

Case study 2: Ministry of Agriculture and Food Security in Lesotho

KEY FINDINGS

- Like most other public sector institutions in Lesotho, the Ministry of Agriculture and Food Security (MoAFS) still has to develop a comprehensive internal response to the epidemic.
- Personnel are at high risk of contracting HIV. Characteristics of the work environment, including high levels of staff mobility, denial, and the seasonality of some lower-skilled functions, are also likely to increase the susceptibility of staff to HIV/AIDS.
- The ministry is also vulnerable to the effects of AIDS-related attrition, as it relies heavily on highly skilled professional and technical staff, who are difficult to recruit, retain, and replace. A number of pre-existing constraints, including high levels of bureaucracy, absenteeism, poor co-ordination, top-down management styles, low morale, and inadequate resources may also make it difficult for it to cope with the effects of the epidemic.
- Managers and staff feel that illness is a tremendous problem. Almost three quarters (71%) of the general staff reported that illness and other medically related forms of attrition are issues for the MoAFS. Human resource data for selected categories of unskilled, technical, and professional personnel showed that the ministry has lost 198 staff in eight job categories over the last five years. Staff in professional categories are worst affected by death-related attrition.
- HIV/AIDS may be increasing demand for some services and complicating the ministry's delivery of others. Increasing levels of

absenteeism are exacerbating existing staff shortages and are impacting negatively on the delivery of timely and effective services, especially specialised veterinary services. Higher levels of illness and death may also be hampering the recovery of loans by the MoAFS to farmers.

- The ministry has yet to develop a ministerial HIV/AIDS policy framework for dealing with the epidemic.
- At the time of the study, the ministry did not have a formally designated HIV/AIDS co-ordinating structure, although a ministerial HIV/AIDS co-ordinating committee was reportedly established in the second quarter of 2004—suggesting that the ministry has begun to internalise the notion of HIV/AIDS as an organisational issue.
- Ministries are required to set aside 2% of their annual budget for HIV/AIDS activities. However, the lack of a clear policy framework or detailed strategies for spending this money has resulted in under-spending, and the use of funds for visible but, arguably, superficial activities.
- The ministry has neither a formal HIV/AIDS prevention programme nor a care and support programme for its employees. The focus is on community-oriented activities, and preventing and managing HIV/AIDS among the ministry's own personnel has yet to become a priority. Some limited, primarily prevention-oriented activities have been implemented but, as in the previous case study, these have suffered from lack of institutionalisation that is likely to compromise their sustainability.
- There are no measures in place to mitigate the effects of attrition on organisational capacity—which is generally dealt with by replacing and redeploying staff and redistributing tasks.

INTRODUCTION

Despite the government's efforts to diversify Lesotho's economy, most Basotho derive part or all of their food and income from subsistence or commercial agriculture. The MoAFS has been given the formidable task of enhancing individual and national food security by revitalising the country's ailing agricultural sector. In the context of the HIV/AIDS epidemic, it is expected to play a primary role in supporting production and improving levels of nutrition in households affected by HIV/AIDS.

The MoAFS has acknowledged HIV/AIDS as a significant problem among its workforce. This case study examines the extent to which the ministry has put in place mechanisms to prevent the transmission of HIV and manage the effects of the virus among its staff. This chapter begins by discussing the HIV/AIDS situation in Lesotho, the national HIV/AIDS policy framework and the institutional context in which the MoAFS operates, before exploring the perceived impact of HIV/AIDS on the ministry and the nature and extent of its response to the epidemic.

HIV/AIDS IN LESOTHO

According to the most recent estimates, approximately 320,000 men, women, and children are living with HIV/AIDS in Lesotho. This equates to an average prevalence rate of just under 18%—giving it the third highest prevalence in the region after Swaziland and Botswana.⁶⁹ Average adult prevalence among 15 to 49 year olds is estimated to be at 29%. According to the Ministry of Health and Social Welfare's most recent sentinel survey, women in their twenties are worst affected, with antenatal clinic data indicating a median prevalence among women of 39% and 30% for 25-29 and 20-24 year olds respectively.⁷⁰

HIV/AIDS has spread quickly in Lesotho since the first case was diagnosed in 1986. Sentinel site surveillance, for example, suggests that only 5% of women in urban areas such as Maseru and Mafeteng tested positive for HIV when surveillance began in the early 90s. By 1994, however, over 20% of antenatal clinic attendees tested positive, with median prevalence now standing at over 30%. The spread has been slightly slower in rural areas, where prevalence increased from approximately 2% when surveillance began to a little under 10% in 1994 and roughly 27% in 2003. The data also suggests that prevalence is still increasing, particularly in rural areas.⁷¹

The Lesotho epidemic is younger and less advanced than in other countries in the region, such as Botswana, Zimbabwe or Zambia, and is

only now reaching the stage where large numbers of people can be expected to begin dying of AIDS. Available data does not provide meaningful evidence of trends over time, but suggests that AIDS-related death may be beginning to take its toll.

It is estimated, for example, that approximately 70 people die each day as a result of HIV/AIDS in Lesotho,⁷² while UNAIDS calculates that approximately 29,000 people died of AIDS in 2003, compared to an estimated 25,000 in 2001.⁷³

THE NATIONAL RESPONSE TO HIV/AIDS

The government of Lesotho was initially slow to react to the problem of HIV/AIDS, but in the last five years has become increasingly focused on combating the epidemic. Internationally, Lesotho has become a signatory to the UNGASS Declaration of Commitment on HIV/AIDS and, in its capacity as the chair of the Southern African Development Community (SADC), it hosted SADC's Extra-ordinary Summit on HIV/AIDS in July 2003, which resulted in the Maseru Declaration on the Fight against HIV/AIDS in the SADC region. Nationally, like Botswana, Lesotho has now declared HIV/AIDS a national emergency. In an important show of political will, Lesotho's constitutional monarch, King Letsie III, and its government have declared HIV/AIDS "a disaster of national proportion" and have recognised it as a health and development issue deserving of priority status.⁷⁴ As argued by the Prime Minister in 2002:

HIV/AIDS has emerged as a major health and development crisis. The cost is frighteningly high and threatens to erode gains in various areas. We have to take up arms, fight and defeat this epidemic in our community.⁷⁵

NATIONAL POLICY FRAMEWORK

Since the late 80s the government of Lesotho has pursued a range of relatively limited HIV/AIDS prevention and control measures,⁷⁶ but it was only in 2000 that the government put in place a framework for a comprehensive, national response to the epidemic. This expanded response is guided primarily by two documents—the Policy Framework on HIV/AIDS Prevention, Control and Management and the five-year National AIDS Strategic Plan (NASP)—which establish the national vision and strategies for implementing the response to the epidemic.⁷⁷ In

2003, the government of Lesotho also officially adopted a document produced by UN and other country-level partners to guide the scaling up of the national response (Box 8).

The aim of the national policy framework is to create a policy environment conducive to containing and preventing the spread of HIV, and mitigating the impacts of the epidemic on infected and affected individuals, families, and communities. The focus is on preventing the

Box 8: Scaling-up the national response

IN 2003 the UNDP and several of Lesotho's other development partners produced a document that spelled out strategies for scaling up the government's national response to the epidemic. The document, "Turning a crisis into an opportunity: Scaling-up the national response to the HIV/AIDS pandemic in Lesotho", was adopted as an official document by Lesotho's cabinet in October 2003. One of the cornerstones of this document is the mainstreaming of HIV/AIDS into all government policies, institutions, and programmes—a strategy that has subsequently been adopted by government.

With less than two years having passed since this strategy was officially adopted, its implementation is still in its early stages. According to the UNDP in Lesotho, however, actions to date include:

- The establishment of a multi-party parliamentary committee on HIV/AIDS, which is tasked with ensuring that parliament is transformed into an enabling workplace for those infected and affected by HIV/AIDS.
- Parliamentary consultations in order for parliamentarians to better understand the epidemic and their role in implementing an effective response—including reviewing policies and budgets through an 'HIV lens'.
- A high-level workshop with principal traditional leaders on their role in controlling and managing the epidemic.
- The initiation of a national VCT campaign. As a first step in mainstreaming, the Prime Minister challenged his ministries to encourage VCT; several ministers and deputy ministers have undergone testing and have initiated group-counselling sessions to encourage their staff to the same.

A system-wide capacity assessment is also envisioned, although only the Ministry of Education has meaningfully embarked on such a process. This ministry has already gathered a significant amount of data, which has highlighted a number of vulnerabilities created by HIV/AIDS. On the basis of this information, the ministry is exploring ways of transforming its current mode of operations, including the use of information and communications technology to enhance delivery through e-learning.

transmission of HIV through expanded information, education and communication (IEC) campaigns and, to a lesser extent, the provision of medical and psychosocial support. It also emphasises the need for a multi-sectoral response to the epidemic and, although it does not specify roles and responsibilities, argues that every institution and individual in Lesotho has a duty to help control and manage the epidemic. Government institutions are instructed to “plan [for HIV/AIDS], allocate resources from their regular budget and implement appropriate HIV/AIDS and STI prevention and control activities”. The framework does not specifically establish a role for public institutions in alleviating the impact of the HIV/AIDS on their staff, but all employers are tasked with implementing HIV/AIDS awareness and prevention-oriented activities in their workplaces.⁷⁸

Under this framework, the government endeavours to source the human and financial resources necessary for governmental and non-governmental institutions to implement the national response. In line with this policy, government announced in 2001 that 2% of all government expenditure was to be spent on implementing the national response—with each of its ministries required to put aside this proportion of its yearly recurrent budget for HIV/AIDS-oriented activities.

With the assistance of non-governmental and donor agencies, the government recently obtained US\$34 million from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria to spend over the next five years on controlling HIV/AIDS and tuberculosis. The pharmaceutical company Bristol Meyers-Squibb is also financing the establishment of a testing and counselling clinic and acquisition of antiretroviral treatment.

IMPLEMENTATION

The NASP establishes the key action areas for all partners involved in implementing the government’s response. It reiterates the call for a multi-sectoral response and calls for the co-ordination of HIV/AIDS prevention and support activities by all government ministries, district offices, donor agencies and NGOs, the private sector, churches, and traditional healers. Most relevant to the topic at hand, the NASP advocates the strengthening of workplace interventions and the creation of posts in order to co-ordinate such activities more effectively. Ministries are required to develop sector-specific HIV/AIDS policies that deal with both the internal and external implications of the epidemic.

The national policy framework establishes two bodies to co-ordinate and implement the national response. The National AIDS Committee, consisting of government ministers, is tasked with advocacy, policy formulation and review, resource mobilisation, and the overall co-ordination and monitoring of the response. The Lesotho AIDS Programme Co-ordination Authority (LAPCA) is its secretariat. Neither of these bodies, however, has been overly effective, and to date co-ordination and implementation of the response has been relatively poor. The National AIDS Committee has been hampered by poor levels of commitment and a lack of representivity,⁷⁹ while LAPCA has experienced a number of teething problems, including the slow recruitment of staff, conflicting mandates, and a lack of influence.⁸⁰

The government is currently in the process of reformulating these co-ordinating structures. On the recommendation of the UNDP and several of Lesotho's other development partners, in October 2003 the government decided to establish a new broad-based National AIDS Commission (NAC). This commission will consist of influential government roleplayers, as well as representatives from a range of constituencies, including people living with HIV/AIDS, faith-based organisations, women, and youth. Under this arrangement, a more strategically oriented, revitalised LAPCA will act as the secretariat to the commission, and will serve as its technical arm.

