



Sector Network Rural Development, Africa

German Technical Co-operation

## **"Mainstreaming HIV/AIDS in Rural Development"**

### **What can be done through Agricultural Extension?**

**2<sup>nd</sup> SNRD Africa – HIV/AIDS and Rural Development Workshop**

**Siavonga, Zambia, April 15-19, 2002**

## **Main Report**

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**Mainstreaming HIV/AIDS** means the incorporation of HIV/AIDS issues and interventions into the core business of a sector, organization or programme as opposed to integration being defined as the introduction of HIV/AIDS issues and interventions as a component amongst others. Thus, mainstreaming HIV/AIDS requires the explicit and full support of all relevant decision makers.

**Mainstreaming HIV/AIDS in Rural Development (RD)** originated as the most appropriate theme for the second workshop the SNRD (Sector Network on Rural Development, Africa) workgroup on HIV/AIDS & RD organised in April in Siavonga/Zambia. The workshop concentrated on the role agricultural extension services should play in the fight against HIV/AIDS within rural development.

Participants holding quite different positions in a wide variety of institutions from seven countries met, like in the first workshop in Harare/Zimbabwe in April 2001. The support of the GTZ-sector programme on HIV/AIDS control and its Ghana-based African branch RAPA in form of Bob Verbruggen is thankfully acknowledged; workshop design, realisation and documentation benefited to a considerable extent from this engagement.

As recorded during the participants' evaluation, the workshop greatly met expectations and objectives. A very interesting part of the agenda was the field visit to two villages in Choma District, where GTZ-supported projects in agriculture, health and decentralisation are establishing a multi-sectoral HIV/AIDS support service. The ASSP (Agric. Sector Support Programme) Zambia, which also acted as host to the workshop, played a crucial role in the successful realisation –at the end participants and organisers expressed their gratefulness for an excellent job done. Thanks were also extended to the GTZ-office Lusaka for effective logistical support.

Resulting from some issues raised during evaluation, the SNRD series of workshops under the general title 'HIV/AIDS & RD' will be slightly changed in future. There seems to be quite a big demand to narrow down objectives and to concentrate on a 'real' training course with elaborated curriculum, learning objectives and accompanying guiding materials provided. The rather conceptually oriented workshops might nevertheless be continued in future in close co-operation with like-minded institutions, each of them being asked to venture any kind of discussion rounds.

The documentation of the Siavonga 2002 workshop is owed to Hellen Myezwa, Zambia, Bob Verbruggen, Ghana, and Doris Weidemann, Germany. Marlis Kees, speaker of the SNRD WG on HIV/AIDS & RD, and Klaus Pilgram from the SNRD secretariat, who jointly facilitated the workshop, take final responsibility for the documentation. Both welcome comments and would be pleased to establish fruitful linkages through this report – **in order to more effectively mainstreaming HIV/AIDS in Rural Development.**

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## Acronyms

AE	Agricultural Extension
ARVs	Anti-Retrovirals
CBO	Community Based Organisation
CSO	Civil Society Organisation
DAC	District AIDS Committee
DDCC	District Development Coordination Committee (Malawi)
FAO	Food and Agriculture Organisation
GTZ	Deutsche Gesellschaft fuer Technische Zusammenarbeit (German Technical Cooperation)
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MAFF	Ministry of Agriculture, Food and Fisheries (Zambia)
MoA	Ministry of Agriculture
MoFA	Ministry of Food and Agriculture (Ghana)
NAC	National AIDS Council
NGO	Non-Governmental Organisation
PAC	Provincial AIDS Committee
PEA	Participatory Extension Approach (Zambia)
PLWHA	People Living with HIV/AIDS
PRA	Participatory Rural Appraisal
RD	Rural Development
SNRD	Sector Network for Rural Development, Africa
UNAIDS	United Nations Programme on AIDS
UNDP	United Nations Development Programme
VCT	Voluntary Counselling and Testing

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# Executive Summary

## 1 Background and objectives of the workshop

The GTZ "Sector Network for Rural Development (SNRD) Africa" organised its 2<sup>nd</sup> Workshop on "Mainstreaming HIV/AIDS in Rural Development" in April 2002 in Siavonga, Zambia. This workshop, a follow-up to the April 2001 workshop held in Zimbabwe, brought together practitioners from GTZ projects in seven countries (Lesotho, Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe), as well as representatives from FAO, UNDP, Oxfam and GTZ.

The objectives of the workshop were:

- To obtain more information about the relevance of the epidemic for Rural Development (RD) and in particular for Agricultural Extension (AE) with a focus on GTZ-supported projects;
- To learn about "what and how" to integrate HIV/AIDS into RD (in particular via AE);
- To, starting from the concept developed in April 2001, further develop a strategy for effectively integrating HIV/AIDS into RD/AE.

Three papers outlining the current thinking and practices from UNDP, FAO and GTZ formed the basis for group work and subsequent plenary discussions structured around **three focus areas**:

- The development of RD/Agricultural sector-specific HIV/AIDS policies in the areas of prevention, mitigation, care and support;
- The development of strategies for responding to HIV/AIDS in RD/Agricultural Extension in each of these areas, and
- The development of the tools and instruments required to implement the strategies in each area.

These theoretical insights were then confronted with realities from the field through the successive country presentations. A field visit to the GTZ-supported Agriculture Support Programme in Choma District that has made substantial progress with integrating HIV/AIDS into its AE-activities brought the facts closer to home for all participants.

After a special session on how to develop Monitoring and Evaluation of HIV/AIDS-related activities in RD/AE, a final plenary session allowed to identify the lessons learned and formulate concrete proposals for the way forward.

## 2 Results of the work group and plenary discussions

### 2.1 The development of a sector-specific HIV/AIDS policy or plan for the RD/Agricultural Sector

The first group work was focused on "policy development" and discussions pointed out the following:

(1) On the process of developing an HIV/AIDS policy (or an "HIV/AIDS sector plan") for the RD/Agricultural Sector:

- The process needs to be consultative, involving all levels of the sector/institution/project and enhance participation of HIV/AIDS-affected people. This would cultivate a sense of ownership of the final policy or plan.
- The process should include a review of existing policies and strategies at all levels (national and sectoral)

(2) Content:

Although a sector-specific policy or plan is extremely important and overdue, the participants warned of the danger of:

- focusing on the agricultural sector *alone* – whereas the purpose is for RD/Agriculture to build on and join the *multi-sectoral response*;
- treating HIV/AIDS as a separate issue – whereas the purpose is to effectively integrate it into the *core-business* of the sector.

For developing the content of the policy, it was proposed to develop a matrix in which responsibilities would be determined for each sub-area of the sector (e.g. human resources development, finance, extension, marketing, credit, etc.) what it should integrate and contribute with regard to each respective area of the AIDS response (prevention, care and support, and mitigation).

Throughout the group and plenary discussions, *impact mitigation*, with special focus on appropriate farming systems, nutrition and food security, was clearly identified as the "area of comparative advantage" for RD/AE.

(3) Implementation:

- It was pointed out that demonstrating the financial implications of *not* acting is useful as part of an advocacy strategy.
- HIV/AIDS affected people should further be involved in the planning of interventions.
- It appeared that many constraints exist on the ground:

- HIV/AIDS is still perceived and treated as an “add-on“, with little or no authority given to the responsible officer or focal person.
- There are still huge gaps among personnel: some still have inadequate knowledge, others show no interest, and most do not know what to do.
- Another constraint is lack as well as poor distribution of financial resources.
- The sector policy or plan should be continuously fed by local research and accompanied by a functional monitoring system.

## **2.2 Strategies of the Agricultural Sector**

A second group focused on the development of sector-specific strategies to respond to HIV/AIDS, in particular through AE.

- It was determined that there is a need to re-align and strategize afresh extension work to integrate the HIV/AIDS-issue.
- This has to be done by raising awareness and building capacity among staff / human resource.
- A good way to start is to put in place workplace programmes for AE staff themselves that include counselling, care and support, and impact mitigation.
- It was recognized that AE has a particular role to play in promoting balanced nutrition and food security as one of the key mitigation interventions at household and community level. Related to this, areas of intervention include nutrition education, food storage, the promotion of medicinal herbs as well as innovative practices such as perma-culture, horticulture or crop sharing.
- While ensuring these sector-specific interventions, AE will adopt an integrated approach by educating, providing services and building capacity in cooperation with other sectors.

## **2.3 Tools and Instruments**

A third group of participants identified tools that can be utilised to implement the sector-specific policies and strategies. These included the areas of:

- training and capacity building, e.g. training manuals on HIV/AIDS for extension workers, including HIV/AIDS in school curricular for extensionists;
- advocacy and communication, e.g. demonstrate profit and costing implications, if the pandemic is not combated, ensure budget allocation / fund raising mobilisation for HIV/AIDS-activities, incorporate HIV/AIDS issues into meeting agendas at management level;
- community mobilisation such as drama, PRA&PEA, involvement of traditional leaders, gender awareness training; and



- HIV/AIDS sensitive technologies such as nutritious crops, labour saving technologies, cash crops (if labour capacities allow for).

### 3 Country presentations

A number of significant issues emerged from the country presentations:

**Lesotho** presented an Integrated National Programme involving the agricultural sector where all government agencies, organisations and institutions have planned and allocated resources to implement appropriate HIV/AIDS prevention and mitigation - activities. A task force formed of all sector agencies, organisations and institutions develops a multi-sectoral action plan. Three thematic groups have been established nationally (A: Prevention, B: Care and Support, C: Mitigation), with the Ministry of Agriculture co-ordinating the mitigation programme.

**Zambia** shared its experience of utilising multi-sector teams in support of its Participatory Extension Approach (PEA). PEA is a process in which the communities play the key role in identifying, analysing and devising solutions to their problems as well as in implementing and monitoring the activities. The field visit to Choma District demonstrated how the community, disaggregated according to gender and age, analysed their own HIV/AIDS related problems and that the community was able to ascertain cause and effect – relationships.

**Malawi** shared the results of the evaluation of a programme to build capacity and develop approaches for improving HIV/AIDS prevention and mitigation services. The programme aims at raising awareness and improving knowledge through village workshops conducted by field level staff of different sectors. A second part of the presentation focused on the role of theatre as a tool for communicating HIV/AIDS messages. A workplace programme for farm workers was also presented.

