. The Task Force is mandate to ensure that the Malawi Land Policy which is under review includes the poor and the marginalized including people living with HIV/AIDS especially women and orphans. One of the issues is to ensure that families have title deeds to their land so that land grabbing does not happen upon death of household head. Land and property grabbing is a common issue in Malawi. In Malawi, just as in most African countries, land is power and a source of livelihood for many people. It, therefore, deserves special attention to ensure that those affected by the HIV/AIDS pandemic do not face a double tragedy.
5.0 Challenges and Way Forward

5.1 Behavioral Change, culture and other traditional beliefs

Kondowe and Mulera (199) indicate that culture constitutes the greatest challenge to intervention due to a complex network of beliefs, values and practices, which tends to promote behaviours which predispose individuals, families and communities to HIV infection.

In their study, Kondowe and Mulera (2002) also observed that cultural views about sex are such that sex is seen as the greatest drive for marriage, it is considered very important and is more for procreation and personal gratification than for love. It is natural and, particularly for men, manhood without sex is incomplete. It also serves many vital rituals such as initiation rites, death rites and various magical rituals.

In some societies, the following cultural issues and beliefs are still strong, albeit dying away slowly:-

- **Initiation ceremonies** which are intended to train boys and girls in acceptable behaviour but are also loaded with lessons on theory and practice of sex, the latter before marriage encourages the spread of the HIV.

- **Death rites**, though not very common now, whereby a woman who has been widowed is required to have sex as a cleansing ritual after the burial of her husband encourages HIV infection.

- **Property grabbing** in which a widow's property is grabbed by the male relatives and she is left to fend for herself sometimes through ‘commercial sex’. This is still very common especially amongst matrilineal societies.

- **Widow inheritance**, a practice in which a widow is inherited by the brother of the deceased exposing either of them to HIV infection;

- **Polygamy** a practice which allows men to marry more than one wife, no HIV testing is done.

- **Traditional medicines and witchcraft** which sometimes prevent rational scientific understanding of HIV/AIDS because many communities believe that HIV/AIDS can result from magic and that it can be treated by herbal medicines. In some cases when a woman has problems especially in bearing children, a witch-doctor might have sex or recommend that she should have sex with somebody else as part of the healing process (Kondowe and Mulera 1999).

All these cultural issues must be understood in dealing with the HIV/AIDS pandemic.
5.2 Limitation of conservation based-enterprises

If not well planned, conservation based enterprises may be difficult to mitigate HIV/AIDS impacts. Indeed, a successful project that is providing a more diverse portfolio of IGA’s, increasing income, reducing poverty and hunger, may potentially contribute to HIV/AIDS prevalence, especially when these are targeted at men only. Therefore, there is need to engage women and the disadvantaged in conservation based enterprises. WHO (2002) indicates that women are more vulnerable to HIV infection because among other reasons,

- Financial or material dependence on men means that women cannot control when, with whom and in what circumstances they have sex;
- Many women have to exchange sex for material favors, for daily survival. There is formal sex work but there is also this exchange which in many poor settings, is many women's only way of providing for themselves and their children."

Therefore, WESM is encouraging and deliberately targeting women in mitigating impacts of HIV/AIDS. This involves planning and implementing programs that are fully researched to determine the most advantaged groups, the likely interventions, and expected outcomes.

5.3 The Need for an Institutional HIV/AIDS Policy

While WESM has its Staff Conditions, it does not have a specific HIV/AIDS Policy. WESM is aware of the ILO (2001) HIV Workforce Policy which acts as its reference point. However, the lack of an institutional HIV/AIDS policy constitutes a major weakness since there is no basis for reference in case of any legal issues arising between the organization and its employees. The current Staff Conditions of Service are not specific enough on issues of HIV/AIDS. This is an area the WESM is seeking to improve within the coming months.

5.4 Assessing Linkages of HIV/AIDS and Conservation

Most of the linkages discussed in this paper and many other reports are just anecdotes. As pointed out by Mastaglio (2002) the environmental impacts of HIV/AIDS are only a fraction of the wider impacts of the disease, and are currently in need of more research and action. However, it must not be forgotten that HIV/AIDS has truly multi-sectoral impacts, and these impacts must be addressed in an appropriate manner. Context is also of significant importance, blanket application of interventions or findings and understanding only seeks to cloud the true impacts of the disease (Mastgalio 2002).

Therefore, there is need for research that must look at HIV/AIDS impacts on conservation, and how Conservation can assist mitigate HIV/AIDS impacts. This is an area that WESM wishes to explore further especially around protected areas such as national parks and wildlife and forest reserves and on communal lands.
5.5 Treatment and care

WESM does not currently provide any assistance in areas of treatment and care. However, there is a growing realization that provision of Anti-retroviral drugs to WESM staff and clients would assist to increase the life span of people living with HIV/AIDS. The Anti-retroviral drugs are still a commodity of the rich in Malawi. A recent discussion with our partner, Banja La Mtsongolo has indicated that they are willing to administer these drugs on behalf of organizations such WESM. This is an area WESM is exploring further for possible assistance especially with the skyrocketing decrease in prices of generic drugs.

6.0 Concluding Remarks

WESM believes and endorses that HIV/AIDS pandemic is a crisis that requires a multi-sectoral approach. While some leaders in the health sector are agitated by the involvement of organizations traditionally not involved in health issues, due to the belief that such organizations would like to be involved just for financial gains, it is not necessary the case but rather the severity of the problem that warrants the engagement of each and every sector of the economy in-order to deal with the pandemic. WESM is, therefore, looking for smart partnerships with the health organizations in-order to maximize mitigating impact. This is a war that must involve each and every sector of development.

In concluding, the impacts of HIV/AIDS on conservation and the environment are still obscured by a number of linked and cross cutting root causes of environmental degradation such as poverty, hunger and corruption. Similarly, the contributions of conservation to mitigating HIV/AIDS are still anecdotes and require social-economic and ecological research.
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