

BUILDING CAPACITY FOR THE AGRICULTURE SECTOR'S RESPONSE TO AIDS

A TRAINING MANUAL FOR AGRICULTURE SECTOR WORKERS

8

MODULE

**AIDS and the Commercial Agriculture
Sub-Sector**



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AIMS

The aims of this module are the following:

1. To examine factors that make the commercial agriculture sub-sector vulnerable to HIV and its impacts.
2. To provide an understanding of how the commercial agriculture sub-sector is affected by the epidemic.
3. To assess how the sub-sector has responded to the impacts of the epidemic and to identify areas for further intervention.

OBJECTIVES

Upon completion of the module, the learner should be able to:

1. Identify factors in the commercial agriculture sub-sector that lead to vulnerability to HIV.
2. Assess how the epidemic affects commercial agriculture.
3. Critically review policy and programmatic responses to AIDS that have been implemented in the sub-sector and identify gaps in these interventions.

QUESTIONS FOR REFLECTION

1. What role has the commercial agriculture sub-sector in your country played in the response to AIDS? Has the sub-sector played an active role in the agriculture sector's response?
2. What do you know about the commercial agriculture sub-sector's response to AIDS in your country?
3. Can you identify areas in which the commercial agriculture sub-sector in your country could respond to the epidemic in terms of vulnerability and impact mitigation?
4. How would the sub-sector benefit from implementing policies and programmes in response to AIDS?

INTRODUCTORY REMARKS

The commercial agriculture sub-sector contributes significantly to agricultural-based economies and plays an important role in the economies of many countries in Africa. The sub-sector contributes considerably to the GDP of these countries. Major national exports come from commercial agriculture and the domestic purchase of inputs such as fertilizers, seeds and machinery supports national economies. The sub-sector moreover is an important source of employment in agriculture-based societies.

The effects of AIDS on this sub-sector are a matter of concern because they lead to diminished productivity and have negative implications for the national economy. The sub-sector and people working in it also face particular vulnerabilities to HIV and its impacts due to the nature of employment in the sector, which tends to be characterized by poor working conditions and instability.

READINGS: AN OVERVIEW OF HIV ISSUES IN THE COMMERCIAL AGRICULTURE SUB-SECTOR

1. HIV dynamics at different levels of the sub-sector

Commercial agriculture refers to “profitable agricultural production and marketing system, [in which] agricultural products are competitive locally, regionally and internationally”.¹ Different from smallholder agriculture, which mainly involves subsistence farming for household food consumption, commercial agriculture involves larger-scale crop production and livestock grazing for widespread distribution and sale. The main objective of the former is household food security, whereas for the latter it is maximizing profit.

Due to the different objectives, and therefore context, of subsistence versus commercial agriculture, it is clear that the vulnerabilities and impacts of HIV also diverge. HIV issues in smallholder agriculture largely relate to the farmer and his/her household, and the role of human labour availability to earn income and produce food. While human labour is also integral in HIV issues in commercial agriculture due to the labour intensity of farm work, the vulnerabilities and impacts are more vast and multi-layered. HIV issues in commercial agriculture affect different players in the sub-sector from the individual level (farm workers), household level (family and household of workers), commercial farm level, and sector and national level. Some of the dynamics at these different levels include:

- Individual level: poor living and working conditions on commercial farms, exposure to situations that can increase HIV risk (e.g. alcohol abuse, unsafe sexual practices, periods away from family), transactional sex (e.g. better work conditions in exchange for sexual favours), cases of rape by farm managers, limited access to health services (including HIV prevention and treatment), livelihood insecurity (e.g. seasonality of farm work, casual labour), reduced income to cover health care and other expenses, etc.
- Household level: poor living and working conditions on commercial farms for families living on agro-estates, limited access to health services (e.g. farms may not extend services to family members), impacts of livelihood insecurity at household level, support may not be available for widows/orphans of farm workers, etc.
- Commercial farm level: labour declines and productivity declines (e.g. from absenteeism, death), increased expenditure (e.g. health care, funeral expenses), loss of institutional memory resulting from AIDS-related mortality, financial and time implications for replacing labour (e.g. training, recruitment), sexual exploitation of vulnerable employees (e.g. authority/power of supervisors, managers), possible absence of HIV workplace policy, etc.
- Sector and national level: morbidity and mortality among sector staff, impact of productivity declines on national agricultural outputs, implications for national food security as well as national exports, etc.

¹ Department for International Development – Zambia. 2003. *The socio-economic impact of commercial agriculture on rural poor and other vulnerable groups*, by C. Pinder and D. Wood. (http://www.odi.org.uk/projects/03-food-security-forum/docs/dfidagriczambiarepfinal_2.pdf)

2. HIV vulnerabilities in the commercial agriculture sub-sector

The commercial agriculture sub-sector is vulnerable to HIV due to its high dependence on human labour. The sub-sector's vulnerability to the epidemic thus stems largely from vulnerabilities faced by workers employed in commercial agriculture. Research has shown that vulnerability of workers in commercial agriculture is rooted in the nature of work, which tends to be casual employment and largely based on migrant labour. In addition, poor living and working conditions on farms, coupled with limited access to health services and information about HIV increase vulnerability.

