

 SNRD	 gtz
Sector Network Rural Development, Africa	German Technical Co-operation

SNRD Africa – Work Group HIV/AIDS and Rural Development

Mainstreaming the concept of mitigation of HIV/AIDS impacts through agricultural and rural development

1st Training Course

Lilongwe, Malawi, April 6-11 2003

Main Report

Proceedings Editors

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INTRODUCTION

Mainstreaming the concept of mitigation of HIV/AIDS impacts through agricultural and rural development is still quite a new approach. What works and what doesn't is not common knowledge yet. That's why we should learn from each other to the maximum extent possible. Things must change – business as usual should no longer be allowed!

After two conceptually oriented workshops on the issue of 'HIV/AIDS and agriculture and rural development', the GTZ-Sector Network Rural Development (SNRD), Africa, organised in Harare/Zimbabwe (2001) and Siavonga/Zambia (2002), this workshop in Lilongwe/Malawi was the first *real* training course for HIV/AIDS focal persons in ministries of agriculture and similarly oriented institutions.

And what a successful course it was!

Participants saw their expectations completely met, meaning that they really could take something back home that will benefit their work. With participants coming from eight African countries exchange of experiences featured prominently on the agenda. An interesting field day allowed also grasping a feeling for the situation in rural areas of the host country.

The **organising team**, consisting of Doris, Eva, Klaus, Pebetse and Willi, too, saw its expectations fully met. The course content was well prepared. All resource persons gave fascinating presentations. Participants were eager to listen and learn. Support from Malawian colleagues was congenial. Most importantly but not surprisingly though, the mood was excellent throughout the whole week.

With travelling done on weekends, full five days were available for the course. However, despite involving the evenings into the programme, time on hand was not sufficient. One valuable conclusion is therefore, that it is worthwhile to repeat this course but to extend it to eight working days.

The course benefited largely from organisational and logistical support from GTZ-colleagues on the spot, namely **Dr. Willi Ehret**, adviser to the Agricultural Extension Service, MoA, and **Dr. Martin Kade** from the Malawian-German HIV/AIDS Programme, who also contributed interesting features to the course content.

The overall success, however, is largely to be credited to two resource persons: **Eva Engelhardt-Wendt**, consultant from Germany, and **Pebetse Maleka**, GTZ-South Africa. Mutually inspiring, they both managed to present their topics not only in a competent but also very stimulating way that prevented everybody from losing interest.

Documentation, ably supported by **Doris Weidemann**, GDS/DED Zambia, was prepared parallel to and immediately after the course; the material was compiled in such a way that it can easily be used as a sound helpful guide when applying the messages learnt.

Given this ensemble of favourable conditions, to which the venue, the Malawian Institute of Management (MIM) has to be added, it was an easy task to facilitate this event. With everybody involved being content, SNRD proudly is looking forward to host another training on the same topic in 2004. Hopefully, - and in our view there are some good chances for it -, this exercise will have some mitigating impact in rural areas where HIV/AIDS is more than ever severely threatening livelihoods.

Klaus Pilgram

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1 Programme, Sunday, 06th April 2003

Topics	Methods
Informal opening of the workshop Presentation of workshop objectives	Words of welcome by Klaus Pilgram
Introduction of participants and their expectations	Mutual interviews and presentations using cards
Workshop organisation	Plenary debate with prepared posters
Supper	
Welcome reception	

1.1 Informal opening of the workshop and workshop objectives

The facilitator Klaus Pilgram, SNRD-secretariat, welcomed participants on behalf of GTZ and introduced the workshop objectives.

1. Experiences in mainstreaming HIV/AIDS in the rural development and agriculture have been shared.
2. Participants are aware of various measures of mitigation.
3. Management and co-ordination capacities regarding HIV/AIDS interventions have been enhanced.