**South Africa** shared the RD/Agric. Sector Plan within the National HIV/AIDS Strategic Framework. The different levels of operation were outlined as follows:

- Policy Level: Integrated Strategy on HIV/AIDS;
- Institutional Level: Workplace Policy Formulation and Implementation;
- Technical Level: Appropriate Agricultural Extension Concepts;
- Service Provision: Home-Based-Care Providers, appropriate Agricultural Extension Services.

**Zimbabwe** gave an overview of the efforts that are being undertaken at national level. Within the agricultural sector, Zimbabwe has not fully mainstreamed HIV/AIDS yet. Several impact studies have taken

place with another one currently underway funded by FAO. The efforts in the country still need to be harnessed into a co-ordinated programme within the agricultural and rural development sector.

## 4 Monitoring and Evaluation

Monitoring and evaluation was addressed in two sessions. The first session shared an on-going participatory evaluation exercise within the AE programme in Choma District, highlighting some of the methodologies being used. The second session outlined the currently used framework for monitoring and evaluating HIV/AIDS-programmes. Participants identified possible indicators for monitoring and evaluating mitigation interventions. In trying to grapple with concepts and definitions, the difficulty for technicians to reach across sector barriers was clearly experienced.

## 5 Recommendations and way forward (“The Siavonga Charter”)

The workshop recognised and supported the on-going efforts to reduce the spread and impact of HIV/AIDS – including Information, Education and Communication (IEC) and Behavior Change Communication (BCC), condoms supply, STI-management, provision of AIDS care and treatment, etc.. The workshop determined that beyond this, specific initiatives aimed at poverty reduction and mitigation of the impact of HIV/AIDS on the agricultural sector and the rural population are dearly needed.

The *responsibility* of rural development projects and programmes is seen as follows:

**They should become part of and strengthen at the same time responses at all levels (community, district, regional, national, and, if possible, even international level) by mainstreaming HIV/AIDS-issues in sector policies, strategies, specific interventions, methods and tools. While the continuum between HIV/AIDS prevention, mitigation, and care and support was underscored, it was nevertheless determined that the main focus for Agriculture and RD as productive sectors lies in the area of mitigation interventions.**

In order to do so, participants of the 2<sup>nd</sup> SNRD Africa HIV/AIDS & RD Workshop *recommended* that **agricultural and RD decision-makers** should:

- Develop sector plans, inspired by the National HIV/AIDS Strategic Frameworks, and mainstream them into the existing national RD/Agric. Policy;
- Formalise collaboration between agriculture and other sectors;
- Facilitate the development of workplace policies, guided by the sector plan, in every organisation within RD;

- Develop strategies for implementing these sector plans, ensuring that each area within the sector (e.g. extension, research, human resource development, marketing, M&E), looks at its respective role within prevention, care and mitigation, recognising that RD-sector's comparative advantage lies in mitigation;
- Support the implementation of RD/Agricultural Sector Plans, and in particular HIV/AIDS-related activities, governments and international partners should allocate significant human and financial resources to the RD/Agricultural Sector;
- Ensure that the sector plan anticipates the long term impact of HIV/AIDS on the ability of the sector and its institutions to provide relevant services through:
  - problem-related research, addressing needs of poorer strata of the rural population;
  - capacity building of human resources of the agriculture department in HIV/AIDS, incl. its integration in pre-job training; furthermore, training of multi-sector teams in HIV/AIDS-competency should include perma-culture, nutrition, food security and income generating activities;
  - long-term planning for mitigating the HIV/AIDS impact.
- Advocate for international organisations such as FAO, IFAD and UNDP to produce an inventory of labour-saving and other suitable technologies in the fields of agriculture and rural development, disseminate it and conduct further research on appropriate alternatives.

**SNRD Africa** should facilitate the development of a concise Monitoring and Evaluation system for HIV/AIDS-related activities.

Altogether, **the workshop formed an excellent opportunity for further information sharing with regard to mainstreaming HIV/AIDS**; an intensified networking is expected to take place afterwards. In relation to this, the workshop highlighted the importance of collaboration at international level. A *conference* on the relationship of HIV/AIDS and Agriculture and RD, bringing together relevant governmental institutions, bi- and multi-lateral agencies amongst them FAO, IFAD, UNAIDS and GTZ, and NGOs/CBOs, was strongly recommended.

The **final resolution** suggested developing a specific *training course* for the relationship of HIV/AIDS and RD/Agriculture, possibly to be held in the beginning of 2003, covering topics such as:

- Mainstreaming of HIV/AIDS;
- Mitigation measures such as labour extensive crops, nutritious food and labour saving techniques;
- Co-ordination of AIDS responses;
- Communication skills, monitoring and evaluation.

This workshop should especially address HIV/AIDS focal points in the agricultural sector. The preparation of this training workshop should go hand in hand with the development of a *handbook* on HIV/AIDS impact mitigation measures in the field of Agriculture and RD.

Zambia, Ghana, Germany

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## The Main Report

### 1 Background and objectives of the SNRD HIV/AIDS & Rural Development (RD) Workshop 2002

The second workshop on HIV/AIDS & RD of the Sector Network Rural Development Africa (SNRD) was a follow up meeting to the first SNRD Workshop held in April 2001 whose main purpose was to further investigate the links between HIV/AIDS and rural development.

Some of the **specific recommendations** from the April 2001 workshop were as follows:

- Development of a framework for the multi-sectoral approach towards mainstreaming HIV/AIDS activities in RD projects and programmes.
- Formation of a multi-sectoral body at national – provincial – district – and community level enhancing staff competence to deal with HIV/AIDS issues both at the workplace and at the level of the client. The areas of competence to be addressed are:
  - basic knowledge of HIV/AIDS;
  - current strategies and interventions in mitigation and care;
  - competence in terms of counselling skills, prevention and mitigation measures;
  - local cultural context, and participatory approaches;
  - additional areas of competence include co-ordination and networking skills;
  - stress management (e.g. for extension workers dealing with PLWHA);
  - knowledge of the policy framework, resource mobilisation, advocacy and lobbying and monitoring and evaluation.
- In order to effectively mitigate the pandemic it was also found to be necessary to:
  - monitor the pandemic and the impact of interventions;
  - monitor the epidemic at local level and
  - monitor and evaluate mitigatory interventions.

At the end of the 2001 Workshop all participants undertook to pursue the activities to implement the recommendations and prepare for a similar workshop in 2002. The second workshop was subsequently planned for. The deputy permanent secretary of Southern Province Zambia, where the workshop took place, officially opened it. He concluded the opening remarks with a challenge simulating a war situation.

"Ladies and gentlemen,  
we are at war - you are our commanders and  
strategists.  
Plan this war well and executive it.  
Your workers, healthworkers and all people who love humanity."  
(A summary of the opening address is included in Annex 5)

### **1.1 Objectives of the second SNRD HIV/AIDS & RD Workshop 2002**

This years workshop objectives were formulated as follows:

- To obtain more information about the relevance of the epidemic for rural development and agricultural extension in general with special emphasis on GTZ projects.
- To learn about how and what to integrate in the subject of HIV/AIDS into RD in general and Agricultural Extension.
- To develop further the strategy on how the fight against HIV/AIDS can be better integrated into RD projects.

The main report dwells on the current situation with regard to the responses to HIV/AIDS and the contributions of the RD/agricultural sector so far. Three papers presented from UNDP, FAO and GTZ outlined the current situation and set the scene for the discussions in the workshop.

Thereafter, work group discussions were central to the weeklong consultation and information was shared based on what is being tried and implemented. Shortcomings were identified and recommendations given. In addition to the theoretical part of the workshop participants had the opportunity to visit a rural development project in the Choma District that is using participatory approaches to reach and educate rural communities in HIV/AIDS issues. Finally, a session on monitoring and evaluation, also divided into a more theoretical and a practical part based on the Choma example, was conducted. The complete programme is attached in Annex 2.

## 2 Responding to HIV/AIDS: Possible contributions of the RD/Agricultural Sector

Three papers from UNDP, FAO and GTZ were presented which outlined what the current efforts, knowledge and practice in HIV and Rural Development are.

### 2.1 *Update on facts about HIV/AIDS and rural development in sub-Saharan Africa - Where are we in respect to Agricultural Extension? (Gabriel Rugalema, UNDP, Pretoria)*

Dr Rugalema presented a paper outlining the present level of knowledge and practice in HIV/AIDS and rural development. The paper explored the research – extension linkages in HIV/AIDS and gave insight into the role and way forward for Agricultural Extension (AE) in prevention and mitigation of the impact of HIV/AIDS. Based on several studies and initiatives the paper included information on important developments on HIV/AIDS impacting the agricultural sector.

The paper emphasised that rural extension systems have a responsibility and are being challenged by the HIV/AIDS pandemic. They should therefore work to develop a strategy that complements the bio-medical model and which is based on the comparative advantage of the AE sector taking into account farming system types and agricultural strategies.

Three points were made that guide the **role of Agricultural Extension**:

- Agricultural extension should play a **less significant role** in respect to behaviour change communication and role modelling.
- Agricultural extension should play a **significant** if not a decisive role in addressing factors of social vulnerability.
- Agricultural extension should play an **important role** in providing information on affected households and survival mechanisms.

**Box 1: Key Roles for Agricultural Extension**

Key roles for Agricultural Extension were outlined as:

- Catalytic and Facilitation role
- Forging links with technology change within the community
- Monitoring the epidemic
- Contributing to research/knowledge generation

In conclusion it was stressed that the role of the Agricultural extension systems needs to be part of the wider multisectoral strategy and should have an added value based on the competence and resources of the extension system in question.

## **2.2 *Enhancing the fight against HIV/AIDS through Agricultural Extension (Vera Boerger, FAO Harare, Zimbabwe)***

The paper presented from FAO was structured around five thematic areas:

(1) recent studies carried out, (2) the impact of the HIV/AIDS epidemic on National Programmes, (3) commercial and small-scale farming, (4) household security and (5) Agricultural Extension Services.

“FAO has an important role in global fight against HIV/AIDS. The basic aims of the Organization in this regard are: to encourage high-level awareness of and political commitment for addressing HIV/AIDS; to reduce the impact in terms of increased food insecurity and malnutrition; to promote the reconstruction, maintenance and strengthening of rural livelihoods and social security nets and to mobilise effective multi-sectoral and participatory responses to meet the food security needs of people and countries affected by HIV/AIDS.”