2.1 High dependence on casual and migrant labour

Due to the seasonality of farm work, commercial agriculture relies heavily on temporary and seasonal workers in order to fill labour gaps during peak periods. These labour deficits are often filled by migrant workers. There is a large amount of internal and cross-border migration of workers in commercial agriculture and the sub-sector tends to employ many undocumented migrant farm workers. In the South African Development Community (SADC) region, for example, the sub-sector relies heavily on migrant labour due to the seasonal nature of agriculture and because it is cheaper². In South Africa, a large number of commercial farms were found to depend heavily on cross-border migrants to meet seasonal and temporary labour needs³. Due to unstable employment in this sub-sector, casual labourers are forced to continually migrate in search of work.

Loneliness and anonymity from being away from families and social networks, coupled with social exclusion, which is typical among migrant communities, can increase the likelihood of workers engaging in risky sexual practices. These factors contribute to increased vulnerability to HIV. In a study of several commercial farms on the South Africa-Mozambique border, migrant workers were found to have multiple and concurrent sexual partners and low condom use – 63 percent of workers reported never using condoms when engaging in casual sex⁴.

2.2 Poor living and working conditions on commercial farms

Poor living and working conditions on commercial farms may increase vulnerability to HIV. Living quarters for low cadre employees are characterized by poor sanitation and overcrowding. Compounds in which labourers are housed lack recreational activities except for “beer halls”. Accordingly, hazardous recreational practices such as alcohol abuse and unsafe sexual practices prevail and heighten vulnerability to HIV.

Research has shown that transactional sex is common on and near commercial farms⁵. Partly due to unequal income-earning opportunities for men and women, the latter may resort to transactional sex out of necessity – for their subsistence and to support their children. Farm

² IOM. 2007. Regional guidelines on HIV and AIDS for the commercial agriculture sector in the SADC region.

³ Crush, J., ed. 2000. *Borderline farming: foreign migrants in South African commercial agriculture*. Southern African migration project, migration policy series no. 16.

(<http://www.queensu.ca/samp/sampresources/samppublications/policyseries/policy16.htm>); IOM. 2003. Mobile populations and HIV/AIDS in the Southern African Region – recommendations for action: desk review and bibliography on HIV/AIDS and mobile populations. Pretoria, South Africa.

(<http://www.queensu.ca/samp/sampresources/migrationdocuments/documents/2003/un aids.pdf>)

⁴ Ibid.

⁵ IOM, 2003.

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owners may also take advantage of this vulnerable position of women by offering better wages and more favourable working hours and duties in exchange for sex. The high prevalence of commercial sex increases vulnerability to HIV, in particular for women.

At the same time, farm owners may be more inclined to employ casual and migrant workers as they are less expensive than permanent or local workers. Many temporary and casual workers are not entitled to sick leave or benefits. In order to avoid losing income or risk losing their job these workers may not seek medical care, including HIV testing and treatment. This is compounded by low wages, which may not permit workers to access such services.

Unavailability and inaccessibility to healthcare and other services is a key aspect of the poor working conditions prevalent on many commercial farms. This affects AIDS morbidity and mortality, as well as the overall health status of workers. First of all, many farms do not have health services, let alone HIV programmes or services. In a study carried out in Swaziland, it was found that less than 26 percent of farms provide healthcare to their employees⁶. While larger farms would be more likely to provide such services, they generally only afford these services to permanent workers, who are often the minority. Most temporary workers do not benefit from these programmes. On the other hand, accessing health services off the farm is challenging due to workers' mobility (thus interrupting continued access), irregular work hours, long distances required to reach services and lack of resources to pay for services. Stigma is another important factor as workers may not get tested for HIV or seek care for fear of losing their job or being stigmatized. Foreign migrant workers may also be cautious about accessing services due to their precarious legal status.

2.3 Socio-economic and gender dimensions of vulnerability on commercial farms

One of the key dimensions of gender inequality among agro-estate employees is the disparity between incomes of men and women. Women generally earn less than male employees and in particular higher-ranking positions with more authority are often held by men. Women may also face greater job insecurity on commercial farms. These factors can lead to increased vulnerability as women may engage in risky sexual behaviour (e.g. transaction or commercial sex) in order to earn extra income to make ends meet. Women may also be sexually exploited or coerced into giving sexual favours in order to secure employment or to get better wages and employment conditions.

There tends to be a high prevalence of commercial centres near commercial farms, which are an important element of social life for people working in the sub-sector. These centres, however, are characterised by high levels of commercial sex. This increases women's vulnerability to HIV as they may engage in commercial sex for livelihood survival. Commercial sex may, however, also be common among young men. For example, a study in Kenya found that in the floriculture belt in the Rift Valley Province, young men were in high demand to meet the sexual needs of single women employed in the flower farms⁷.

⁶ Muwanga, F.T. 2002. Impact of HIV/AIDS on agriculture and the private sector in Swaziland: The demographic, social and economic impact on subsistence agriculture, commercial agriculture, Ministry of Agriculture and co-operatives and business. Swaziland, TAT Health Services.