1.2 Introduction of participants and expectations

The resource person Pebetse Maleka asked people to form pairs and to conduct interviews referring to the following points:

- Name
- Institution / country
- Core business
- Personal experiences in HIV/AIDS
- Expectations in regard to the workshop

Participants Experiences regarding HIV/AIDS were as following:

- 13 were active in planning and co-ordinating HIV/AIDS related programmes
- 14 had experiences in counselling, home based care and conducting awareness trainings
- 5 participants were involved in research on HIV/AIDS issues
- 8 participants said they had none or very little experience in the field of HIV/AIDS

Expectations:

- 4 participants wanted to gain general information on HIV/AIDS

- 6 participants expected to discuss about mainstreaming
- 8 people wanted to learn more about mitigation measures
- 4 participants wanted to be trained in practical skills
- About 10 participants were eager to share their knowledge and experiences with colleagues

The second resource person Eva Engelhardt-Wendt gave an overview on the programme and allocated responsibilities regarding workshop organisation (Recap Teams, Time Keeper, Mood Barometer).

Monday	Tuesday	Wednesday	Thursday
Lynda & Donald	Busia & Mali	Naome & Peter	Harriet & Aburahiman
Time Keeper	Mali & Agnes		

After supper Klaus Pilgram on behalf of GTZ invited the participants to a welcome reception.

2 Programme, Monday, 07th April 2003

Topics	Methods
Official opening of the workshop	Speeches by guest speakers Mr. Neunfinger, Mrs. Grace Malindi
Conceptional framework of Mainstreaming HIV/AIDS in agriculture and RD	Inputs by Klaus and Dr. Kade
Sharing experiences regarding mainstreaming HIV/AIDS related activities	Group Work analysing activities in prevention, research and mitigation
Lunch	
Sharing experiences continued	Presentation and discussion of group work results
Supper	
Bio-medical information regarding HIV/AIDS	Collection of anonymous questions, answered by Dr. Harriet Nkalubo, Dr. Kade, Dr. Braun

Monday morning Mr. Neunfinger (GTZ Country Director of Malawi), and Dr. Grace Malindi (Deputy of the Department of Agricultural Extension in the Ministry of Agriculture and Irrigation) officially opened the workshop with welcoming remarks.

The core programme of the workshop started with an introduction into the conceptional framework of Mainstreaming HIV/AIDS in agriculture and rural development (RD).

2.1 Mainstreaming of the mitigation of HIV/AIDS impacts – some explications

Mainstreaming of the mitigation of HIV/AIDS impacts means the incorporation of HIV/AIDS issues and interventions into the core business of a sector, organisation or programme as opposed to integration being defined as the introduction of HIV/AIDS issues and inter-

ventions as a component amongst others. Thus, mainstreaming HIV/AIDS impact prevention and mitigation measures require the explicit and full support of all relevant decision makers.

Mainstreaming, as understood by this definition, simply means that a rural development programme

- Determines how the spread of HIV is caused and/or contributed by agricultural and rural development
- Assesses how the HIV/AIDS pandemic is likely to affect the programmes goal, objectives, design and procedures
- Identifies how rural development could possibly respond to the epidemic making use of comparative advantages to mitigate negative impacts.

It does NOT mean, however

- Changing core functions- *but* viewing them with a different perspective
- Trying to take over specialist health services related functions – *but* cooperate effectively with the health service
- Just to provide some support half-heartedly (e.g. spreading of condom boxes) – *but* to think constantly on possibilities to re-act efficiently within one’s given set-up.
- Business as usual – *because* things must change!!

In summary, this definition does NOT mean, that a project or programme is to be transformed into a “HIV/AIDS-programme”.

Effective mainstreaming HIV/AIDS impact mitigation measure involve

- An internal workplace policy
- Committed staff with a reasonable level of understanding of the HIV/AIDS issue
- An open (-minded) way of dealing with the issue in planning and implementation of projects or programmes
- A particular consideration of poverty-related aspects
- A targeted intervention approach (in particular towards women and youth) avoiding stigmatisation
- A sensitive communication strategy towards beneficiaries, which risks touching taboos in exchange of awareness-raising effects.
- A monitoring mechanism in place that allows measuring successes and failures.