PROGRAMMES

The government has prioritised the rollout of counselling, treatment, and support infrastructure, although this infrastructure is currently relatively rudimentary. In 2004 the government initiated a national VCT programme. Launched at Qacha's Nek, this programme aims to provide free, universal access to counselling and testing in each of Lesotho's ten districts, although to date facilities have only been established in two districts.⁸¹ A PMTCT programme has been launched, although currently only four hospitals offer PMTCT services.⁸² The government is putting together a plan for providing free antiretroviral drugs through the public health system.⁸³

INSTITUTIONAL CONTEXT

The civil service has been, until recently surpassed by the manufacturing and commerce sectors, the single largest employer in Lesotho. It

employs approximately 35,000 people and absorbs almost 20% of all government spending.⁸⁴

The recently restructured⁸⁵ MoAFS is one of Lesotho's larger ministries and, in 2003, employed approximately 1,533 staff—the bulk of whom (60%) were stationed in district offices.

Agriculture has always formed an important part of Lesotho's economy and, despite the government's efforts to diversify its economic base, remains one of its mainstays—with an estimated 86% of Basotho reliant on subsistence agriculture for survival.⁸⁶

In recent years, however, the sector has experienced declining productivity owing to, among other factors, declining spending power, overgrazing, erosion, degradation of arable land, poor levels of mechanisation, drought, and HIV/AIDS. In 2004 the country experienced a third year of food shortages.⁸⁷

In the face of such food shortages—and high levels of poverty and unemployment nationally—the ministry has been given a fundamental role in revitalising the agricultural sector with a view to enhancing individual and national food security.⁸⁸ In the context of the HIV/AIDS epidemic, the ministry is also expected to help to support production and adequate nutrition in households affected by HIV/AIDS.

In trying to fulfil these objectives, the ministry faces the same broad constraints that confront the public service as a whole, which—like many civil services in the region—is characterised by high levels of inefficiency and limited capacity. Staff turnover is high, and relatively poor conditions of service make it difficult to attract optimally qualified personnel, especially when faced with competition from more lucrative foreign job markets. Vacancy rates among professional and managerial staff are high and the public service tends to be bottom-heavy; most ministries are overstaffed at clerical and semi-skilled levels, but experience significant skills shortages at professional and managerial levels.⁸⁹

In 1994, the government embarked on a public sector reform and capacity-building programme with the aim of addressing such weaknesses. These reforms focused on rationalising organisational structures, improving the management and use of human resources, strengthening government's capacity to attract, retain and motivate personnel through improved conditions of service, and establishing a performance management system.

Many of these reforms are still under way and have yet to result in substantial improvement.

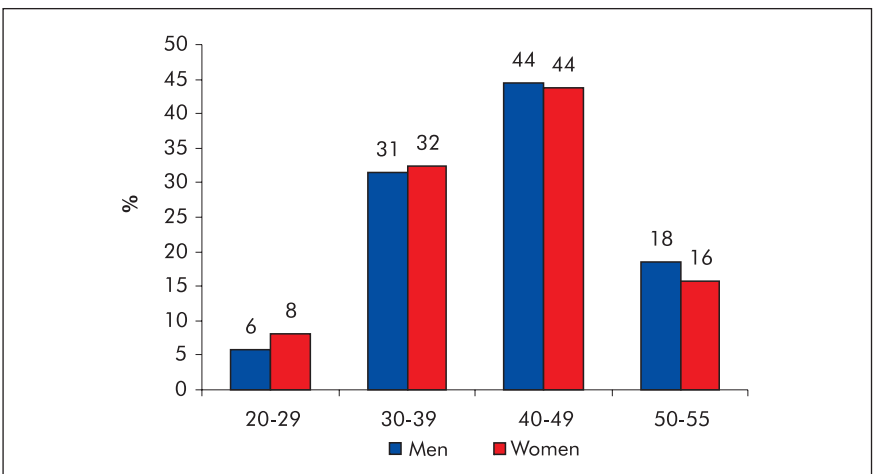
THE IMPACT OF HIV/AIDS

SUSCEPTIBILITY OF STAFF TO INFECTION

A simple risk assessment based on the age and gender profile of personnel and the characteristics of the workplace suggests that ministry staff are vulnerable to contracting HIV. Analysis of the human resource data shows that the bulk of the ministry’s employees (83%) fall in the 15-49 age group that is most affected by HIV/AIDS. It also shows that half of all personnel are women. This may increase susceptibility to infection, as women in sub-Saharan Africa are twice as likely as men to contract HIV.⁹⁰ This is owing to a combination of physiological, socio-cultural and, often, economic characteristics that leave women physically more vulnerable to infection and less able to control if and how sex takes place. Thus, while it is commendable that large numbers of women are being employed by the MoAFS, this could, in the absence of comprehensive prevention programmes that address gender inequalities, leave the ministry more vulnerable to the attrition-related implications of the epidemic.

A more detailed analysis of the age profile of staff by gender adds weight to the suggestion that many of the ministry’s staff are at high risk of infection. As already discussed, prevalence among women attending antenatal clinics in Lesotho is highest in women in their twenties, peaking between the ages of 25 and 29. As shown in Figure 8, a little under one

Figure 8: Age distribution of MoAFS staff by gender



Source: Human resource records, Lesotho Ministry of Agriculture and food security

tenth (8%) of the ministry's female staff fall into this age group. Comparable prevalence data was not available for men. However, given that men in sub-Saharan Africa are generally infected five to ten years later than women,⁹¹ we can expect prevalence to be highest among Basotho men between the ages of 30 and 39—an age group that encompasses almost a third (31%) of the ministry's male personnel.

Assuming an 8-10 year lag between infection and the emergence of symptoms, the data further suggests that AIDS-related attrition should be on the rise, as close to a third (32%) of all female and two fifths (44%) of male employees are in the age group where AIDS-related deaths are most likely to occur.

Analysis also highlights trends that could exacerbate AIDS-related attrition within the institution. Just over three fifths (61%) of the ministry's employees are between the ages of 40 and 55. This indicates that upwards of half of the ministry's employees are at present between the voluntary retirement age of 45 and the compulsory retirement age of 55. The majority of senior professional and technical staff fall into this age group, suggesting that, in the absence of conscious measures to develop skills and experience among younger employees, the ministry will experience significant losses of skills and experience over the next decade. This situation could be aggravated by HIV/AIDS.