(<http://www.sarpn.org.za/documents/d0000127/muwanga2.pdf>)

⁷ Rugalema, G., Weigang, S. and Mbwika, J. 1999. HIV/AIDS and the commercial agricultural sector of Kenya: impact, vulnerability, susceptibility and coping strategies. Rome, FAO. (<ftp://ftp.fao.org/sd/sdr/sdre/hivken.pdf>)

2.4 Lack of knowledge and misperceptions about HIV

Despite relatively high awareness about HIV in southern Africa, knowledge among farm workers remains rather low. Studies indicate that women on some farms have less knowledge than men⁸. This is largely due to lack of access to HIV information and misconceptions about the epidemic. High illiteracy among farm workers and frequent mobility mean that workers may not benefit from HIV education materials or information campaigns. Lack of knowledge about HIV contributes to high-risk sexual behaviour among workers, which leads to increased vulnerability to HIV.

Compounding limited information about HIV is misperceptions about the epidemic and lack of acceptance by both labourers and farm owners that AIDS is a true threat to the sub-sector. Lack of acceptance can lead to non-action, and thus not taking appropriate measures to prevent further spread or mitigate its impacts, which makes the sub-sector more vulnerable. The International Organization for Migration (IOM)⁹ found that few workers recognized AIDS as a potential cause of death on the farms and therefore they may be less inclined to engage in risk-averse sexual behaviour. In another study, it was found that while many employees are aware that AIDS exists, they discount associated risks¹⁰.

3. Impacts of the epidemic on the sub-sector

The commercial agriculture sub-sector is highly dependent on human labour, yet this is undermined by morbidity and mortality associated with HIV. Morbidity and mortality effects of HIV, however, are not systematically documented on many commercial farms and existing data may only capture the situation of permanent workers who have been tested. Temporary workers may be more vulnerable to HIV due to their high mobility, yet may not be included in the numbers, thus making it difficult to fully measure the scope of the problem. Anecdotal evidence and case studies, however, indicate that HIV morbidity and mortality are affecting the commercial agriculture sub-sector. Research in Kenya found that AIDS cases on some agro-estates surveyed represented 10-25 percent of the total workforce¹¹, whereas an agro-estate interviewed in Swaziland experienced an increase in employee deaths in the five years preceding the study, over half of which were attributable to AIDS¹². Figure one gives a schematic overview of the main impacts of HIV and AIDS on commercial agriculture.

⁸ IOM, 2003.

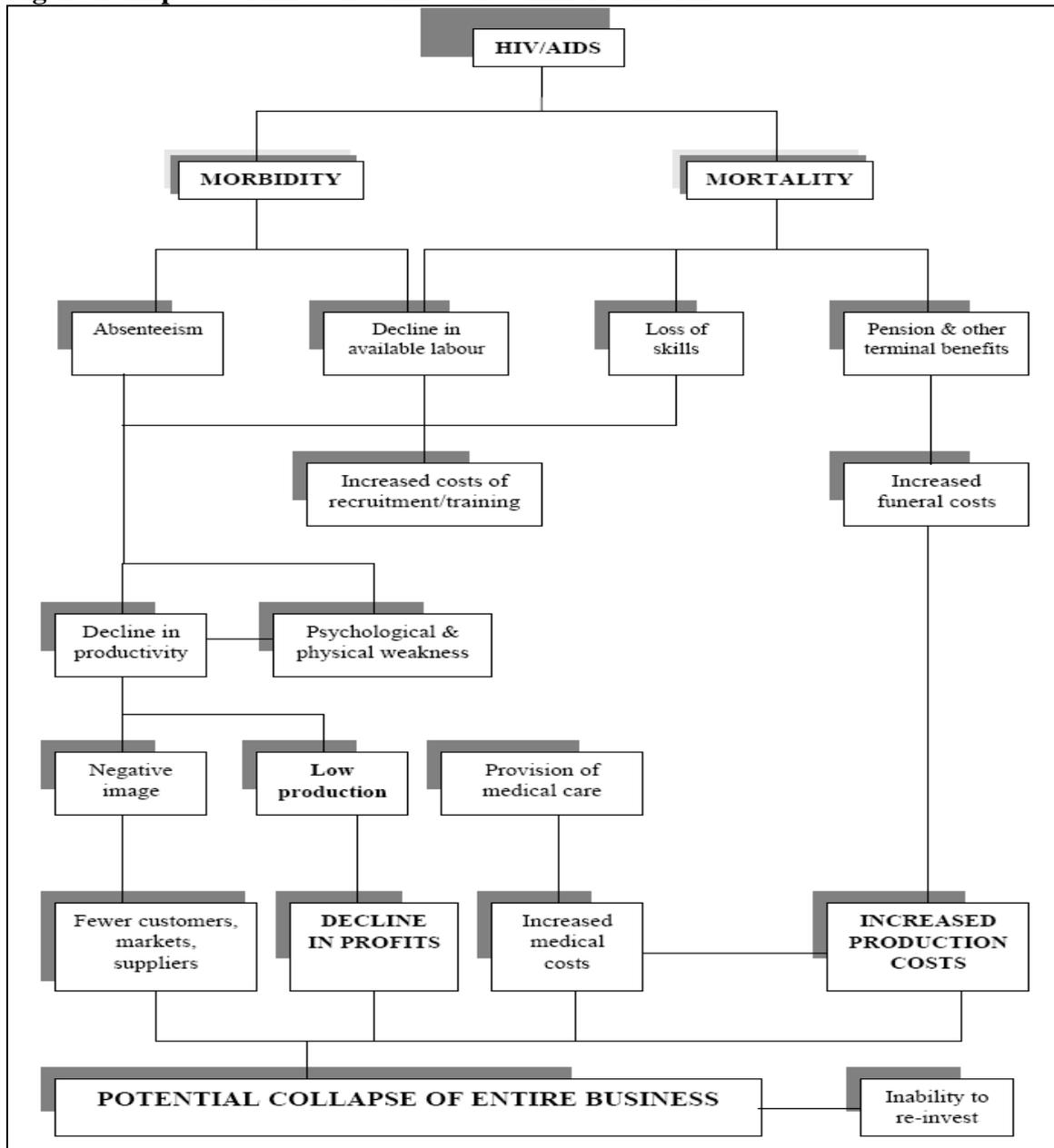
⁹ Ibid.