2.2 Input on Analysis Frame of the European Foundation of Quality Management (EFQM)

Dr. Martin Kade (GTZ AIDS Project Leader in Malawi) presented briefly an analysis frame of the European Foundation of Quality Management (EFQM), which is divided into two sections - enabling criteria (criteria 1- 5) and results (criteria 6 -9).

Criteria 1 “Leadership” – Meaning the behaviour of the leaders in the agricultural sector in the way they lead the organisation.

- 1a. How the leader(s) at each level of the organisational pyramid understand the importance of the HIV/AIDS problem and how he/she shows his/her engagement with visible activities.
- 1b. How the leader(s) engages the relevant resources (materials, money, information, time, and persons) to curb the spread of HIV/AIDS in his organisation.
- 1c. How the leader(s) upholds the governmental code of conduct - NAC code of conduct - (confidentiality, non- discrimination, equal access to prevention and treatment)

Criteria 2 “Policy & Strategy” - Meaning the objectives and strategic forecast of the organisation.

HIV/AIDS specific questions

- 2a. How the organisation bases their policy and strategy on the present and future needs of stakeholders.
- 2b. How the organisation uses accurate and relevant HIV/AIDS information to develop plans and strategic forecast.
- 2c. How this HIV/AIDS relevant information is regularly updated and improved.
- 2d. How is this information communicated and deployed within the organisation.

Criteria 3 “Employees” - Meaning the way the organisation deals with their employees.

HIV/AIDS specific questions

- 3a. How the organisation helps to prevent the spread of HIV among their employees, for instance in manpower planning, - management and - improvement.
- 3b. How people’s skills, competencies and knowledge are identified, developed and sustained.
- 3c. How the organisation cares of the AIDS affected employees.

Criteria 4 “Partnership and Resources” - Meaning the way resources are used to achieve the goals of the organisation.

HIV/AIDS specific questions

- 4a. How a HIV/AIDS specific cost monitoring is done (direct and indirect cost)
- 4b. How HIV/AIDS relevant information gathered is shared in a transparent way.
- 4c. How the organisation cooperates with other organisations to curb the spread of HIV/AIDS

Criteria 5 “Processes” - Meaning how processes are identified, monitored and if necessary changed to improve continuously the activities of the organisation.

HIV/AIDS specific questions

Identify the main processes of the organisation to develops the organisations specific product (training, counselling, administration, etc) and assess the relationship between the processes and the epidemic.

- 5a. Does the epidemic have any impact on the processes?
- 5b. Does the process have any impact (positive or negative) on the epidemic?
- 5c. Assess how processes that might influence the spread of HIV/AIDS, are changed in an innovative and creative manner.
- 5d. Assess how this is monitored and the experiences shared.

Criteria 6 “Client satisfaction” - Meaning what the organisation does to know that their clients are satisfied

HIV/AIDS specific questions

6 a. What the organisation has done, from the point of view of the customers, to reduce their HIV/AIDS problem. In other words, does the organisation know, what the user wants them to do, to help them to curb the spread of HIV/AIDS or to mitigate the impact?

Criteria 7 “Employees satisfaction” - Meaning what the organisation does to know that their employees are satisfied)

HIV/AIDS specific questions

7a. What has the organisation done, from the point of view of the employees, to reduce their HIV/AIDS problem. In other words, does the organisation know, what their employees wants them to do, to help them to curb the spread or to mitigate the impact of HIV/AIDS?

Criteria 8 “Societal goals” - Meaning what the organisation does to ensure that the ”public good” are achieved

HIV/AIDS specific questions

8a. Knowing that the organisation reaches a huge number of persons, it is expected that many of the organisation’s activities can be used even by other sectors or organisations to enforce the battle against HIV/AIDS. What is the view of other societal groups acting specifically in the field of HIV/AIDS (National AIDS Commission, NGOs, etc) on the activities of the organisation?