In addition to the age and gender profile of the organisation, a number of other factors may increase the likelihood of staff contracting HIV, including:

- *Separation of families:* Mobility, particularly when it involves separation from family, is widely acknowledged as a risk factor for HIV.⁹² The demands of government service mean that civil servants in Lesotho travel a great deal and are often posted away from their families. In the agricultural sector, in particular, personnel are frequently required to work in remote parts of the country, which often results in them being separated from family members who are reluctant or unable to relocate to these generally under-resourced areas. Interestingly, this issue is deemed so problematic by Lesotho's government that it is seriously considering a review of its transfer policy to ensure that spouses working in the civil service are not separated.
- *Denial:* As in many other countries in the region, stigma and denial remain significant problems in Lesotho and such attitudes

Box 9: Stigma and denial of HIV/AIDS in Lesotho

IN A SURVEY of ten districts by the Lesotho Bureau of Statistics in 2002, it was found that the proportion of the population to have ever undergone HIV testing in Lesotho ranged from a low of 4% in Maseru to a high of 17% in Maseru. Reasons for not undergoing testing included:

- a perceived lack of need to undergo testing (33%);
- fear of the test outcome (13%);
- the expense and distance involved (8%);
- the absence of nearby facilities (6%);
- lack of interest (4%); and
- lack of privacy (1%).

A study by the Ministry of Finance and Development Planning in the same year showed that, although most respondents would be prepared to care for a family member with AIDS, many hold negative attitudes towards people living with HIV/AIDS—particularly in rural areas.

When asked whether a teacher who is not ill but is HIV positive should be allowed to continue teaching, 61% were against this. Similarly, when asked whether an HIV-positive but healthy child should be allowed to attend school, the same proportion felt that such children should not share a classroom with other children.

Source: Demographic, Labour and Social Statistics Division (DLSSD), Lesotho core welfare indicators questionnaire (CWIQ) survey, Lesotho Bureau of Statistics, 2002; Ministry of Finance and Development Planning, 2002 Lesotho reproductive health survey, Analytical report 1, Government of Lesotho, 2003

unsurprisingly carry through to the public sector (Box 9). There was a strong perception that many of the ministry's personnel, particularly those in the professional, technical, and more senior cadres, believe themselves invulnerable to HIV/AIDS. As in the previous case study, it was clear from the interviews that many staff in the more skilled cadres see HIV/AIDS as a problem affecting their less-skilled, less well-off colleagues—a mindset which is unlikely to encourage them to protect themselves against infection.

- *Seasonality of the work:* Some personnel, such as tractor drivers, only have work for part of the year. It was felt that the boredom and stress associated with periodic unemployment encouraged drinking and risky sexual behaviour—interrelated factors that may expose such personnel to HIV infection.

VULNERABILITY OF THE INSTITUTION TO EFFECTS OF AIDS-RELATED ATTRITION

The findings of the study also suggest that the ministry is likely to be quite vulnerable to the effects of AIDS-related illness and death among its employees. This is primarily because it relies heavily on professional and technical staff with specialised skills—such as expertise in animal health, management and husbandry, as well as agronomy, crop production, and agricultural research—who, if lost, are difficult to replace. As shown in Table 3, almost one third (32%) of the ministry's employees are in the professional or technical cadres, and hold anything from a specialised diploma to a PhD. Managers reported that in the face of competition from South Africa and the private sector, it is difficult to recruit suitably qualified staff to fill these positions, and many of the posts requiring specialist skills were vacant. The Director of Livestock Services, for example, reported that qualified veterinary practitioners are particularly difficult to recruit and retain and, while the ministry has recruited some expatriate staff to fill vacancies (on significantly higher salaries than local staff), his department is currently understaffed in this area. A shortage of extension staff, surveyors, and agricultural engineers was also reported. Such shortages may be exacerbated by AIDS-related attrition. Solutions such as the contracting out of certain functions are being explored but have yet to take root.

Other factors that could increase the vulnerability of the institution include issues around productivity and motivation. Both the ministry's strategic plan⁹³ and a training needs assessment⁹⁴ identify poor levels of motivation and commitment as challenges for the ministry. The strategic plan also highlights, among others, a bureaucratic organisational culture, high levels of absenteeism, a lack of creativity, and a general unwillingness to work in rural areas as factors hampering the institution's performance.

Table 3: Distribution of skills within the MoAFS

	Headquarters	District	Total	%
Unskilled	257	337	594	39
Semi-skilled	174	241	415	27
Technical	74	288	362	24
Professional	95	37	132	8
Administrative	21	9	30	2
Total	621	912	1, 533	100

Source: Ministry of Agriculture and Food Security, Strategic plan for 2003/4–2005/6, Government of Lesotho, October 2003

The training needs assessment draws attention to limited resources, top-down management styles, poor co-ordination, and the underdevelopment and underutilisation of staff—all of which suggest insufficient flexibility to effectively cope with the potential impacts of the epidemic.

As discussed in Chapter 1, AIDS-related attrition stands to increase staff turnover, reduce resources, and undermine skills levels and institutional memory. This in turn is likely to lower productivity and morale, hamper decision-making, and generally reduce the responsiveness of institutions to new situations. Organisations in which resources are used optimally, staff are motivated and can easily store, access and act on information, and can be speedily redeployed or replaced will therefore be better able to mitigate the effects of the epidemic than ones in which this is not the case. The MoAFS currently falls into the latter group. However, the ministry is undergoing a transformation process and new structures and management systems are being put in place to address these weaknesses. The ultimate implications of HIV/AIDS are thus likely to depend on the extent to which such reform is able to successfully inculcate greater drive and flexibility within the institution.