(Excerpt from a paper prepared by FAO for the Twenty-Seventh Session of the World Committee on Food Security, May 2001)

FAO perceives the HIV/AIDS pandemic as a problem of critical importance for development in general, and agriculture and food security in particular. FAO has been instrumental in data collection. Starting from 1988, FAO carried out several studies on the impact of HIV/AIDS on agriculture, nutrition, food security and people's livelihoods, focussing mainly on impact and response to the epidemic. Five of the most recent studies were listed from different sub-Saharan African countries, outlining some of the known impacts on national level, the commercial sector, and small-scale agriculture.

The impact on AE in particular is seen in its qualitative and quantitative impact on extension organisations, most of which is related to morbidity and mortality with increased deaths contributing to additional



costs in funerals and to loss and change of clientele. In addition, the increased demands on AE services make it difficult to fulfil planned activities.

Box 2 outlines the role of AE from FAO's perspective; however, these detailed responses can be divided into three major themes:

- Promoting need-based responses to create supportive safety nets in the communities. Some of these may be the diversification of income sources and gender sensitive responses.
- Development of appropriate technologies to mitigate the impact (e.g. labour saving technologies).
- Provision of information for mitigation in transcending areas of impact such as HIV prevention, nutrition and property rights.

#### **Box 2: The Role of Agricultural Extension**

##### **The Role of Agricultural Extension**

- Promote the diversification of income source (e.g. small-scale manufacturing, fishing).
- Assist households with on-farm and off-farm income generating activities.
- Empower women and other marginalized groups in accessing resources (e.g. land, credit).
- Reduce demands on women's labour through promotion of labour-saving methods of food preparation and improved access to water and fuel supply. Introduce farming equipment that can be used by children and the weaker.
- Provide basic information on HIV/AIDS control and prevention.
- Provide information on nutrition for PLWHA.
- Provide information on property rights to widows and orphans.
- Provide technical agricultural advice to affected households.
- Provide practical agricultural education in schools.

The new roles stated by FAO need to be supported by a re-orientation of extension that has to be supported by a new agricultural research agenda. Qualitative and quantitative research on the impact of HIV/AIDS with special emphasis on agriculture and food security needs to be carried out. In addition to this FAO proposes that research needs to explore the role of agricultural knowledge and information systems for rural development in HIV/AIDS and mitigation. An important aspect is a study of the gender differential impact.

In concluding the paper on FAO's position, necessary components of the institutional response were highlighted:

- Development of HIV/AIDS strategies and policies for institutions in the agricultural sector.

- Human resources development in capacity building and AIDS competency.
- Production of training modules, extension materials and strategies needed to educate farmers on HIV/AIDS in relation to threats on food security.
- The provision of extension staff with knowledge and skills in HIV/AIDS mainstreaming.

These areas were central to the debate in the group discussions and were explored in detail. The FAO paper challenged the participants into considering the vast amount of work that is at hand in order to fully respond to the HIV/AIDS pandemic.

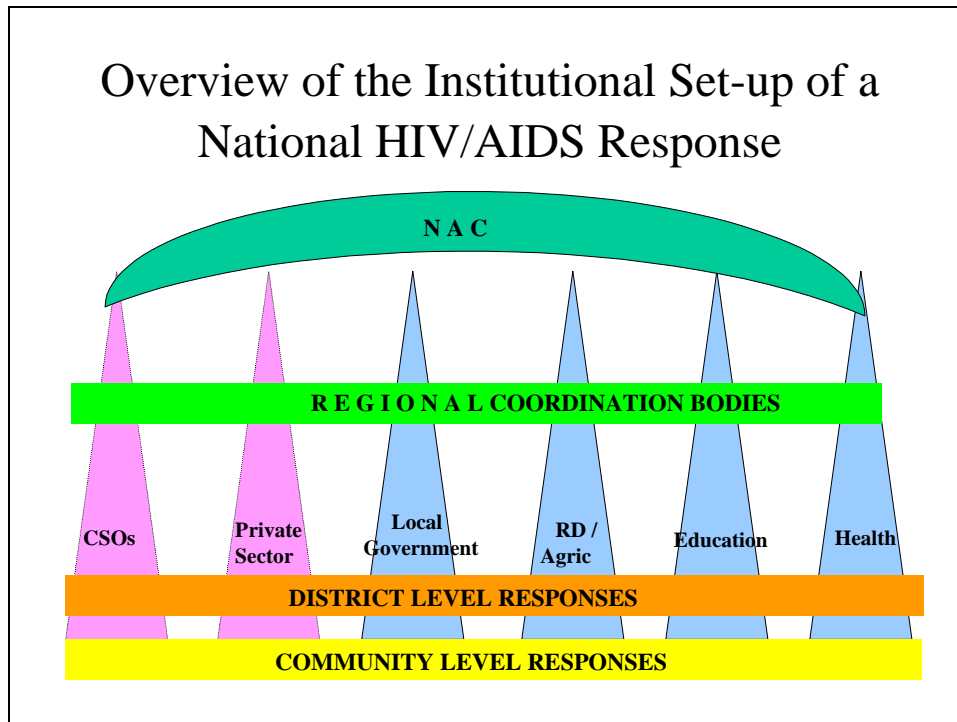
### **2.3 *The contribution of rural development and agriculture services to local responses*** ***(Bob Verbruggen, GTZ-RAPA, Accra, Ghana)***

This paper gave an overview of the important aspects of local HIV/AIDS responses and the contribution of RD. Based on the changes needed, which were clearly outlined by the papers from UNDP and FAO, important links were “***picked up***” by the “***final setting the scene***” presentation. Emphasis was placed on the need to change completely the way things were being done. The need for horizontal learning, enhancing intersectoral compatibility, recognising pre-existing challenges and problems was emphasised.

**Box 3: How responding to HIV/AIDS requires change (cycle of change)**

**From the individual to global level**

Current national responses were outlined and specific HIV/AIDS interventions in RD, district local responses and the lessons learnt were shared. Most countries in Africa have National Strategic Responses with a National Strategic Plan. There are variations in the National AIDS Control Programmes. The institutional set up as in Box 4 is context-based with some bodies located in the president's office, others semi-independent and others attached to the Ministries of Health (MoH).

**Box 4: Overview of the institutional set up of a National HIV/AIDS response**

The Ghanaian case is given as an example of a national response and mainstreaming HIV/AIDS into other sectors. Implementing the national response is a challenge involving many issues including inter-sectoral cooperation, decentralisation, resource mobilisation, community participation, accountability and good governance and the central issue of the workshop: **mainstreaming**. The distinction was made between mainstreaming and integration, with **integration being defined as the introduction of HIV/AIDS related issues and interventions into a sector, organisation or programme as a component among others without modifying its “core business”, while mainstreaming is the incorporation of HIV/AIDS issues and interventions into the “core business” of a sector, organisation or programme, thus altering it.**

The key principles of mainstreaming were outlined as:

- Identifying and establishing a defined and clear **entry point** (theme) that will guide the activities to be carried out (e.g. the RD project in the Choma District, Zambia, used the Gender Operating Cycle).
- Advocating and sensitising key stakeholders (e.g. ministry officials, extension programme managers, colleagues, traditional leaders and farmers) ensuring that mainstreaming efforts are guided and supported by the National Strategic Framework for HIV/AIDS.

Three domains of operation can be distinguished:

- Internal domain,
- External domain
- Project environment.

There is a need to **build organisational capacity** for HIV/AIDS - analysis, planning, implementation, M&E and to establish **partnerships based on the comparative advantage** of each sector, e.g. collaborating with MoH and NGOs for implementing HBC programmes and **breaking the attitudinal biases**.

It was stressed that Rural Development has much to offer in fighting the HIV/AIDS pandemic. One of its main advantages is that it is supply-driven in comparison to other sectors. The proximity of the extension agent to the community makes it easy for the sector to reach the targeted community groups and to understand the ground situation, as far as beliefs customs and values are concerned. Within their basic training extension agents often have gained skills in adult education and communication that can be tapped in Behavioural Change Communication (BCC) and Information, Education, Communication (IEC) training.

However, the sector does not come without its own problems. This was echoed by all three key presentations. Extension agents themselves have been affected by the epidemic and are very much part of the problem. The ratio of extension agents to farmers is still low in many countries, while investments in the sector have been dwindling over the years.

### 2.3.1 Local Responses

In sharing information on best practise or promising approaches, the concept of local responses was elaborated on. Local responses mean responses where the people live – creating community ownership with local people actually driving the response. Forming and promoting local partnerships by service providers and facilitators should cultivate a supportive environment and mobilise local responses. Nine essential steps to create local response were given with the aim of creating an “**AIDS competent society**”.

Box 5 gives the definition of AIDS competency.

**Box 5: Definition of AIDS competencies****Local definition of AIDS competence by UNAIDS**

- A change in individual sexual behaviour
- Mobilisation of people against HIV/AIDS
- Reducing stigmatisation of PLWHA
- Spontaneous demand for testing
- Improvement in quality of care
- Reduction in HIV prevalence

Nine steps are to be carried out at the three levels – national, district and local level. They involve: (1) creating AIDS competence, (2) creating a national strategy, (3) appointing a national facilitator, (4) implementing sectoral reforms, (5) establishing a local AIDS response team, (6) understanding the local dynamic, (7) establishing local partnerships, (8) learning by action and , finally, (9) sharing experiences.

The planning cycle of local responses can be summarised as follows:

Situation analysis => vision development => problem analysis => strategy development => community response => M&E.

The case of the Ghana district response initiative was given as an example. Some of the lessons that have been learnt so far include structural and organisational difficulties such as:

- Sector-based institutions still collaborate more intensively with their national offices than with other sectors.
- There are limited resources for implementation of the sectoral programme.
- Ministry of Food and Agriculture (MoFA) HIV/AIDS plans have not been fully integrated into the District Responses Initiative (DRI) plans.
- There is need for frequent capacity building programmes for DRI management teams / District AIDS Committees.
- There is limited financial and technical support for community initiated HIV/AIDS responses.

It was highlighted that the shift from project's to people's strategies and programmes is of great importance.

### 3 Country presentations

#### 3.1 Profile of participating countries

Seven countries from South and East Africa region were represented at the Siavonga Workshop including Lesotho, Malawi, Mocambique, South Africa, Tanzania, Zambia and Zimbabwe. These countries represent a similar specimen of socio-economic development (with the exception of South Africa) and HIV/AIDS prevalence levels. *The presentations were considered as a way to share information and experiences in prevention and mitigation activities.*

##### 3.1.1 Lesotho

Lesotho presented a comprehensive Agricultural Sectoral HIV/AIDS Programme responding to the HIV/AIDS epidemic. The presentation outlined objectives and activities in the areas of prevention, care and support and mitigation of HIV/AIDS. The overall goal of the HIV/AIDS Programme is an HIV/AIDS free society with high levels of awareness and behavioural change, and care and support systems put in place/operating in favour of the infected and affected persons.

