

# Notes

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- 44 Ibid, p 101.
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- 83 Ibid.
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- 88 Ministry of Agriculture and Food Security, *Strategic plan for 2003/4–2005/6*, Government of Lesotho, October 2003, pp 2-3.
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- 91 Ibid. The authors argue that men in the region are most likely to be infected when they are over the age of 30, while women are most likely to contract the virus between the ages of 11 and 29.

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- 93 Ministry of Agriculture and Food Security, op cit.
- 94 Ministry of Agriculture, Co-operatives and Land Reclamation, *Training needs assessment report volume II*, Government of Lesotho, May 2000.
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- 97 Ministry of Agriculture and Food Security, op cit.
- 98 See, for example, L Bollinger & J Stover, *The economic impact of AIDS in South Africa*, The Policy Project, September 1999; *The impact of HIV/AIDS on food security*, Committee on World Food Security, Rome, 28 May–1 June 2001; D Topouzis & J du Guerny, *Sustainable agricultural/rural development and vulnerability to the AIDS epidemic*, UNAIDS, Geneva, 1999. Broadly, the findings of these reports indicate that HIV/AIDS reduces available labour and resources in a number of ways. Key amongst these are that people become too ill to work, are required to spend their time taking care of sick relatives, and that families must re-orientate often increasingly scarce resources towards spending on health care and basic necessities. They also find that AIDS-related illness and death disrupt the transfer of expertise between generations and, in some cases, result in loss of land as a result of land grabbing or disinvestment.
- 99 Recruitment in Lesotho's public service generally takes between a minimum of two weeks and a maximum of three months. The process takes longer when positions have to be re-advertised due to a lack of applicants—as is frequently the case in the professional and, to a lesser extent, technical cadres. In the case of scarce professionals such as veterinary officers or agricultural engineers, where expatriate staff are often recruited, the process may take a year or more.
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- 106 Ibid, p 251.
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- 108 *Responding to the HIV/AIDS epidemic through a multi-sectoral approach*, United Nations Development Programme, October 2004, p 3.
- 109 National AIDS Commission, *HIV/AIDS in Malawi: Estimates of the prevalence of infection and the implications*, Government of Malawi, October 2003, p 4.
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- 114 Office of the President and Cabinet and the National AIDS Commission, op cit, p v.
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- 119 The government had previously appointed a cabinet minister to provide oversight and policy guidance on HIV/AIDS, but redistributed these duties in late 2004.
- 120 This has to date taken the form of specialist medical expertise. To date doctors have been placed in three of Malawi's hospitals, where they are expected to train local doctors prior to them being posted to district hospitals.
- 121 In the national policy, the government undertakes to, amongst other activities, promote VCT, PMTCT and home-based care, and to progressively provide antiretroviral therapy to those needing it. The government has received US\$196 million from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria to support such activities and is also receiving significant amounts of funding from other development partners in pursuing these goals.
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- 125 A 2002 review of critical capacity replenishment areas by the UNDP and the government of Malawi calculates vacancy rates as high as 77% in the Ministry

- of Health and between 52% and 77% in the Ministry of Education, while a 2003 study by the Institute for Security Studies and the Malawi Institute of Management for DFID showed a vacancy rate of 57% in the Department of Immigration.
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  - 127 See B Van Arkadie & W Kalema, *Malawi national capacity building assessment*, World Bank, 2001; MODA, op cit; *Impact of HIV/AIDS on human resources in the Malawi public sector*, Government of Malawi and the UNDP, 2002; *Public sector management reform programme 2002–2006*, Government of Malawi and UNDP, 2002; *Study on the identification of critical areas for capacity replenishment in the public service*, Government of Malawi and the UNDP, 2003.
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  - 129 *Public sector management reform programme*, op cit.
  - 130 *Strategic plan (2002-2007)*, Malawi Police Service, 2001.
  - 131 See *Combat AIDS: HIV and the world's armed services*, op cit, pp 7-19; R Bazergan, Intervention and intercourse: HIV/AIDS and peacekeepers, *Conflict, Security and Development* 3(1), April 2003, p 3; *On the frontline: Policies and programmes for the uniformed services*, UNAIDS, 2003, p 4.
  - 132 Institute for Security Studies and the Malawi Institute for Management, op cit.
  - 133 Malawi Police Service and the Department of Human Resource Management and Development (DHRMD), *Report on functional and establishment review of the Malawi Police Service*, Government of Malawi, 2003.
  - 134 Institute for Security Studies and the Malawi Institute for Management, op cit, p 11.
  - 135 *Impact of HIV/AIDS on human resources in the Malawi public sector*, op cit. This study collected and analysed data from the Ministry of Education, Science and Technology, the Ministry of Agriculture and Irrigation, Health and Population, Water Development and the Malawi Police Service.
  - 136 National Statistics Office, *Demographic and health survey*, Government of Malawi, 2000.
  - 137 The 2002 data is drawn from the Institute for Security Studies and Malawi Institute of Management study cited above.
  - 138 See *Impact of HIV/AIDS on human resources in the Malawi public sector*, op cit, p 87.
  - 139 For the purposes of this study, senior management includes deputy and assistant commissioners, while middle management includes superintendents and inspectors.
  - 140 Institute for Security Studies and the Malawi Institute of Management, op cit, pp 15-16.
  - 141 Occupational exposure to infection amongst the police is rare. However, while some police personnel have desk jobs which involve minimal risk of exposure

- to HIV, many attend to accidents and other emergencies, or respond to cases of murder, domestic violence or other instances of assault where they may be exposed to the body fluids of HIV-infected people.
- 142 *HIV/AIDS policy for the police, immigration, department of prisons and ministry headquarters department*, Ministry of Home Affairs and Internal Security, March 2002, pp 4-5.
- 143 The police have received MK21, 547, 245 (roughly US\$ 203, 853) from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, by way of the NAC.
- 144 Most criminal justice sector institutions have similar conditions of service with some variation in the government agencies. Generally, sick leave provisions are six months full pay; six months half pay, six months no pay, and then a decision has to be made about medical retirement. The Malawi Human Rights Committee has by far the most generous sick leave benefits: twelve months full pay, nine months half pay, six months no pay. For the most part, however, these provisions are applied flexibly, and many ill staff continue to draw full salaries. The study by the Institute for Security Studies and the Malawi Institute of Management reports cases of civil servants receiving full benefits for as long as three years.
- 145 Office of the President and Cabinet and the National AIDS Commission, op cit, p 17.
- 146 In addition to screening out HIV-positive applicants, it is argued that publicising this requirement will motivate potential recruits to protect themselves against infection.
- 147 Institute for Security Studies and the Malawi Institute of Management, op cit, p 18.
- 148 The study by the Institute for Security Studies and the Malawi Institute of Management showed that none of the government departments applied their sick leave and medical retirement provisions as stipulated in their conditions of service. Rather, in many institutions there was an unofficial policy of being 'flexible' when applying these provisions so as to provide the employee with the maximum benefits. Many institutions had examples of employees who were on fully paid sick leave for up to three years—during which time it was impossible to replace them.