¹⁰ Rugalema, G., Weigang, S. & Mbwika, J. 1999. HIV/AIDS and the commercial agricultural sector of Kenya: impact, vulnerability, susceptibility and coping strategies. Rome, FAO. (<ftp://ftp.fao.org/sd/sdr/sdre/hivken.pdf>)

¹¹ Ibid.

¹² Muwanga, 2002.

Figure 1. Impacts of HIV and AIDS on commercial farms



(Source: Rugalema et al., 1999)

3.1 Impact on workers in commercial agriculture

Farm workers are largely impacted by HIV in terms of increased expenditure and reduced income. Since many commercial farm workers are casual labourers and therefore do not receive benefits and healthcare from the farms, they bear the burden of these costs themselves. Workers face the cost of medical care, transport to clinics and antiretroviral treatment both for themselves and for family members. Some workers also participate in welfare association funds, which are designed to support a bereaved family. As the number of deaths increases in the face of AIDS, the amount of money to be paid into these funds also increases and thus becomes a bigger expense for workers.

Farmers may also experience reduced income when they cannot work due to health reasons – either because they are sick or to visit clinics, which are generally, only open during working

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hours. Time may also be taken off to attend funerals. When a farm worker falls ill they also risk losing their job and thus a longer-term loss of income. AIDS-related mortality can also mean a permanent loss of income for affected households.

3.2 Impact on the bottom line

Reduced productivity

AIDS-related morbidity and mortality affect productivity in the commercial agriculture sub-sector as a result of lost labour and reduced performance. During a study in Kenya, one of the farms interviewed attributed its failure to meet production targets to AIDS morbidity¹³. Among 25 farms surveyed in Swaziland, more than half reported AIDS to be the leading factor affecting production¹⁴. Productivity is essential for commercial farming as it determines farm output and profitability. Productivity is however undermined by lost labour time as well as reduced level of productivity. In sub-Saharan Africa, crop yields have declined significantly, partly due to AIDS¹⁵.

Production-threatening labour losses (temporary or permanent) arise when a person can no longer work, either due to illness or death. Absenteeism may also result from workers taking time off to seek healthcare and to attend funerals, and as a result of medical retirement. One of the farms interviewed during the study in Kenya found that 75 percent of lost labour time due to illness could be attributed to AIDS¹⁶. Another dynamic of labour losses relates to the competition for labour between commercial and subsistence farming. AIDS-related labour shortages on household farms, or the need to care for family members that have fallen ill, may take away labour from the commercial farming sub-sector.

Illness compromises productivity by reducing on-the-job performance, as a result of physical, physiological and psychological factors associated with HIV. A study carried out on a large commercial farm in Zambia found that average reduction in on the job performance, associated with HIV, was 27 percent in workers in their last year of service¹⁷. HIV also impacts the quality of the labour force and hence that of commercial agricultural outputs. HIV morbidity and mortality leads to the loss of valuable agricultural skills and experience in the commercial agriculture sub-sector, in particular when workers have obtained specialized skills. This loss of institutional memory can have implications on productivity.

Some of the effects of HIV on commercial farm operations are outlined in a brief commissioned by the University of Natal¹⁸:

- Difficulty in planning work;
- Difficulty in meeting agrarian deadlines;

¹³ Rugalema et al, 1999.

¹⁴ Muwanga, 2002.

¹⁵ OCHA, 2004, cited in IOM, 2007.

¹⁶ Rugalema et al., 1999.