For the area of **prevention** the objective and activities were formulated as follows:

- promoting abstinence, traditional values and religious values to help reduce HIV prevalence by 50%;
- using the Agricultural Radio Station to disseminate IEC messages as well as the use of newsletters, campaigns and other resources;
- encouraging youth involvement in HIV/AIDS control through parent education and attending youth clubs.

In regard to **care and treatment** the following aspects were outlined:

- strengthen capacity in the provision of care by establishing support groups;
- Training of Trainers and training of PLWHA;
- improving access to medical care and protective materials to all resource centres;
- supplying training kits.

**Mitigatory** interventions involve the promotion of nutrition and food security to the infected and affected by:

- Promoting permaculture;
- Promoting food storage such as bottling and solar drying etc.;
- Promote crop sharing and exchange programme.

Lesotho noted that interventions aimed at HIV/AIDS prevention and promoting food security will be most effective when linked to strategies which address the underlying causes of vulnerability, poverty, access to resources, marginalisation and gender inequalities. Some of the interventions to combat this are shown in Box 6.

**Box 6: Interventions planned for and carried out in the Lesotho programme**

- Empowering the infected and affected to become self-reliant by establishing community based self-help groups, train communities in organisation skills, basic counselling, resource mobilisation, human rights and other skills are an important aspect of the programme.
- Supplying benefit packages for orphans and train them in income generating skills and entrepreneurship.
- Promoting community based care in order to enhance the quality of life for PLWHA.
- Strengthening, intensifying and expanding counselling and CHBC services throughout resource centres. Creation of referral system to support PLWHA and affected families.
- Workplace programmes include IEC and promote behavioural change, supportive environment for ministry staff and their families.
- Lesotho has selected and trained District Focal Persons (three per district), conducted Training of Trainers in ten districts and provided basic counselling services at resource centres.

**Lessons learnt** from the Lesotho experience are:

- There is an alarming rate of orphans and child headed households.
- More people are dying because of hunger.
- Resources are not reaching the grass root communities.
- Institutionalised capacity building is not reaching the community levels.
- Lack of partnership and collaboration.
- Assistance to self-help is generally accepted by communities.
- Peer education and counselling break through towards behavioural change and acceptance.
- Supply of seeds as benefit package is appropriate and creates food security for the needy families.

### 3.1.2 Zimbabwe

Although Zimbabwe has an infection rate of more than 25% and has recognised the importance of mitigation it has not fully mainstreamed HIV/AIDS into the agricultural sector. Several impact studies have taken place with one currently underway funded by FAO.



There are several efforts in the country that still remain to be harnessed into a co-ordinated effort:

- Introduction of the AIDS levy;
- Formation of the AIDS committees at all levels of which the extension service (Agritex) is a member;
- Integrated programme on food security (information on HIV/AIDS and extension services);
- Zunde Ra Mambo - a traditional scheme, managed by the chief and community members, that gives special preference on credit to vulnerable members.

Some years back an AIDS Levy was introduced (3% of income tax). The national AIDS Council of Zimbabwe administers the money. Structures have been formed at National, Provincial and District Level (NAC, PAC, DAC). Agritex is represented in these committees.

Co-ordinated programmes are starting within the agricultural sector, which include:

- The FAO funded study on "Impact of HIV/AIDS on Agricultural Extension Organisations", which will provide qualitative and quantitative information.
- Two integrated programmes on food security also funded by FAO, of which one is focused on HIV/AIDS and the other one on Extension Services.

The Zimbabwean participants expressed the need to develop HIV/AIDS materials such as a Resource Training Manual to be used in training institutions.

### **3.1.3 South Africa**

South Africa presented some of the AIDS related problems on household and institutional level that have been well documented. Some critical questions at institutional level include how to deal with affected staff and how to cope with the loss of capacity. The colleagues from SA emphasised that there were few or no mainstreaming initiatives ongoing.

The Mpumalanga Rural Development Programme (MRDP) has developed a project-planning matrix with anticipated results in:

- Village self-help capacities and local development planning;
- Employment / income generating activities / SMEs;
- Economically viable and ecologically sustainable natural resource use;
- Improved service delivery by local government;
- Interventions assessed for policy and strategy formulation;
- Coping strategies to reduce the impact of HIV/AIDS.

In the process of supporting the formulation of integrated interdepartmental policy, the department outlined the institutional framework and the important role players. Activities of the different role players directed at the population include Awareness Campaigns, Prevention, Care Systems, Anti-Retro-Virals (ARVs) and other support measures.

Other policy issues were focused on defining support measures and anticipated activities of the different role players in areas such as formulation of the work place policy, financial support, technical backup and the facilitation of the process.

The South African presentation emphasised the need for support at the highest level. In their own programme, support at this level has led to the commencement of inter-sectoral collaboration through "*indabas*" (*public gatherings*). This has led to initial dialogue and a distinction of the different roles that each sector can play while taking into consideration the capacity differences.

At institutional level, mainstreaming can be facilitated by creating capacities in both government and non-government sectors through an analysis of the organisation, budget allocations, provision of services, management of service providers and liaison and networking with other relevant partners.

On a technical level, the department has outlined the need to develop extension concepts in farming system analysis, farm structure, land use systems, labour requirements / availability, labour saving techniques and land rights. Nutritional aspects including balanced diets and the use of herbs and fruits to build up resistance were mentioned as well as the "specifics" of women- and children-headed households, health aspects and linkages to the other service providers.

#### **Who should do what? – Roles and responsibilities of different levels and organisations:**

- (1) Government institutions and parastatals should take over the referral / co-ordination of activities and link them up with the needs at community and the household level;
- (2) Agricultural Extension should give advice on e.g. nutrition and low labour cropping systems;
- (3) Home-based Care Organisations should feel responsible for counselling and care of the infected and the referral to the
- (4) Department of Health for formal support systems.

### 3.1.4 Malawi

Malawi presented a programme involving a multi-sectoral Training of Trainers (ToT) approach to create HIV/AIDS competency among front-line staff of different sectors (health, education and agriculture) and community representatives. This programme has been evaluated and the recommendations were outlined with the presentation.

The ToT sought to:

- develop the participants' skills in facilitating community trainings;
- increase the participants' knowledge and understanding of HIV/AIDS;
- explore the impacts of the epidemic in the Malawian agriculture sector; and
- improve the participants' capacity to plan intervention strategies.

Some of the topics during the ToT-workshop included:

- facilitation skills;
- the nature of the epidemic;
- exploring the impact of the epidemic;
- developing and mobilising a community response;
- practical tools to reach adult audiences.

The ToT-workshop aimed at enabling the participants to conduct village workshops on HIV/AIDS issues, to sensitise the rural population, to create awareness and to promote prevention, coping and mitigation strategies within the rural context.

Some of the findings of the evaluation include a general improvement of the ToT participants' knowledge on HIV and AIDS, a high motivation to mobilise communities and changed personal behaviour as the trainers themselves are exposed to the public as role models. At community level a high level of willingness to talk about HIV/AIDS was recognised. Communities expressed the need for counselling and testing facilities as well as an increased demand on and improved availability of condoms.

The Malawi programme has also explored the potential of theatre as a means to disseminate HIV/AIDS messages. This has yielded in positive results and was recommended as a suitable method for extension workers, community groups, urban groups and workplace groups to communicate HIV/AIDS issues. The recommendations given in this study include training workshops for the respective groups on participatory theatre methods.

Finally, a workplace intervention programme was presented which was designed to promote behavioural change among farm workers. The intervention aimed to encourage discussion on issues of HIV involving

the whole community. After twelve months an evaluation showed success in promoting openness and breaking the silence. The interventions had positive results in allaying fears of discussing the implications of testing positive. After reflecting on the personal implications farm workers became interested in Voluntary Counselling and Testing (VCT). This created the need for VCT services and the project had to negotiate with providers to bring VCT facilities closer to the area.

Other needs such as linking up with neighbouring work places and building the capacities of project staff to provide counselling services became evident as well as the need to develop a work place policy and to incorporate HIV/AIDS issues into the work plans.

## 4 Summary of the Working Group discussions

### 4.1 Introduction

The group work was organised around three thematic areas: (1) **policy development and implementation** (including influencing factors), (2) **strategies** of the key players and (3) **tools and instruments** that have been developed to communicate HIV/AIDS messages. The results of the discussions identifying the current practices, gaps and lessons learnt are presented in this section. Furthermore, the recommendations under each thematic area are outlined.

#### 4.1.1 Group 1: What must we do to mainstream HIV/AIDS into the agricultural sector policy?

Key questions guiding the discussions were:

- What is involved in mainstreaming and what needs to be done and by whom?
- How to institutionalise and internalise HIV/AIDS concerns?

First of all it is of outstanding importance to acknowledge that HIV/AIDS is more than a health problem and therefore needs to be considered as a multi-sectoral problem and cross-cutting issue. Weak, non-acceptance and non-existence of HIV/AIDS policies and strategic frameworks should be addressed, discussed and reformed.

Two major steps to mainstream HIV/AIDS issues were identified:

- review of existing policies at national level to incorporate concrete HIV/AIDS programmes as a basis for strategic frameworks;
- establish a very broad work place programme regarding HIV/AIDS at all institutional levels.

It was emphasised that policy development needs to be a consultative process with participation of all stakeholder including implementing agencies and organisations. Policy makers of relevant institutions and institutional levels must be involved in the process for creating ownership at all levels. To influence HIV/AIDS policies it was emphasised to integrate local research and community mobilisation into the process of identifying problems and needs facing the rural population. All sector policies should explicitly link to other sectors to ensure the multi-sectoral approach of responses to the epidemic.

It is up to the responsible decision makers within the agricultural sector to clarify the comparative advantage of agriculture in general and AE in particular and the role they can play in regards to three intervention area in the fight against HIV/AIDS: a) prevention, b) care and treatment, c) mitigation.

The input AE can contribute to the efforts to fight HIV/AIDS and its impacts needs to be defined, responsibilities clearly allocated and financial resources provided. The matrix in Box 7 was proposed to visualise “who in the various sectors in AE can contribute what to a) prevention, b) care and treatment, c) mitigation?”