Criteria 9 “Key Performance Results” - What the organisation achieved as output of their core business

HIV/AIDS specific questions

9a. How could the organisation withstand the impact of the epidemic? Here we need to compare the outputs of the MoA in Malawi, with the output of similar institutions- inside and outside the country. We are aware of the limitations of such an exercise, due to the complexity of the variables involved.

More details on this method are to be found in www.efqm.org.

2.3 Sociometrics – Gallery Talk

Participants were asked to stand up and form group according to their family status and number of children they care for. Those with elder children were interviewed whether they already discussed sexual issues and the use of condoms with them. A lively debate started in which some people said one should better not initiate the subject too early as children might get curios about it and get engaged in sexual relationships at young age. Others had the opinion that it was better to be open about sexual questions and to advice children on self-confident behaviour. This seemed to be of outstanding importance especially in societies with a rising number of child abuse and rape.

This exercise was meant to personalise the issues of HIV/AIDS and sexuality and also to create a more conversant environment among the participants.

2.4 Sharing of participants experiences in HIV/AIDS related activities

The group divided itself into working groups according to four aspects of activities:

- Research
- Prevention
- Mitigation (2 groups)

Tasks for Group Work

- Exchange experiences on HIV/AIDS in your specific area of activities
- Evaluate successes, problems and barriers in your approaches
- Draw some conclusions on lessons learnt and propose recommendations

Results of group 1 - Research

What have we done?	Gains / Successes	Problems / Barriers	Lessons Learnt / Recommendations
Evaluation of ToT of multisectoral teams (GTZ/AES Malawi)	Research has been completed, published and disseminated	<ul style="list-style-type: none"> - Donor Funds not available - Ministry Partner lacked resources to scale-up 	<ul style="list-style-type: none"> - Research needs to be linked with local action - People on the ground a very motivated - Action needs commitment from government entities
Stigma and discrimination – is that still an issue in Uganda (Red Cross)	Findings integrated in advocacy campaigns against AIDS related stigma	Political issues, because AIDS stigma had been used in presidential campaigns	HIV/AIDS Advocacy needs to be evidence-based on local situation
Thembisile – Vulnerable Children Programme (Mpumalanga, RSA)	3 Sub-programmes identified <ul style="list-style-type: none"> - Intersectoral collaboration approach - Child headed family programme - Children living with disability - Children in conflict with law 	<ul style="list-style-type: none"> - Poor commitment from other departments - Lack of funding 	Participation on all levels is master of success
Agricultural system mix for HIV/AIDS affected Households (Tanzania, Accord)	Farming pattern and LEISA (Low External Input Sustainable Agriculture) Systems adopted	Conventional Policy processes are less supportive	Participatory Technology Development is necessary
HIV/AIDS PIM (GTZ, Choma, Zambia)	Lots of quantitative and qualitative valuable data collected, report is available	<ul style="list-style-type: none"> - Action plan not implemented due to lack of funds - Lack of administrative support and enthusiasm 	Follow-ups of Action Plans should be made Rural communities willing to act on HIV/AIDS

HIV/AIDS Workplace Programme OXFAM GB, Kenya	Workplace Policy developed, Implementation Plan developed	Cost for indicted staff and family members How to deal with partner institutions	Knowledge sharing, learning, institutional commitment
HIV/AIDS prevention intervention targeting out-of-school youth in urban slums (Red Cross, Uganda)	Study on out-of-school youth conducted (not easy to target)	Resources very limited,	Participatory learning and action are important
HIV/AIDS participatory Agricultural Extension (GTZ, Choma, Zambia)	Training manual developed, 20 multi-teams trained, village HIV/AIDS Workshops conducted	Insufficient resources to follow-up action plans	Communities very participative, more trainings on M&E needed, poverty emerges as huge barrier HIV prevention.