¹⁷ Centre for International Health and Development. 2006. HIV/AIDS in the commercial agriculture sector in Zambia: Impact and responses. Boston, USA, Boston University. (<http://www.bu.edu/av/iaen/research-library-1/Rosen%20HIV%20and%20Zambia%20commercial%20agriculture.pdf>)

¹⁸ Pary, S. AIDS BRIEF for sectoral planners and managers – Commercial agriculture sector. Durban, South Africa, University of Natal. (www.heard.org.za/.../aids-brief-for-sectoral-planners-and-managers-commercial-agriculture-sector.pdf)

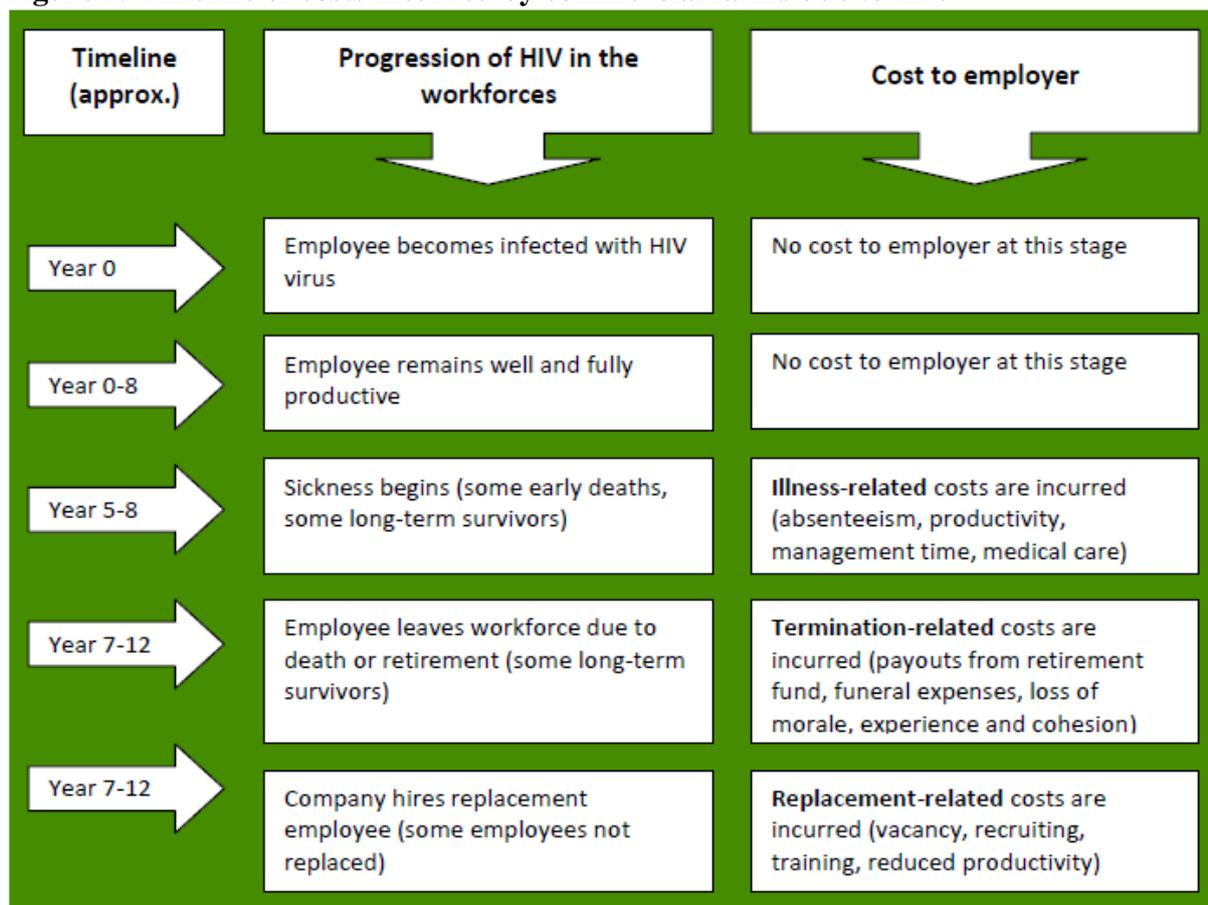
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- Skills poaching as skilled labour becomes scarcer;
- Increased absenteeism, death and associated costs;
- Increased recruitment and training costs;
- Need to employ additional staff with additional costs;
- Younger less experienced workers who may make expensive mistakes;
- Loss of operations and location-specific knowledge;
- Loss of motivation and team continuity;
- Poor morale;
- Increased demands for additional credit, transport, “light” duties;
- Strained employer/employee relationships.

Increased expenditure

The expenditure costs of HIV morbidity and mortality to commercial farms are dependent on a number of factors, including the size of a company, whether the workers are permanent or temporary and the job level and skills of workers employed by the company. Also the costs incurred by a farm will be felt in different time periods (see Figure two).

Figure 2. Timeline of costs incurred by commercial farms due to HIV



(Source: Center for International Health and Development, 2006)

Larger commercial farms that employ permanent workers are likely to incur a greater cost in terms of payouts in employee benefits, such as health coverage and funeral costs. A study in Kenya, for example, found that prolonged AIDS-related morbidity and mortality in the

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workforce was forcing commercial farms to allocate additional resources for medical care and funerals¹⁹. Farms in Swaziland attributed increased costs of production to rising healthcare costs largely associated with HIV, in addition to funeral costs and early retirement on medical grounds²⁰. The same study found that on one of the commercial farms interviewed, operational costs increased seven-fold over a four-year period, largely attributable to HIV.