**Box 7: Matrix to define policies / responsibilities**

<b>Policy Content:</b> Possible fields of intervention and responsibility of different departments within the Ministry of Agriculture			
	Prevention	Care and Treatment	Mitigation
Internal Workplace: <b>Human Resources</b>			
Internal Workplace: <b>Finance Department</b>			
Internal Workplace: <b>Administration</b>			
Programme: <b>Research</b>			
Programme: <b>Extension</b>			
Programme: <b>Marketing</b>			

<b>Policy Content:</b> Possible fields of intervention and responsibility of different departments within the Ministry of Agriculture			
Programme: <b>Credit</b>			
<b>Monitoring and Evaluation</b>			

**Responsibilities of AE** could include some of these:

- Identify other organisations with similar interests / skills / planned activities within the same geographical area of intervention to avoid overlapping and wasting of resources.
- Personalise the issue of HIV/AIDS first at workplace;
  - How are staff affected as **people** and as **employees**?
  - Provide psychological support for staff.
- Hold senior level meetings to bring together leadership at e.g. provincial and district level.
- Develop / establish HIV/AIDS training workshops (for extension staff as well as for their clients), co-operation with other organisations (networking), workplace policies etc..
- Set up focal points with clear ToR for the responsible employee.

**Major recommendations for policy development and implementation**

- Rural development should become part of and strengthen existing responses at all levels (international, national, regional, district and community level) by incorporating HIV/AIDS issues into all respective sectoral policies (e.g. agriculture, health, education), strategies, specific interventions, methods and tools.
- HIV/AIDS should be mainstreamed into sectoral plans for RD inspired by the national strategic HIV/AIDS frameworks, i.e. each sector should acknowledge its responsibility and take action regarding its comparative advantage in responding HIV/AIDS.
- Work place policies and programmes should be developed and linked up at all institutional levels within the agricultural sector and its sub-sectors (e.g. extension).

- Ongoing policy development should anticipate / consider the long-term impact of HIV/AIDS on the ability of the sector and organisations to survive and to provide relevant services to all through:
  - Additional research
  - Developing relevant extension strategies and methodologies
  - Planning for resources.
- Collaboration between agricultural sector and other sectors should be formalised at high level and implemented at all levels.

#### 4.1.2 Group 2: Strategies of the Agricultural Sector and AE

The role of all professionals is epitomised in this statement from a Lesotho Farmer:

*“HIV/AIDS doesn’t live in hotels and training centres; it lives cruelly with us in the rural villages. Stop luxurious capacity building by spending all the resources in hotels. Please come to us not us to you. We need knowledge about sustaining our lives within the HIV/AIDS environment.”*

Agricultural extension roles need to be well defined within the multi-sectoral context. It was considered as important to identify the comparative advantage of agriculture in general and AE in particular. AE is characterised by its proximity to the clients, the rural communities. It can therefore take over responsibilities regarding prevention activities (e.g. by conducting village workshops on HIV/AIDS issues) combined with the promotion of mitigation strategies related to food security and nutrition. The promotion of mitigation strategies could be integrated into the daily business of the AE staff. That is what is generally seen as the comparative advantage of AE in the fight against HIV/AIDS and its impacts.

In particular prevention strategies need to be well co-ordinated with the interventions of other RD sectors (e.g. health), for instance by establishing multi-sectoral teams and task forces at all institutional levels.

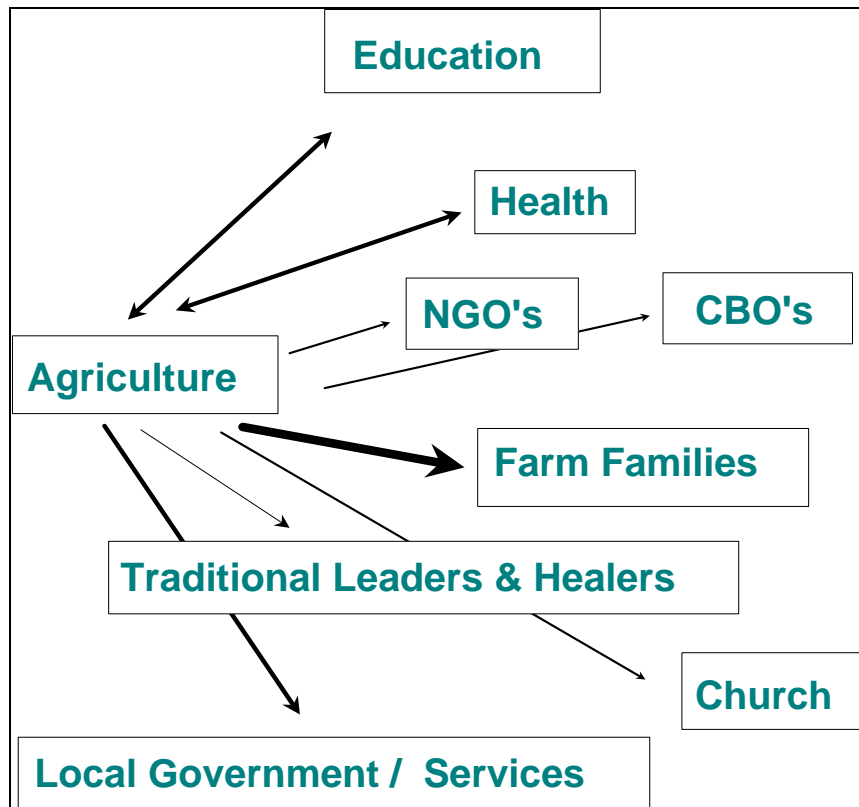
In determining the strategies of AE it is important to:

- Re-align and re-strategise extension work towards HIV/AIDS issues.
- Develop an agricultural sectoral implementation strategy through:
  - Raising of awareness and capacity building of the human resource;
  - Implementation of work place programmes on HIV/AIDS;
  - Counselling of infected and affected staff and clients.
- Strategise initiatives to mitigate the impact which lead to:
  - Promotion of Nutrition and Food Security;
  - Promotion of permaculture;
  - Nutrition education (food programmes, nutrition value);
  - Food storage and processing;

- Promotion of vegetable and herb production, and
- Crop sharing and exchange.

At each level Agricultural Extension should collaborate with all key stake holders shown in Box 7.

**Box 8: Key Stakeholders that must be involved in strategy development**



**Major recommendations for Strategies of the Agricultural Sector and AE**

- Develop a strategy on how to implement the policy, to ensure that each area within the sector (extension, research, Human Resource Development, marketing, M+E) looks at their role within prevention, care and treatment. Mitigation was recognised as strength the agricultural sector.
- The Ministries of Agriculture should include HIV/AIDS funds / resources into the ministerial budget.
- SNRD should urgently develop and put in place a clear and simple M&E system. (Data base for HIV/AIDS)



### 4.1.3 Group 3: Tools and Instruments

Tools and instrument were defined as “something that gives you the ability, capacity, authority, responsibility and accountability to achieve our desired goal and objectives”.

Efficient tools and instruments in key intervention areas are needed for the agricultural sector. Tools for training and capacity building initiatives on HIV/AIDS, knowledge management, appropriate agricultural technologies and communication are required. The discussions were about different approaches and experiences on how to reach rural communities, which instruments and tools are appropriate in the rural and regional-specific context. The tools themselves are not limited to the agricultural sector and AE; if appropriate they can be used by all stakeholders active in rural environments, working on HIV/AIDS or other issues. Some of these tools, summarised experiences and lessons learnt are listed in Box 8.

#### Box 9: Tools and instruments in agriculture and rural development

Components	Proposed Tools, Instruments and Content	Lessons Learnt and Recommendations
Training and capacity building	<ul style="list-style-type: none"> <li>• Training manuals on HIV/AIDS for extension staff</li> <li>• Include issues of HIV/AIDS in agricultural curricula at schools</li> </ul>	<ul style="list-style-type: none"> <li>• Even if AIDS is part of the curriculum, teachers are not adequately trained</li> <li>• Management staff have no training modules</li> <li>• For field staff it is important to be trained in facilitation skills, "HIV competence"</li> </ul>
Management Tools (resource allocation & planning)	<ul style="list-style-type: none"> <li>• Incorporate HIV/AIDS issues into meeting agendas at management level</li> <li>• Management Information System on morbidity/mortality (keep database)</li> <li>• Budget allocation / fund raising mobilisation for HIV/AIDS activities</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to get information since topic is confidential</li> <li>• Need to find appropriate language</li> </ul>
Advocacy tools (political level)	<ul style="list-style-type: none"> <li>• Demonstrate profit and costing implications if pandemic is not combated</li> </ul>	

Community mobilisation tools	<ul style="list-style-type: none"> <li>• Drama</li> <li>• PRA &amp; PEA</li> <li>• Involvement of traditional leaders</li> <li>• Gender awareness training (Zambia)</li> <li>• "Hijack" specific events (e.g. field days, arbor day, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Infected and affected people cannot easily attend community meetings</li> <li>• Young girls cannot be approached (Zambia)</li> </ul>
HIV/AIDS adapted / appropriate technologies (some examples)	<ul style="list-style-type: none"> <li>• Training of women on cash crops (e.g. tobacco, green pepper, cotton)</li> <li>• Training of women on animal draught</li> <li>• Train inter-cropping (attention: can be labour intensive), promote cover crops to reduce weeding</li> <li>• Promote crops for more healthy diets</li> <li>• Promote fuel efficient stoves</li> <li>• Promote minimum tillage techniques</li> <li>• Promote hand operated pumps for small scale irrigation</li> </ul>	<ul style="list-style-type: none"> <li>• When men come back to rural areas (from income generating activities in towns), they don't have any of the needed agricultural skills</li> <li>• urban agricultural extension projects are needed</li> <li>• Develop booklets for healthy food (according to local context)</li> <li>• Research is needed in this area</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Drama, booklets, posters, radio, etc.</li> <li>• Community events</li> </ul>	<ul style="list-style-type: none"> <li>• Plenty of information is available but not accessible for community and extension workers</li> <li>• Repackage materials for better use by extensionists and community</li> </ul>

### Major recommendations for tools and instruments

- FAO and UNDP should conduct an inventory on labour saving and other appropriate technologies, disseminate these and drive further research on appropriate alternatives.
- A handbook on mitigation technologies, e.g. labour saving technologies, minimum tillage, etc. should be developed.
- Multi-sectoral teams should be trained in HIV/AIDS competence. This should include permaculture, nutrition and food security.