IMPACT OF HIV/AIDS ON ATTRITION

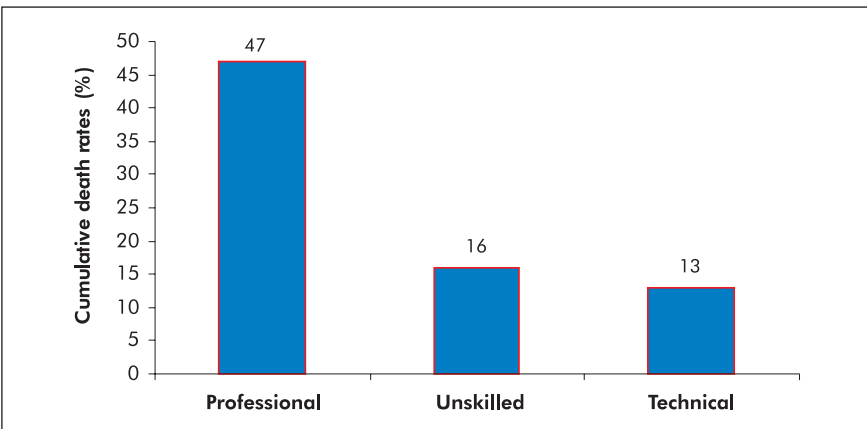
No conclusive data is available to allow the impact of HIV/AIDS to be quantified, but managers and many staff reported that HIV/AIDS is a serious problem in their organisation. The managers interviewed reported that AIDS-related attrition was on the increase, as employees themselves become ill or are affected by HIV/AIDS in their family. Such arguments are supported by the self-administered questionnaires, which show that just over three fifths (61%) of respondents felt that HIV/AIDS was a problem in the institution.

It was impossible to gather quantitative information on levels of medical retirement, sick leave or absenteeism, but managers and staff at central and district levels reported that illness is a tremendous problem in their workplace.⁹⁵ Almost three quarters (71%) of the general staff surveyed reported that illness and other medically related forms of attrition are issues within the organisation. Likewise, managers complained that some members of staff seem to be perpetually on sick leave, while others come to work when they are too ill, fatigued, and fragile to perform. They noted that high levels of secrecy and denial make it difficult to know for certain how much of this illness was owing

to HIV/AIDS, but felt that a large proportion is probably attributable to the virus, as many people suffer lengthy, repeated bouts of illness.

Human resource data also suggests high levels of death over the last five years. Unfortunately, only information on selected categories of unskilled, technical, and professional staff could be collected, but this data shows that the ministry has lost 198 staff in eight job categories over the last five years. The highest absolute number of deaths was recorded in the unskilled category, among staff such as gardeners, cleaners, night watchmen, farm attendants, and livestock attendants, where 98 deaths were registered between 1999 and 2003. This was followed by the technical category, represented by agricultural assistants (a job category that includes extension officers) and area technical officers, where 48 staff died. The professional category, including animal production and veterinary officers, experienced the fewest deaths—a total of 13 over the same period. When these deaths are calculated as a percentage of the total number of people employed in each category, the data indicates that the professional cadres were worst affected by death-related attrition. Ministry records show that an average of 28 animal production and veterinary officer posts have been filled over the last five years. Assuming this average, these categories have lost almost half (47%) of their original staff complement over this period. Using similar assumptions, the unskilled category experienced the next highest death rates, followed by the technical category (Figure 9).⁹⁶

Figure 9: Cumulative death rates for selected categories of unskilled, technical, and professional staff in the MoAFS (1999-2003)



Source: Human resource records, Lesotho Ministry of Agriculture and Food Security

It is impossible to know for certain how many of these deaths are as a result of HIV/AIDS and, as such, this data provides only a broad indication of the possible impact of the virus within the ministry. A paucity of data also makes it difficult to determine any trends over time which, given the maturation of the epidemic, could help to determine the impact of HIV/AIDS. Despite such caveats, however, many of these deaths are probably AIDS-related. The senior staff interviewed reported increasing numbers of deaths among their staff and, importantly, maintained that most of those dying are between the ages of 25 and 40—an age group which should not, in the absence of AIDS, habitually experience a significant number of deaths.

IMPACT OF HIV/AIDS ON SUPPLY AND DEMAND

Both managers and staff felt that HIV/AIDS is impacting on the ministry’s capacity to supply services and the public’s demand for these services. As shown below, just over four fifths (82%) of those who responded to the self-administered questionnaire felt that HIV/AIDS was having a moderate to large impact on demand for services, with half of all respondents reporting that the virus was having a large impact (Figure 10). A smaller, but still sizeable proportion (72%), felt that the virus was having a moderate to large effect on the ministry’s ability to fulfil its mandate—suggesting that although HIV/AIDS is recognised as an issue, it is more often seen by employees as an external problem affecting communities than as an organisational issue affecting their peers (Figure 11).

Figure 10: Impact of HIV/AIDS on demand for services in the MoAFS

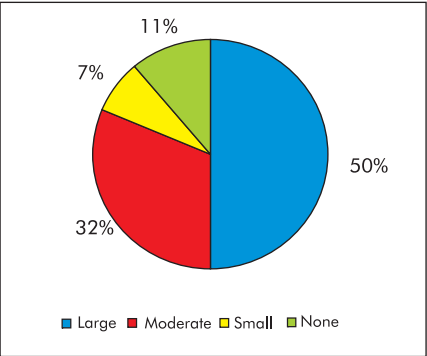
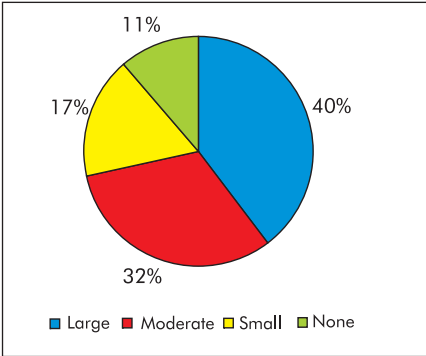