On the other hand, however, it must be noted that farms that do not offer healthcare would incur costs in terms of reduced labour availability and compromised productivity. For example, workers that are on antiretroviral therapy (ART) and receive healthcare will likely remain healthy and productive for a longer time and therefore farms that support such provisions will be less likely to encounter negative impacts on productivity. Thus, the cost of HIV to commercial farms is not only in terms of expenditure (direct costs) but also stems from the cost of lost productivity (indirect costs).

Commercial farms also face costs in order to replace workers that can no longer work. The associated costs include both sourcing substitute labour and training workers. The level of training costs incurred may be affected by the position being replaced as higher skilled jobs would require more specialized training.

4. Commercial agriculture's response to the epidemic

4.1 Coping strategies of commercial farms

Commercial farms can employ a range of strategies to cope with the impacts of HIV. Strategies might focus on mitigating cost-related impacts of the epidemic or on HIV prevention²¹, as to contain future costs associated with the epidemic. Some coping strategies employed by farms to save on costs include²², for example, early retirement on medical grounds in order to save costs for the company, but also to provide the employ with necessary financial resources and time to plan for the future. Some agro-estates may also hold funerals of employees who have passed away on weekends instead of weekdays as to save on costs and to minimize absenteeism.

Some of the coping strategies employed by commercial farms, however, may have negative implications for employees. For example, an agro-estate in Kenya makes employees pay for medical expenses of their dependents. While this saves the company money, it increases the financial burden for households. Facing financial constraints, household members may engage in behaviours (e.g. commercial sex) that increase their vulnerability to HIV. Some agro-estates have also been known to not offer employment to people with HIV, after having tested them during medical examinations, which is an unethical practice. Finally, some commercial farms may use short-term contracts rather than offering permanent employment in order to avoid having to pay medical expenses. While some farms employ such strategies to save money, they negatively impact employees and their households and may violate human rights and International and national employment guidelines. It is therefore important that national and sector guidelines and laws exist and are applied as to protect the rights of workers.

¹⁹ Rugalema et al., 1999.

²⁰ Muwanga, 2002.

²¹ HIV prevention initiatives are discussed further in the following section.

²² See: Rugalema et al., 1999.

4.2 Responses to AIDS in commercial agriculture

The response of the commercial agriculture sub-sector to AIDS is varied. Some farm owners consider it the responsibility of the government to respond, whereas others were concerned but may lack necessary information and support to respond.

Most documented interventions focus on HIV awareness and education, prevention, as well as voluntary counselling and testing (VCT) services. The majority of interventions are thus aimed at farm workers. Few responses address implementing changes at farm level, such as working and living conditions, service provision, rights of workers and workplace policies. Annex 1 provides information on the International Labour Organizations (ILO) "Code of practice on HIV/AIDS and the world of work", including a checklist for planning and implementing an HIV workplace policy.

HIV workplace and prevention programmes on commercial farms are commonly used to raise awareness among farmers about HIV. HIV education to employees is probably the most common response by small and medium sized commercial farms. Some commercial farms implement health education programmes, while some carry out peer education programmes. For example, some companies in Kenya use puppet shows, drama, choirs and traditional dance groups in order to educate employees about HIV. Commercial farms in both Kenya and Zimbabwe have introduced programmes that use peer education as a way of raising awareness among farmers²³. Other elements of HIV prevention programmes on farms include initiatives to change sexual behaviour among farm workers, as well as condom distribution. The distribution of male condoms is in fact a rather common prevention measure used by agro-estates.

Care and support programmes and services are also made available on some commercial farms. Sexually transmitted infection (STI) control programmes are present on several commercial farms. On-site or mobile counselling and testing services are also available on some farms. Nutritional assistance may also be provided to employees on some farms.

Box 1. Examples of anti-HIV workplace programmes on commercial farms

Hippo Valley Estates Ltd. (Zimbabwe)

Hippo Valley Estates Ltd. – an agro-industrial company that grows and mills sugar cane – has significantly felt the impacts of AIDS. Facing HIV prevalence of nearly 35 percent among workers, the company has taken a holistic approach to HIV by addressing: non-discrimination, employee education, prevention, VCT, and ARV treatment. HIV prevalence among employees has since dropped by nearly half, over a three-year period. Key to the company's strategy is its focus on tackling HIV stigma through peer education, support groups and family health days. (*Source: GBC, 2009*)

Brook Bond Kenya Ltd. (Kenya)

Brook Bond – a tea growing and manufacturing company – is responding to the AIDS epidemic from several angles. Key features of the programme include: an HIV/AIDS policy, awareness raising and education, medical care, learning from best practice, condom distribution, VCT and ARV treatment. More than 80 000 people have benefited from the workplace programme, which targets both employees and their families. (*Source: Kivuitu et al., 2005*)

²³ Rugalema et al., 1999; IOM, 2003.