For GTZ-supported projects it was outlined to spearhead competence enhancement around HIV/AIDS in RD for extension services and implementing partners. Capacity building of human resources in HIV/AIDS competence should start at management level. It was also stressed to establish a regional network to share experiences and lessons learnt regularly, and to monitor and evaluate results of RD interventions and interventions of the agricultural sector (implement M&E Framework in all programmes).

## 5 The Field Visit to ASSP

The field visit was part of the Siavonga workshop to afford the participants the opportunity to “touch base” with communities who have been exposed to HIV/AIDS initiatives / activities. The respective communities belong to the target group of the GTZ-supported Agricultural Sector Support Programme (ASSP). ASSP is working in four districts of Southern Province trying to reach 54,000 farm families or approx. 380,000 Zambians. 75,000 community members are estimated to be HIV positive and 25,000 - 30,000 community members are estimated to have died in the last three years of AIDS or of AIDS related diseases. Also the direct project environment is affected by HIV/AIDS. ASSP is working with 250 Field Extension Staff of which ~50 members are estimated to be infected with HIV, while ~20 members of staff have died the last three years of AIDS or AIDS related diseases. These horrifying figures are calling for immediate co-ordinated interventions and not mere “lip services”.

### 5.1 ASSP HIV/AIDS programmes and activities

#### **ASSP was confronted with the key-question:**

How can we break that vicious cycle of accelerating poverty, increased HIV infection rates and decreased food production?

ASSP-interventions / approaches, which aim to untangle that “vicious cycle” and which intend to create a conducive environment for HIV/AIDS Awareness and Action campaigns are the following:

1. The Participatory Extension Approach (PEA) introduced seven years ago is now fully internalised and operational with following results:
  - Attitudes and behaviour of field staff and farm families have changed towards open two-way communication and towards dual sharing of knowledge and experience.
  - An atmosphere of mutual trust and recognition has been created.
  - Extension Staff interact with rural communities in multi-teams.

2. Gender Awareness and Action (GAA)-Campaigns have been carried out in one third of the Programme Area with following outputs:
  - Farm families communicate openly among each other
  - Farm families, including youth, take joint decisions
  - Gender roles and responsibilities are changing
  - Problems in inter-human relationships, that are often related to fear of diseases, are voiced out – e.g. polygamy, wife battering, property grabbing, 'widow cleansing', bridal price.
  
3. The Rural Development Fund – an interest free loan for farmer groups – aims to support IGA's especially for women and youth.

## **5.2 Observations from the Field Visit**

Observations made in the field provided the participants with clear examples of numerous factors involved in working on HIV/AIDS with the community. The field trip consisted of two groups, one visiting Hamchila village and the other Habuya village. In each village the community demonstrated the exposure to participatory methods. The use of some tools such as working with the **multisectoral team** including agricultural extension staff, HSA (Health Surveillance Assistants), local government, community development and traditional leaders. HIV/AIDS was identified as a problem during PEA/GAA and in using the disease calendar where diseases were ranked by age/gender. Subsequently a problem tree disaggregated by age/gender was formulated followed by an action, implementation and evaluation plan. Participants felt that grouping the community by gender and age was very positive.

Participants observed that the approach used has certainly overcome the culture of silence, created an holistic approach with the full participation of the community including the younger age groups. In one village it was observed that there is a very good collaboration between the Ministry of Health and the Ministry of Agriculture. Cultural practices such as use of herbs to promote dry sex that in turn promote the transmission of HIV/AIDS were discussed

Some specific issues observed and shared in the focus group discussions in the age and gender specific groups are outlined below:

### **Older Women**

- Fifty percent of those present were looking after orphans
- The women expressed extreme poverty from which they had no vision to overcome

- They felt the problem analysis exercise leading to the AIDS problem tree did not lead to any action – this led in turn to the question: “Was there any other targeted approach and intervention specific for this older women’s group?”
- The older women seemed to know little about HIV/AIDS and condom use. Some had never seen a condom.
- The traditional role of older women as counsellors has been eroded and they feel they would like to get more involved in activities.
- The lack of government services in the area makes interventions difficult and the older women demanded social welfare and cropping inputs to ensure food security.
- A recommendation from the group that interviewed them was the need to enhance their marketing skills.

### **Young women**

- The young women were concerned with replacing existing methods of sexual cleansing or modifying the existing one.
- With regard to polygamy, women are still very helpless. They have not included this issue into their action plan.
- Contraception: The young women are unsure if traditional methods work. Misconception about modern contraception exists, e.g. fear of cancer, children born with defects.

### **Condoms:**

- The young women said married couples do not use condoms.
- Young women do not really trust the men with condoms. (“The men break the condoms”)
- Women, especially unmarried women, do not have access to condoms because they are not easily available from the clinic or community health worker.
- Young mothers use condoms whilst breast-feeding in order to protect the young ones from malnutrition.

### **Sex Stimulants:**

- Young women are using stimulants to avoid that their men have extra-marital sex. This is in contradiction to their action plan.

### **Organisation of the group:**

- As a group they are not organised formally and hence find it difficult to get funding.
- They are not organised in marketing their products, e.g. mangoes, bananas, textiles.

- There is an eagerness to organise themselves around Income Generating Activities in which they need support in various skills.

Home-based Care:

- They expressed a lack of knowledge and resources.

**Young Men**

- They expressed a need for a youth focus on income generating activities.
- They recommended that condoms should be easily available anywhere and any time.
- They emphasised that traditions, such as sexual cleansing, can be overcome.
- They mentioned the generation gap as a problem.

**General observations on the whole process:**

- AIDS is seen separate from / and elevated above related diseases (caution should be exercised).
- The programme should not abstract HIV/AIDS out of the general health/development context.
- Multi-team members should have equal levels of capacity (suggest “upgrade”).
- Lack of access to supportive infrastructure is hampering progress in action plans.

## 6 Monitoring and Evaluation

The monitoring and evaluation session was divided into two parts:

### **6.1 Part 1: Participatory Impact Monitoring of HIV/AIDS on Rural Communities in the Southern Province of Zambia**

A freelance consultant, Eva Engelhardt-Wendt, gave a short presentation about on-going training and monitoring activities of gtz projects under the Ministry of Agriculture and Cooperatives (MACO) and under the Ministry of Health (MoH) in Choma District, Zambia.

#### **The objectives were:**

- A concept how to monitor the impact of HIV/AIDS on rural communities in Southern Zambia is elaborated. The concept is integrated in the participatory gender-sensitive approach of the ASSP.
- Local experts and counterparts, “multi-teams”, participate in the elaboration of the concept and gain experience how to implement it in the field. The know-how to continue with monitoring activities in future is established and can be duplicated in other districts.
- Data on the impact of HIV/AIDS are collected to generate information for the design of practical intervention strategies.

#### **The methodology applied was Participatory Impact Monitoring.**

Participatory Impact Monitoring (PIM) reveals information about trends and changes and their perceptions by community members. PIM is based on a process of reflection and awareness rising on village level. The communities are involved in defining and analysing effects and impacts of HIV/AIDS. They discuss in gender- and age-specific sub-groups about the specific impacts each group faces, how it copes with them and which support is received or needed.

The process is moderated by members of “multi-teams” which have been recruited from the agricultural, the educational and the health sector. Multi-team members have received a considerable amount of training on participatory, gender-sensitive facilitation. They have implemented trainings on gender issues and on HIV/AIDS alongside with agricultural programmes on improved farming methods and seed multiplication.

A **typical sequence of participatory, gender-sensitive research activities** was shaped during the first PIM workshop, April 2002.

**Participatory Impact Monitoring Cycle**

<b>Steps</b>	<b>“Tool”</b>	<b>Method</b>
Introductions, objectives, recapitulation of previous activities related to the subject HIV/AIDS	Previous Action Plan	Plenary Discussion
Identification of effects and impacts of HIV/AIDS	Cause-effect-tree	Moderated group discussion in gender- and age-differentiated groups
Analysis of who is affected most	Scoring and ranking	In plenary, using symbols or material which specifies the gender and age groups
Identification of affected households	Sociometrics	Plenary
Registration of families keeping orphans and families looking after chronically sick people	Monitoring Book	Structured interviews with key informants or “Housework” to be completed by key informants
Deepening understanding of individual cases	Informal talks	Semi- structured interviews With affected HH
Analysis of impacts, coping strategies and suggestions for support	Visualised results from each group	Moderated group discussions, groups divided by age and gender
Feedback of results, conclusions on future activities	New Action Plan	Plenary discussion
Election of 3 people who keep monitoring book and are invited for training on HIV/AIDS issues	“Focal Point Persons”	Secret voting in plenary for 2 women and 1 man.

In April 2002, the PIM cycle was implemented in 2 villages in Southern Province. Haajuunza is located near the main tar road and has about 250 inhabitants. Manyepa is situated 30 km off the tar road, accessible only by dust roads, with 350 inhabitants.



## **First Findings**

### **Changes in household composition**

In both villages almost half of the families look after orphans. The parents who left behind these orphans are close family members, grown-up children. Most of them died due to a “chronic disease.”

The parents of the orphans had moved to towns some years ago. They had created own families with children and made a living by earning some cash income. Sometimes they sent money to their rural homes, either to finance the school fees of younger siblings or to contribute to exceptional costs such as burials. Children who had found a paid job in town were a type of life insurance for old age. This generation of children, people who are now between 25 and 40 years old, are heavily affected by the HIV/AIDS epidemic. But instead of sending home money they now require money for hospital care, food and drugs.

In Manyepa, 13 out of 25 household heads keeping orphans were above 60 years. In Haajuunza they were 5 out of 16. Grandparents are looking after their grandchildren.

In Manyepa, 12 out of 25 households keeping orphans were single headed. In Haajuunza, 7 out of 16 were single-headed.

### **Impact on agricultural production**

People did not mention effects of HIV/AIDS on agricultural production at the first glance. They mentioned that their yields went down, but attributed this to the lack of rainfall or other “natural” factors. “Lack of labour force” is a constraint that exists since the male population was forced to work in the mines of Southern Rhodesia or the Copper Belt.

It continues to exist during agricultural peak seasons as many adults migrate to towns to earn some cash. Lack of labour was not related at first to the impact of HIV/AIDS. However, the recapitulation of the “cause-effect tree” helped to deepen the analysis of logical chains of effects and impacts. People became aware that the lack of labour force was due to the disease and not due to migration alone.

People mentioned that they had less money for farm implements such as improved seeds or fertilizer as more money was spent on drugs and/or on orphans. Cotton production went down because inputs were too costly.