Figure 11: Impact of HIV/AIDS on supply of services in the MoAFS



HIV/AIDS may be increasing demand for some services and complicating the ministry's delivery of others. The NSF specifically tasks the ministry with protecting food security in households affected by HIV/AIDS, and the ministry has accordingly undertaken a number of new responsibilities, including the delivery of nutritional food supplements and home economics projects and programmes.⁹⁷ At the same time, managers reported that high levels of illness and death in the population at large are exacerbating the already declining demand for agricultural services in Lesotho. In line with a number of recent reports establishing the link between HIV/AIDS and declining agricultural production,⁹⁸ managers reported that high levels of illness and death are drawing labour and resources away from subsistence and commercial agriculture—the effect being to reduce the demand for farming-related services, while at the same time impeding the ministry's efforts at diversifying and commercialising Lesotho's rural economy. As noted by one senior manager:

People who are sick are demanding more services, especially handouts. People demand food aid from the ministry and government support for medication for those who are ill ... The interest of the ministry is food production, but with current demand for food aid, the ministry is trying as much as possible to meet people halfway so that their mandate can be achieved

With respect to supply, managers felt that high levels of morbidity among government employees were impacting negatively on the delivery of timely and effective services. They complained that not only are staff often absent or too ill to perform, but that illness and death within employees' families further reduce productivity as staff take time off and, in accordance with Basotho and organisational custom, their colleagues visit them to offer their condolences—a practice which consumes a surprising number of person-hours. Interestingly, a few observed that such practices are currently declining in the ministry because of the high number of deaths. Less directly, respondents reported that illness is exacerbating existing urban biases in the ministry's distribution of skills. They maintained that some staff have asked to be transferred from rural areas because of better medical facilities in urban areas, while others have refused to transfer to remoter areas on the same grounds—making it even more difficult to staff the ministry's rural offices.

Box 10: Comparative data from the public agricultural sector in Zambia

A STUDY conducted by the UNDP's Regional Project on HIV/AIDS and Development in 2002 showed that HIV/AIDS is impacting significantly on the agricultural sector in Zambia.

The study revealed relatively high levels of staff turnover. As in Lesotho, staff distribution tended to be skewed in favour of better-resourced urban areas, and analysis of staff movements in and out of selected service provision areas showed high levels of rural-urban migration. Of 25 staff to have transferred over a selected time period, nine (36%) were shown to have moved on medical grounds, suggesting that high levels of illness may be exacerbating existing urban biases.

The study also showed that mortality in the Ministry of Agriculture increased by more than 100% between 1990 and 1998. A comparison of mortality among professional and non-professional staff suggests higher gross mortality among non-professionals. However, although it was impossible to compare the number of deaths with the number of staff in the professional and non-professional cadres, the authors argue that professional staff may be proportionally more affected than their non-professional counterparts. They also noted that even though the professional cadre may experience fewer deaths, such deaths are more costly to the ministry owing to higher funeral and burial benefits, forgone training costs, and additional training expenses.

The study was not able to determine how many of these deaths were attributable to HIV/AIDS, but showed that a high proportion (20%) of deaths were due to diseases such as tuberculosis, pneumonia, respiratory infections, and diarrhoea—all of which are opportunistic infections associated with HIV/AIDS. The cause of just over half (56%) of the deaths was recorded as unknown, which, given the stigma and ignorance that surrounds HIV/AIDS and the complex symptomatology associated with the disease, may also be suggestive of AIDS.

Irrespective of cause, the findings showed that staff lost to attrition were often replaced with less-experienced officers and, in some extreme cases, retired officers were brought back from retirement to address skills shortfalls. The study also showed that rising morbidity and mortality among extension workers has affected the quality of extension services by reducing contact time with communities.

The findings also showed that high levels of mortality were drawing resources away from the ministry's core functions. Under a collective agreement between the ministry and unions, the families of dead employees are entitled to a grant of ZMK250,000 (US\$11.60), while staff are entitled to an amount of ZMK200,000 (US\$9.30) should a member of their nuclear family die. A smaller grant of between K80,000 and K90,000 (between US\$3.7 and US\$4.1) is paid to officers who spend a night away from home while accompanying the body of a deceased family member to the rural areas. Delays in the payment of such benefits have resulted in funds being diverted from other budgetary allocations to make good such payments.

The difficulty of replacing professional and, to a lesser extent, technical staff has sometimes resulted in posts being filled by under-qualified personnel, although most felt that this was not yet a significant problem. Of more concern was that it is often the talented and experienced who die, which, together with the relative scarcity of suitable candidates and sometimes lengthy recruitment procedures, contributed to skills shortages and tardy service delivery.⁹⁹ The Director of Livestock Services, for example, noted that veterinary staff perform crucial and often emergency services such as neutering, treating animals for disease, and assisting with birthing complications. The shortage of vets means that existing staff are often over-stretched and are sometimes unable to respond timeously to farmers' requests for help.

It also emerged that, although the ministry does not currently spend significant amounts on death benefits, retraining, and recruitment (which are covered by central government), the epidemic may be impacting on the ministry's resources in other ways. Managers noted, for instance, that the MoAFS lends seeds, fertilisers, and machinery to farmers, but that low agricultural yields owing to drought and sickness and death result in these loans not being recovered.

MINISTRY RESPONSES TO HIV/AIDS

As already discussed, Lesotho's policy framework makes broad statements concerning the need for government institutions to respond to the epidemic and put in place measures to protect their staff from infection but, in the absence of detailed guidelines, such directives have yet to translate into co-ordinated action at institutional level. Indeed, policy audits by LAPCA and the UN in 2002 found that only two of Lesotho's 19 ministries had put in place any kind of policy framework for dealing with HIV/AIDS, while only a handful had conducted any kind of prevention or care and support activities in their workplace.¹⁰⁰ The MoAFS is no exception to this trend and has still to develop a comprehensive internal response to the epidemic.