4.3 Further areas for intervention

Less common are interventions directed towards commercial farm owners about HIV vulnerabilities on farms (e.g. faced by farm workers) and within the sub-sector on the whole. These should be enhanced so that owners are better informed and better positioned to respond to and reduce vulnerabilities.

Farm owners should also be supported to enhance living conditions and services on farms. For example they could organize living arrangements that accommodate family members of workers. Also access to medical services (including ART) should be extended to all workers. This is not only a basic right, but would also be beneficial to farm owners as it would extend the productivity of workers.

Farmers' associations and unions should be strengthened as to be in a better position to support the rights of farm workers. At the same time, workers should be encouraged to join such associations and should be made aware of their rights. Farmers' associations would also be well positioned to support the development of workplace HIV policies for commercial farms²⁴.

National labour policies that support casual labourers in commercial farming should be strengthened. Such policies should address the precarious situation of many temporary workers whose conditions of employment contribute to their vulnerability to HIV.

²⁴ See Annex 1.

LEARNING REINFORCEMENT ACTIVITIES

Activity 1: Incorporating HIV considerations in interventions in commercial agriculture

1. Examine some recent projects/programmes in the commercial agriculture sector of the country where you work:
 - Do the projects/programmes have an AIDS component? If so please describe.
 - Have the projects/programmes been successful in reducing the vulnerability of the sub-sector to HIV or in mitigating its impacts?
 - What are some of the challenges these projects/programmes have faced in addressing HIV vulnerability or impacts?
 - If the projects/programmes do not have an AIDS component, how could they have been designed differently to be AIDS-sensitive?
2. Brainstorm a possible intervention that could be implemented in the country where you work to either address the vulnerabilities of the commercial agriculture sub-sector to HIV or to mitigate its impacts:
 - What would be the main objectives and activities of this intervention?
 - How would you evaluate the successful of the intervention? What indicators would you use?
 - What are some of the challenges that may be faced in implementing the intervention?
 - What measures would you take to minimize these challenges?

Activity 2: Addressing vulnerabilities of migrant and casual farm workers employed in commercial agriculture

1. What are the main vulnerabilities faced by migrant and temporary farm workers employed in commercial agriculture in the country where you work?
2. Can you identify any policies or programmes that address this group of workers or the vulnerabilities that they face? If so, please describe.
3. If not, how can existing policies or programmes be adapted to better address the vulnerabilities of this group of workers?

Activity 3: Assessing gender roles and transactional sex in the commercial agriculture sub-sector

1. What are the different vulnerabilities faced by men and women in commercial agriculture in the country where you work?
 - How does this increase their vulnerability to HIV?
 - What kinds of interventions could be implemented to address vulnerabilities?
2. How are men and women in commercial agriculture in the country where you work affected differently by the impacts of HIV?
 - What kinds of interventions could be implemented to mitigate the different impacts of HIV that are faced by men and women in commercial agriculture?

Activity 4: Organizing HIV prevention and treatment services for commercial farm workers

Design an HIV prevention and treatment project/programme for the commercial agriculture sub-sector:

1. Identify the partners to be involved in the project from the health and agriculture sectors, as well as NGOs, CBOs, etc.
2. How would the project/programme be funded?
3. What would be the key elements/activities of this project/programme (e.g. education, service provision, etc.) and who would implement the different components?
4. Describe the key concepts/messages that would be communicated in order to reduce risky sexual behaviour? Would the messages be different for men and women? Please describe.
5. How would you convey these messages (e.g. peer education, theatre, etc.)
6. What kinds of treatment services would be included in this project/programme (e.g. ARTs, nutrition support, etc.)? How would you ensure access to these services?
7. How would the results of this project be assessed?

Activity 5: Strengthening labour policies to support workers in commercial agriculture

1. What labour policies in the country where you work are applicable to the commercial agriculture sub-sector? Briefly describe them.
2. Do they address the situation of migrant or casual agricultural workers? If so, please describe.
 - Are they applied?
 - If not, what elements of the policy could be adapted to address migrant or casual workers?
3. Are HIV considerations included in these policies? If so, please describe.
4. How do you think such policies would have an impact on AIDS in the sub-sector?

SUMMARY REMARKS AND LESSONS LEARNED

The commercial agriculture sub-sector has not been immune to the effects of AIDS. The impacts on the different components of the sector, as well as the vulnerabilities faced are multifaceted. Commercial farm workers face vulnerabilities stemming from the seasonal and insecure nature of the work, coupled with poor living conditions, limited access to health services and related factors that increased risk of HIV infection and make them susceptible to its impacts. Commercial farms on the other hand are vulnerable due to their high dependence on human labour and thus the subsequent implications of HIV-related morbidity and mortality. These impacts extend to commercial farms' bottom line as they face reduced productivity and profit, as well as an increase in expenses as a result of the epidemic.

In order to protect their workers, some commercial farms have put in place a variety of programmes of which core aspects include:

- Raising awareness about the disease;
- Treatment of opportunistic infections and STIs;
- Provision of voluntary testing and counselling (VCT);
- Provision of anti-retroviral therapy (ART).