There are fewer oxen available for draught power than 5 years ago. This may be due to the sale of oxen to cover additional cost. On the other hand the “corridor disease” has affected many cattle in the area and lowered their quantity.

Looking at the coping strategies, which people used in general to overcome their problems, it is obvious that agriculture and gardening are the most important productive activities. Most people try to grow and sell vegetables or to rear and sell chicken and goats. There are few other income generating strategies that can provide additional income.

### **Changes in housework due to care for chronically sick people**

In Manyepa, 9 out of 45 households were looking after chronically sick patients. In Haajuunza, only 2 patients have to be cared for at the moment. People in Haajuunza therefore were quite optimistic that the disease was already on the decline.

Women usually carry out the care for the sick. An adult typically prefers to go home to his mother rather than to be looked after by his wife or friends. Mothers look after their children, no matter what their age is. Women usually care for their sisters and cousins who are in the age peer group. Only in rare cases men will look after sick persons for a longer period.

The caretakers admitted that they had a difficult job to accomplish. Patients with chronic diseases are very difficult and demanding. They shout at their surroundings, are depressed and in bad humour. They ask for special types of food, regardless of the cost. They choose a certain person from their family who should look after them all the time. The chosen person can hardly refuse. The care takes many hours during the day, especially during the last weeks before the patient dies. During this period all regular activities of the caretaker have to be postponed.

The sick patient and his or her needs are in the centre of the household. All attention and material resources are directed towards him or her. Reproductive duties are neglected in order to respond to the needs of the patient. The cooking for the rest of the family decreases. There is less money for nutritious food and less time to prepare it properly for the healthy family members. It was reported that children are neglected at times and left to themselves. Their performance at school drops.

There is little energy left to do other than essential household chores, so gardening activities usually are stopped. Other activities such as voluntary community work or church activities are reduced. Families looking after chronically sick patients live in a permanent crisis, financially and morally. They often lack basic medical knowledge on the disease. Some caretakers were afraid to become infected, as they cannot buy the recommended plastic gloves, when they wash the patient. They are very close to the patient day and night and do not clearly know how they can protect themselves. Knowledge in "home based care" is obviously lacking.

**Old women carry most of the burden that goes along with caring for the sick adult, children as well as looking after the orphans.**

### **Changes in the financial situation of the family**

It is a big problem to raise the money for drugs and food. People are not able to calculate the exact amount of money spent on drugs. They say it is a lot more than they can afford. Hospital costs have to be covered, drugs have to be bought, healers have to be paid and each way which promises hope for recovery is tried, no matter what it costs.

Usually family members meet for a reunion and collect money for the patient. Everybody contributes as much as he or she can. Sums of 10.000 up to 500.000 Kwacha were mentioned (3800 Kwacha = 1 Euro, April 2002). The money is given to the caretaker who uses it for the different daily needs. As soon as the money is finished another family reunion is called in and the caretaker starts begging again.

Another big financial burden are the costs for the funerals.

More figures will be made available during the next research activities.

### **Changes in the educational situation**

Due to the financial constraints arising from care for the sick or funerals there is little money left to be spent on education. Orphans above the age of primary education are usually taken out of school. School fees for secondary education are high as most schools are boarding schools and have to be paid privately. School uniforms and transport have to be financed too. All in all the amount is about Euro 500.- per term. The orphan needs a personal sponsor, e.g. an uncle in town, to be able to continue secondary education no matter how well she or he performs. Enrolment of girls to secondary education seems to be a safe indicator for poverty.

There is a growing number of international NGO, such as World Vision, looking into the matter of scholarship for HIV/AIDS orphans. However, their ways of distributing scholarships to the communities seems not always to be fair and transparent.

### **First Recommendations**

Based on the evaluation of impacts and coping strategies the villagers and the multi-team elaborated some recommendations:

- Old women can hardly go for more income-generating activities as they are already overworked. They need a sort of welfare programme, which provides their households with basics.
- There is need for a special youth programme in agriculture especially for male youth.
- Male orphans seem to have lost direction in life and need some assistance in finding their place. They often are motivated to work in agriculture, but lack basic implements, resources and directions.
- Women are still the backbone of the agricultural production and gardening. Their needs in regard to training in income generating activities were stressed several times.

- Agriculture is the primary resource for survival. Training in new agricultural methods and seed multiplication should be directed to groups of young farmers, male and female.
- Some training for volunteer Focal Point Persons who live in the villages on essentials of HIV/AIDS and home based care should be provided. There are local NGOs around that are willing to go into the villages and to train interested people.
- Basic materials such as soap, gloves and others should be provided to poor families, so that their cost does not conflict with the money spent on food and other essentials.
- There is need for a scholarship programme for orphans, especially girls, that are capable and motivated to continue schooling.

## 6.2 Monitoring and Evaluation Part 2

The paper on monitoring and evaluation outlined the evaluation process, the framework and the indicators currently proposed in HIV/AIDS work. A generic framework for monitoring and evaluation developed by UNAIDS was presented and the challenge lay in seeing how, as a non-health sector, rural development could contribute to this.

Indicators are defined as measures that are used to show that the intended changes are happening, i.e. outcome indicators such as prevalence rates; condom usage ratio. Indicators need to be valid, reliable, feasible and timely. They can also be process indicators (e.g. no of health staff trained, guideline development), which include both qualitative and quantitative measurements. The choice of indicators is influenced by the programme goals, the state of the epidemic, the indicators ability to measure change, target group, the level of operation, the status of the indicator in relation to the programme, the cost and comparability with past indicators.

An example related to Agricultural Extension is given below:

### Develop indicators for gardening

Output (short term)	Immediate result of your intervention: Increased knowledge of farmers in gardening
Outcome (intermediate)	Effect of intervention on household level: More nutritious food
Impact (long term)	Effect on AIDS mitigation: Better nutritious status of PLWHA

An analysis of 13 different programmes for HIV/AIDS mitigation was presented to show the type of indicators used in programme M&E. Most of the programmes were utilising process indicators at this stage and some effort needs to be made to look at programme objectives and identify indicators that will measure impact and outcome in relation to the interventions offered by rural development programmes. Examples of baseline indicators developed by the Copperbelt Health Education Project were given. These indicators complemented examples given in the evaluation being carried out in Choma District.

In conclusion it was stated that Monitoring and Evaluation in rural development poses a challenge as most of the impact is at a social reproductive level and therefore cannot be easily measured. Barnett has said in this light **“we must measure what we can”** while developing indicators that can be mainstreamed and still keep the sensitivity required.

The two presentations were followed by group work. The aim was to look at some of the areas of intervention in RD and develop one indicator as a learning exercise.

The five areas of intervention that the groups worked through were:

- Promote cash crops for women
- Promote small animal husbandry
- Promote highly nutritious crops
- Promote fuel-efficient energy saving technologies
- Increase farmers' HIV/AIDS competency.

Example of Group Work:

	Intervention	Output	Outcome	Impact
Promote Cash Crops for Women	Promote growing of green peppers among women	Number of women are trained in cultivation practice of green peppers (increased knowledge in business skills)	Increased production level, Increased household income, Improved nutritional status of household, Improved household budget planning	Financial relief at the household level, access to basic care e.g. school, clinics, transport, nutritious food.

## 7 Recommendations and Way Forward

Participants of the SNRD Africa HIV/AIDS & RD recommended that agriculture and RD should:

- Mainstream HIV/AIDS into sector plans for RD inspired by National Strategic framework;
- Formalise collaboration between agriculture and other sectors;
- Facilitate the development of workplace policies, influenced by the sector plan, in every organisation within RD.

### 7.1 *Major recommendations for policy development and implementation*

- (1) Rural development should become part of and strengthen existing responses at all levels (international, national, regional, district and community level) by incorporating HIV/AIDS issues into all respective sectoral policies (e.g. agriculture, health, education), strategies, specific interventions, methods and tools.
- (2) HIV/AIDS should be mainstreamed into sectoral plans for RD inspired by the national strategic HIV/AIDS frameworks, i.e. each sector should acknowledge its responsibility and take action regarding its comparative advantage in responding HIV/AIDS.
- (3) Work place policies and programmes should be developed and linked up at all institutional levels within the agricultural sector and its sub-sectors (e.g. extension).
- (4) Ongoing policy development should anticipate / consider the long-term impact of HIV/AIDS on the ability of the sector and organisations to survive and to provide relevant services to all through:
  - Additional research
  - Developing relevant extension strategies and methodologies
  - Planning for resources.
- (5) Collaboration between agricultural sector and other sectors should be formalised at high level and implemented at all levels.

## **7.2 Major recommendations for agricultural sector strategies**

- A strategy on how to implement the policy should be developed to ensure that each area within the sector (extension, research, Human Resource Development, marketing, M+E) looks at their role within prevention, care and treatment. Mitigation was recognised as strength the agricultural sector.
- The Ministries of Agriculture should include special HIV/AIDS funds / resources into the ministerial budget.
- SNRD should urgently develop and put in place a M&E system.

## **7.3 Major recommendations for tools and instruments**

- FAO and UNDP should conduct an inventory on labour-saving and other appropriate technologies, disseminate these and drive further research on appropriate alternatives.
- A handbook on mitigation technologies, e.g. labour-saving technologies, minimum tillage, etc. should be developed.
- Multi-sectoral teams should be trained in HIV/AIDS competence. This should include permaculture, nutrition and food security.

For GTZ-supported projects it was outlined to spearhead competence enhancement around HIV/AIDS in RD for extension services and implementing partners. Capacity building of human resources in HIV/AIDS competence should start at management level. It was also stressed to establish a regional network to share experiences and lessons learnt regularly, and to monitor and evaluate results of RD interventions and interventions of the agricultural sector (implement M&E framework in all programmes).

## **7.4 Way forward**

By in large, the Siavonga 2002 workshop achieved the objective of the participants, namely sharing programme experiences and lessons learnt that could strengthen the efforts to mainstream HIV/AIDS into RD. Another important result is the increased capacity to network for further HIV/AIDS mainstreaming information. In relation to this, the workshop highlighted the importance of collaboration at international level. A joint conference of all bi- and multilateral agencies e.g. IFAD, FAO, UNAIDS and GTZ was recommended.

The request was to develop this workshop into a training course covering HIV/AIDS mainstreaming, mitigation measures such as labour intensive crops nutritious food and energy saving techniques. Coordination, communication and monitoring and evaluation would be included in the course. The development of materials such as a handbook on mitigation measures in the field of agriculture and RD for affected and infected with AIDS. In view of this the next workshop will be held in February 2003.