POLICY FRAMEWORK FOR DEALING WITH HIV/AIDS

The ministry has yet to develop a ministerial HIV/AIDS policy, although there is clearly awareness of the need for a policy. The ministry's strategic plan highlights the "rampant loss of ministerial manpower" as a serious concern. It undertakes to formulate a ministerial policy on

HIV/AIDS control and management and to educate its staff on the policy,¹⁰¹ but limited progress has been made in this direction.

Ministry staff blame this lack of movement on limited capacity and the ministry's failure to clearly allocate the responsibility for developing such a policy. Managers argued that while government has directed that HIV/AIDS must be mainstreamed into ministries' internal and external activities, they have been provided with virtually no assistance in doing this, and personnel within the MoAFS have little knowledge of either HIV/AIDS policy development or programming.

They also noted that, although the ministry's Chief Nutrition Officer is informally responsible for co-ordinating HIV/AIDS activities within the ministry, no one has been made specifically responsible for developing an HIV/AIDS policy and many still looked to the MoH to develop this framework.

It is also clear from the interviews that the ministry sees itself primarily as a delivery-oriented institution, whose first responsibility is to Lesotho's farmers. While acknowledged, the long-term potential for HIV/AIDS to undermine service delivery has yet to be internalised and, with HIV/AIDS mainstreaming still a largely theoretical concept, addressing the impact of the epidemic seems to take a back seat to the more immediate demands of its core mandate. As in Botswana's local councils, HIV/AIDS is just one of many important issues facing the institution, and it is difficult to prioritise the still relatively invisible epidemic over related, but ultimately, more pressing concerns such as food and economic security.

HIV/AIDS CO-ORDINATING STRUCTURES

Prior to the ministry's restructuring in 2003, HIV/AIDS-related activities were co-ordinated by a designated HIV/AIDS unit.¹⁰² At the time of the study, however, the ministry did not have a formally designated HIV/AIDS-co-ordinating structure. The department of home economics and nutrition—under the directorate of field services—had taken on *de facto* responsibility for co-ordinating a range of predominantly community-oriented responses, but no structure had been formally constituted to tackle HIV/AIDS within the organisation. This is likely to undermine any efforts to institute activities or programmes aimed at combating the virus.

As discussed in Chapter 3, successful interventions require full-time co-ordinators who have the backing of senior personnel and sufficient

resources to fulfil their mandate. Without dedicated staff with clearly defined responsibilities written into their job descriptions, HIV/AIDS-related programming is likely to be sidelined in the face of other, competing tasks, and weakened by a lack of clarity and direction.

A task team chaired by the head of the ministry and composed of representatives from all ministry departments had been established at headquarters to begin formulating a ministerial response to the epidemic, but had made little headway. The personnel interviewed reported that team meetings have been held irregularly and have suffered from poor attendance.

Since the study was completed in April 2004, the MoAFS has reportedly formally established a ministerial HIV/AIDS co-ordinating committee. This is a positive move and, although it is unclear what the composition and mandate of this committee is, it suggests that the ministry may have begun to internalise the notion of HIV/AIDS as an organisational issue.

BUDGETING FOR HIV/AIDS ACTIVITIES

As already mentioned, for the last three years the government has required its ministries to set aside 2% of their annual budgets for HIV/AIDS-related activities. The bulk of the Ministry of Agriculture's funds for HIV/AIDS activities are drawn from this source, although the Development Co-operation of Ireland and DFID are providing support for activities targeting rural households. In the 2002/2003 budgetary year, this 2% amounted to a little under M2.5 million (approximately US\$417,000), while in the current year it equates to roughly M2.8 million (US\$467,000).

Despite the availability of these resources, the MoAFS has yet to develop clear plans and strategies for spending this money. This has resulted in under-spending and the use of funds for visible but, arguably, superficial activities such as the printing and distribution of awareness messaging on caps and T-shirts. This failure to use available funds meaningfully was again attributed to a lack of capacity and proper co-ordination—findings which echo those of other recent studies in Lesotho, which found that in most ministries the allocation of resources has still to translate into effective activities and programmes. For the most part, this was due to a lack of relevant programming skills.¹⁰³ This illustrates that while financial commitments to fighting HIV/AIDS are crucial, they are likely to have little effect if not paired with a

comprehensive policy document, carefully designed programmes, and the necessary personnel and leadership to ensure implementation.

WORKPLACE HIV/AIDS PREVENTION, CARE AND SUPPORT PROGRAMMES

The ministry does not have a formal HIV/AIDS prevention or care and support programme for its employees. The creation of the ministerial task team discussed above was reportedly seen as the first step in mainstreaming HIV/AIDS and developing an organisation-focused response but, given the inactivity of this structure, the ministry has made little progress in formalising a response to the epidemic.

Some limited, largely prevention-focused activities have been implemented but, as in the previous case study, such initiatives have been *ad hoc* in nature and are evidence of the commitment of a few individuals as opposed to a co-ordinated, well thought out response. The department of home economics and nutrition, for example, held an HIV/AIDS awareness drive in January 2004, distributed condoms and gloves to ministry staff, and was responsible for printing and disseminating the caps and T-shirts mentioned above. In the context of central government's campaign to encourage VCT among its personnel (see Box 8), ministry staff have also been encouraged to go for counselling and testing, and senior officials have begun to discuss the possible development of VCT facilities.

For the most part, however, the problem of HIV/AIDS is still seen through a 'service delivery' lens—making it largely a community-focused issue, requiring a predominantly external response. The bulk of ministry activities are currently focused on community-oriented activities, such as equipping people living with HIV/AIDS and their families with the skills to establish home gardens, educating people about how to eat more healthily and, in some districts, providing technical and material support to children orphaned by HIV/AIDS.

This is understandable given the prevailing view of ministries as delivery-oriented institutions, the evident lack of clear guidelines, the role of a field-oriented department in co-ordinating activities, the ministry's area of core expertise, and current donor priorities. It may also be that, given the relative infancy of Lesotho's response, it is justifiably important to be seen to be doing something—in which context community-oriented developmental activities are more visible and, arguably, easier to implement than behaviourally focused interventions among ministry staff.