In some instances, commercial farms are members of business AIDS coalitions, which serve as a platform for exchanging knowledge, experience and sharing of resources. These responses, however, need to be enhanced and accompanied by AIDS workplace policies and strategies as to protect the rights and wellbeing of workers. This is the responsibility not only for farm owners, but also of the agriculture sector and government.

Lessons learned

1. Due to the high dependence of the commercial agriculture sub-sector on human labour, responses must address the vulnerabilities and impacts faced by its labour force.
2. Coping strategies of commercial farms cannot look exclusively at the bottom line, but must also take into consideration the rights and wellbeing of workers.
3. Investing in the wellbeing of workers (e.g. prevention and treatment programmes, healthcare, etc.) has positive long-term impacts on the productivity of the workforce. This can help contain future costs of commercial farms stemming from the recruitment and training of replacement labour.
4. Collaboration between commercial farms, unions, AIDS associations, government and workers themselves is essential for an effective response to the epidemic in the sub-sector.
5. The agriculture sector has an important role to play in terms of reducing vulnerabilities and impacts of the epidemic on the sub-sector and on those working in it.
6. Policy and programmes should focus on the comparative advantage of the agriculture sector in general and the commercial agriculture sub-sector in particular.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral (medicine)
FAO	Food and Agriculture Organization of the United Nations
GDP	Gross domestic product
HIV	Human immunodeficiency virus
ILO	International Labour Organization
IOM	International Organization for Migration
SADC	South African Development Community
STI	Sexually transmitted infection
VCT	Voluntary counselling and testing

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ANNEX 1 – HIV workplace policy – guidelines from the “ILO code of practice on HIV/AIDS and the world of work”²⁵

The ILO code of practice contains a set of guidelines to address HIV in the work environment, within the framework of promoting decent work. It concerns all employers and workers in public and private sectors and applies to all types of work, both formal and informal. The rights and responsibilities for addressing HIV issues in work environments are threefold, including those of Governments and their competent authorities, employers and their organizations, as well as workers and their organizations. The following areas of action or covered in the guidelines:

- i) Prevention of HIV;
- ii) Management and mitigation of the impacts of HIV and AIDS on the world of work;
- iii) Care and support for workers infected and affected by HIV;
- iv) Elimination of HIV-related stigma and discrimination.

The key principles of the code of practice include:

- HIV as a workplace issues: treated like any other serious illness/condition; the workplace has a role to play in response to the epidemic.
- Non-discrimination: no discrimination against workers on the basis of real or perceived HIV status.
- Gender equality: recognition of gender dimensions of HIV; importance of gender equality and empowerment of women in preventing the spread of HIV.
- Healthy work environment: a healthy and safe work environment so as to prevent HIV transmission.
- Social dialogue: cooperation and trust between employers, workers, representative bodies, government, with active involvement of workers living with or affected by HIV.
- HIV screening should not be required.
- Confidentiality: of personal information regarding a worker's HIV status
- Continuation of employment relationship: HIV infection is not a cause for termination of employment
- Prevention: prevention strategies can include behaviour change, knowledge, treatment, a non-discriminatory environment.
- Care and support: affordable health services for all workers, including those with HIV

Checklist for developing and putting into action a workplace policy on HIV

“Employers, workers and their organizations should cooperate in a positive, caring manner to develop a policy on HIV/AIDS that responds to, and balances the needs of, employers and workers. Backed by commitment at the highest level, the policy should offer an example to the community in general of how to manage HIV/AIDS. The core elements of this policy, developed in sections 6–9 of this code include information about HIV/AIDS and how it is transmitted; educational measures to enhance understanding of personal risk and promote enabling strategies; practical prevention measures which encourage and support behavioural change; measures for the care and support of affected workers, whether it is they or a family

²⁵ ILO. 2001. An ILO code of practice on HIV/AIDS and the world of work. Geneva. (http://www.ilo.org/public/english/protection/trav/aids/code/languages/hiv_a4_e.pdf)

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member who is living with HIV/AIDS; and the principle of zero tolerance for any form of stigmatization or discrimination at the workplace. The following steps may be used as a checklist for developing a policy and programme:

- HIV/AIDS committee is set up with representatives of top management, supervisors, workers, trade unions, human resources department, training department, industrial relations unit, occupational health unit, health and safety committee, and persons living with AIDS, if they agree
- Committee decides its terms of reference and decision-making powers and responsibilities
- Review of national laws and their implications for the enterprise
- Committee assesses the impact of the HIV epidemic on the workplace and the needs of workers infected and affected by HIV/AIDS by carrying out a confidential baseline study
- Committee establishes what health and information services are already available – both at the workplace and in the local community;
- Committee formulates a draft policy; draft circulated for comment then revised and adopted
- Committee draws up a budget, seeking funds from outside the enterprise if necessary and identifies existing resources in the local community;
- Committee establishes plan of action, with timetable and lines of responsibility, to implement policy
- Policy and plan of action are widely disseminated through, for example, notice boards, mailings, pay slip inserts, special meetings, induction courses, training sessions;
- Committee monitors the impact of the policy;
- Committee regularly reviews the policy in the light of internal monitoring and external information about the virus and its workplace implications”