## **8 Workshop Closing**

The contact partner of the GTZ-ASSP in the Ministry of Agriculture, Reimund Hoffman, officially closed the workshop. He thanked all participants for their active engagement and the resource persons for their valuable contributions. Referring to participants' comments and contributions to the field visit as very helpful he promised the local team would take them into consideration.

The participants in turn voiced their satisfaction with the output of this workshop and thanked all involved for the efficient organisation; these thanks included, despite the considerable travel time, the very interesting field visit and, not to forget, the fare-well party on Lake Kariba (see Evaluation, Annex 3). The hope was expressed that after this workshop networking would improve in future.



**Annex 1: Participants list**

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## GTZ-SNRD Africa, HIV/AIDS &amp; RD, Siavonga/ Zambia Workshop, 2002

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**Annex 2: Workshop structure**

## Programme

Sunday 14/04/02	Monday 15/04/02	Tuesday 16/04/02	Wednesday 17/04/02	Thursday 18/04/02	Friday 19/04/02
Arrival Lusaka	<p>8.30</p> <p>Achievements since the last workshop – a participatory review (all participants)</p> <p>Up-date on facts about HIV/AIDS and rural development in Sub-Saharan Africa (paper presentation by Gabriel Rugalema, UNDP)</p> <p>Enhancing the fight against HIV / AIDS through agricultural extension (paper presentation by Vera Boerger FAO, ZIM)</p>	<p>8.30</p> <p>Case Studies by participants continued</p> <p>South Africa</p> <p>Malawi</p> <p>Zimbabwe</p> <p>Group work on demanded topics</p>	<p>6.00</p> <p>All day:</p> <p>Field visit to ASSP (Agric. Sector Supp. Programme) HIV/AIDS – Component, Choma District, Southern Province</p>	<p>8.30</p> <p>Lessons learnt from the field visit</p> <p>Possibilities of monitoring interventions by non-health projects in the fight against HIV/AIDS (paper presentations by Hellen Myezwa and Eva Engelhart)</p> <p>Monitoring of interventions in the fight against HIV/AIDS:</p> <p>Contributions by participants</p>	<p>8.00</p> <p>Recommendations for RD projects (plenary and group work)</p> <p>Way forward</p> <p>Evaluation of WS</p> <p>11.30</p> <p>Departure</p> <p>Transfer for Lusaka International Airport</p>

<p>13.00 Transfer from Lusaka International Airport to Siavonga</p> <p>18.00 Siavonga Introduction of Participants Introduction to Programme</p>	<p>14.00 Local responses - Success stories from health projects in the fight against HIV/AIDS and implications for RD projects (paper presentation by Bob Verbruggen, GTZ-AIDS control project, Ghana)</p> <p>Case Studies by participants: HIV/AIDS and rural extension, (workgroup) Oxfam Lesotho</p>	<p>14.00 Presentation of recommendations from group work (plenary)</p> <p>General questions and answers about HIV/AIDS</p> <p>Introduction to field visit, Definition of objectives for field visit</p>		<p>14.00 Summarizing of various strategies of monitoring presented (plenary and group work)</p> <p>Further questions and answers about HIV/AIDS</p>	
<p>Evening: Reception by SNRD</p>	<p>Evening: Videos</p>	<p>Evening: Presentation of tools and materials used by projects and others/ Video</p>	<p>Evening: [Meeting of SNRD/HIV-AIDS work group]</p>	<p>Evening: Boat trip on Lake Kariba and dinner</p>	

### Annex 3: Participants' Evaluation

On the final day of the Siavonga 2002 workshop, participants carried out an evaluation in a plenary session. Based on their comments, the following observations were made:

In general, the participants' expectations of the workshop were consistent with those of the events organisers. 79% of the workshop participants felt that they had obtained information about the relevance of the epidemic for rural development and agricultural extension in general. They had learnt about how and what to integrate in the subject of HIV/AIDS into RD in general and Agricultural Extension in particular. *As one participant said: "The information sharing was powerful."*

Participants reported that there was much information to be absorbed and noted the complexity of the issues surrounding with regard to mainstreaming HIV/AIDS in RD. They were happy with the level of detail and information presented in the papers. Some of the participants attributed this to the richness in variety of the agencies and organisations represented: i.e. FAO, GTZ, Oxfam, UNDP and Governments represented by Ministries.

At the professional level, participants reported gaining new ideas about applicable practices. Many participants expressed their enjoyment of the group work, which facilitated this process. Several reported the usefulness of the analytical tools that were shared e.g. sector policy framework, workplace policy matrix and continuum between mitigation, care and treatment, and prevention.

What worked less for the participants was the lack of time for country specific presentations. Several participants commented on the length of some of the position papers and *the information overload*, which made absorption difficult. With regard to the Monitoring and Evaluation session, participants expressed some confusion with the semantics surrounding output, outcome and impact and felt they needed more practical experience and group work to make the exercise more fruitful.

All participants appreciated the field visit. The openness of the villagers was highlighted and most people felt the issues discussed put the issue of mainstreaming into perspective. What worked less for the participants was the travel time to the villages, which left less time for interaction with the villagers.

The participants' evaluation of the workshop organisation and logistics indicated that they were generally satisfied. Comments suggested that the facilitation could have been improved by better co-ordination and less contradiction in front of the participants. However most participants said the setting and the spirit of participation was made information sharing "*a truly fruitful experience*".

## Annex 4: Resources

1. Barnet T., HIV/AIDS and Agriculture mitigation strategies in the agricultural sector, Paper presented at FAO Technical meeting
2. Barnet T., Whiteside (2000): The social and economic impact of HIV/AIDS in poor Countries A review of studies and lessons UNAIDS
3. Copperbelt Health education project, 2000 Baseline Survey CHEP
4. Du Guerny (2000): AIDS and Agriculture in Africa: Can Agricultural policies make a difference, FAO GTZ 1999 HIV/AIDS Surveillance in developing countries
5. IFAD (2000): Strategy paper on HIV/AIDS for Eastern and Southern Africa
6. Kurschner E. et al (2000): Incooperating HIV/AIDS concerns into participatory Rural Extension, SLE
7. Seeley J., Pringle C. (2002): Sustainable Livelihoods Approaches and the HIV/AIDS epidemic A preliminary resource paper.
8. UNAIDS 2000 National Aids Programmes (a guide to monitoring and evaluation)
9. USAID 2000 handbook of indicators for HIV/AIDS/STI programmes USAID
10. White J., Robinson E. (2000) HIV/AIDS and Rural Livelihoods in Sub Saharan Africa, Policy series 6, NRI
11. Strategy Paper on HIV/AIDS for East & Southern Africa: FAO, 2001
12. Mainstreaming HIV/AIDS, Strategic Issues: Dan Mullins, OXFAM
13. Mainstreaming HIV/AIDS: A Conceptual Framework & Implementing Principles: UNAIDS/GTZ June 2002
14. Implications of HIV/AIDS for Rural Development Policy and Programming: Focus on Sub Saharan Africa: UNDP Study Paper 6, June 1998
15. Multi Sectoral Responses to HIV/AIDS, Constraints and Opportunities for Technical Co-operation: Journal of Int. Development 2000
16. The contribution of rural development and Agriculture Services to Local HIV/AIDS Responses: GTZ/RAPA 2002
17. Workplace HIV/AIDS Programmes: An action guide for managers, Family Health International, 2002
18. HIV/AIDS: Implications for poverty reduction, UNDP Policy Paper, 2000, [www.undp.org](http://www.undp.org)
19. Guidelines for studies of the social and economic on HIV/AIDS, UNAIDS, Best Practices Collection, 2000: [www.unaids.org](http://www.unaids.org)
20. AIDS, Poverty Reduction and Debt Relief, World Bank/UNAIDS, 2001: <http://poverty.worldbank.org/library>
21. AIDS Toolkits per Sector, The Health Economics & HIV/AIDS Research Division (HEARD), University of Natal: <http://www.und.ac.za/und/heard/>

Useful Websites:

<http://www.unaids.org/publications/documents/index.html>

<http://www.worldbank.org/hipc/>

<http://www.worldbank.org/aids-econ>

<http://www.worldbank.org/poverty/>

[http://www.oxfam.org/advocacy/human\\_f.htm](http://www.oxfam.org/advocacy/human_f.htm)

[http://www.dfid.gov.uk/public/what/strategy\\_papers/target\\_strategy.html](http://www.dfid.gov.uk/public/what/strategy_papers/target_strategy.html)

[http://www.usaid.gov/pop\\_health/aids/index.html](http://www.usaid.gov/pop_health/aids/index.html)

<http://www.j2000.usa.org>

[http://www.hiv-](http://www.hiv-development.org/)

[development.org/](http://www.hiv-development.org/)

Papers distributed

GTZ 2000: Incooperating HIV/AIDS in Participatory Extension at Village Workshops

GTZ Operational cycle at community level. Integrated Reproductive Health Project, Agricultural Sector Support Programme (ASSP), Choma, Zambia.



## **Annex 5: Summary of Opening Address**

The Southern Province Deputy Permanent Secretary (DPS) Lieutenant Stephen Mwape delivered the opening address. The DPS emphasised the extreme importance of the subject not only to Zambia but also to the region. He stressed the fact that the world and Sub-Saharan Africa could no longer afford to ignore the presence of HIV/AIDS among communities. He brought the issue closer to home and added the human reality by saying *"The pain and anguish it has left among humanity is a deep scar that will never be forgotten."*

Lieutenant Mwape acknowledged the valuable contribution of GTZ in capacitating the communities of Choma District, adding that the information disseminated and the knowledge imparted has priceless multiplier effects.

He reminded the audience that agriculture is still the mainstay of African economies. Although the message has been disseminated, sexual behavioural change and practices remain largely unchanged.

Given the adverse impact of HIV/AIDS on agriculture, agricultural extension staff and their counterparts were challenged to remove all the bashfulness and be more forthcoming in discussions to challenge traditional practices that promote the spread of HIV/AIDS.

In summary of what lay ahead, the deputy governor used a military paradigm saying the political will is there and it needs the backing of a strong will using available weapons.

Some very pointed and challenging counter measures such as the discouragement of traditional practices in stimulating sexual competence and the need to look at controlling bar hours and access to alcohol by the youth were suggested by him.

In conclusion the participants were challenged:

"Ladies and gentlemen,  
we are at war you are our commanders and Strategists.  
Plan this war well and executive it.  
Your workers, Health Workers and all people who love humanity."