STRATEGIES TO MANAGE THE INSTITUTIONAL IMPACTS OF HIV/AIDS

There are also no measures in place to mitigate the effects of attrition on organisational capacity—which was generally dealt with by replacing and redeploying staff and redistributing tasks. This is not overly surprising given the ministry's limited capacity and that it, like many other public sector institutions in Southern Africa, is clearly still coming to grips with the idea of HIV/AIDS as an organisational issue.

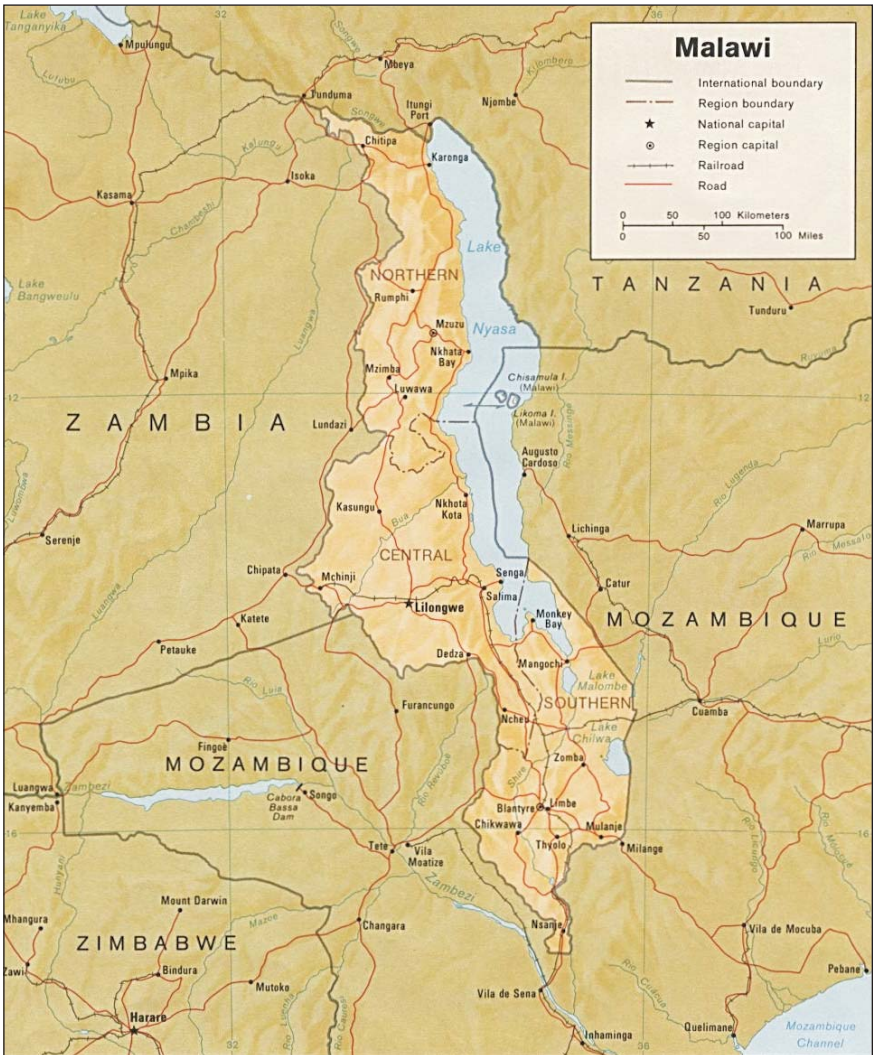
Overall, senior personnel felt that the ministry was well staffed and that the institution is generally well placed to absorb the effects of both AIDS and non-AIDS-related attrition. This is indeed true of some areas. The concept of Unified Extension Services (UES), for example, has made it easier to absorb absences and losses among staff in the less specialist technical cadres, such as extension assistants. This concept encourages versatility and places an emphasis on staff with broad-based, multidisciplinary skills. But the institution may be less equipped to deal with attrition in other areas. Key findings include the following:

- *It is difficult to substitute specialised skills:* The managers and general staff surveyed agreed, for instance, that it is possible for managerial and administrative staff to stand in temporarily for ill or absent colleagues, but that such substitution is more difficult in the specialised technical and professional cadres, and is largely confined to the more generalist function areas.
- *Staff development mechanisms are weak:* A ministerial training needs assessment notes that there is little staff development within the ministry.¹⁰⁴ The findings of this report suggest that, although personnel obviously acquire on-the-job skills and experience, the institution relies heavily on the recruitment of already qualified and trained personnel. Staff development occurs only on an *ad hoc* basis—and is motivated by individuals seeking to develop themselves rather than organisational needs. Where individuals die or leave, their skills are lost to the organisation, and need to be replaced from outside the institution. Institutional memory is very hard to replace in a context of high turnover and nominal hand-over periods.
- *Existing human resources are often underutilised:* The ministry's strategic plan also observes that the ministry often fails to take full advantage of the skills that are available,¹⁰⁵ while the training needs assessment not only suggests that staff are frequently sub-optimally

deployed, but that weak managerial skills on the part of supervisors encourage underperformance.

- *Communication is relatively poor:* Managers drew attention to a range of information-sharing fora—including regular staff meetings, dedicated agricultural information services, and staff resource centres which store and disseminate information on ministry resources, policies, and directives—but many of the ministry's most senior managers expressed concern over the effectiveness of the communication system. Inconsistent communication and autocracy are also identified as weaknesses in the ministry's strategic plan,¹⁰⁶ which highlights the absence of a clear ministerial communication policy and information management system as key constraints hampering the effective delivery of services.

The ministry is moving to address some of these weaknesses. It has, for example, prioritised the formulation of a ministerial communication policy and strategy and is in the process of developing an internal training plan. For the most part, however, such constraints remain unresolved and suggest insufficient organisational flexibility to successfully respond to high levels of AIDS and non-AIDS-related attrition.



Source: www.lib.utexas.edu/maps/index.html

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