Group 2 - Prevention

What have we done?	Gains / Successes	Problems / Barriers	Lessons Learnt / Recommendations
Sensitisation of traditional leaders on cultural practises (Malawi)	TA's disseminated info – led to safer initiation rites	Resistance due to cultural barriers	Use of traditional structures cheap and sustainable
Sensitisation of community on village level (Community based Groups, Extension workers) Malawi	Feed-back indicates increased awareness of community	Resistance due to cultural barriers	Usage of social structures cheap and sustainable
Targeting the Youth through sports, drama, and youth conferences (Malawi)	Positive peer pressure Growing number of youth clubs (43)	Resources not sustainable, Possibility of negative peer pressure	Youth potential can be capitalised on.
Workplace interventions: Distribution of condoms Development of guidelines VCT, Sharing testimonies Workplace association (Malawi)	Great show of interest and positive feed-back High turn-over rate of condoms	Stigmatisation, discrimination and taboos	Need to provide to support to those who declare their positive status Need to involve committed senior management
Sensitisation through Media (Ghana, Malawi)	More responsible sexual behaviour, ABC of prevention	One way flow of information Unavailability of media facility	Wide coverage allows wider disseminations Jingles & Catchphrases stick

Involvement of FBO (Ghana)	Promotes premarital testing	Selected information due to church doctrines	Religious leaders require a lot of respect and influence
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Discussion after presentation:

- Extension officers are trusted and in touch with our communities
- Collaboration with other departments is crucial
- Networking and partnership necessary
- Identify what is needed
- Identification of level of Collaboration
- Contribution for each institution
- AEO need basic medical information
- AEO needs specialists services from health department
- Challenges in regard to human resources
- Sources of information to be made available

Group 3 - Mitigation

What have we done?	Gains / Successes	Problems / Barriers	Lessons Learnt / Recommendations
HIPC		Lack of commitment of management	Commitment of management is critical
Crop and Horticulture Production Indigenous vegetable production (Vitamin A and Iron)	Increased food availability (diversification), Supply of condoms by 2 community members	Delayed provision of inputs Promises not meet Restricted number of beneficiaries One commodity per group,	Number of beneficiaries has to be increased 2 or more commodities per group
Workplace Programme: For staff For target groups of projects => 3 session package & support of the out coming activities like clubs, HBC, Committees, Drama Networking Like World AIDS Day activities, Video production in local languages counselling of individuals and	Community mobilization by people themselves, like fund raising, activities, HBC groups, school activities, VCT increasing among target groups, Improved networking Increased demand on IEC materials and information	Openness at workplace difficult, Poor non-existence of facilities in rural areas	Networking is important

groups, support of PLWHA Training of human resources like facilitators, drama groups, youth groups			
Agricultural support (advice) Food production	Integrated development plans, Increased, Food availability, increased household income Needy people provided with food Poverty relief	Stigma Limited or no budget at all Additional workload for extension officers	Efforts to de-stigmatised HIV/AIDS infected people Budget for HIV/AIDS activities to be made available

Group 4 - Mitigation

What have we done?	Gains / Successes	Problems / Barriers	Lessons Learnt / Recommendations
Situation Analysis	Community participation	Low capacity on HIV/AIDS (low knowledge on HIV/AIDS)	Community participation is the key to behavioural change Impact mitigation is a process
Lobbying at work place Awareness creation at work place	Partnership & collaboration, each sector has a specific role	Statistical problems	PLWHA are individual orientated Funding and grants increase Vulnerability % dependence syndrome
Dialogue with staff & communities	Training of village facilitator	Inaccessible areas Some look at the pandemic as a health problem	
Identification of trainers of trainers	Community disease register (opportunistic disease), community orphans register, patient register on HBC, inventory of orphans property Breaking the silence	Cultural traditions and practices Lack support at supervisory level Lack of support (resources) at all levels	

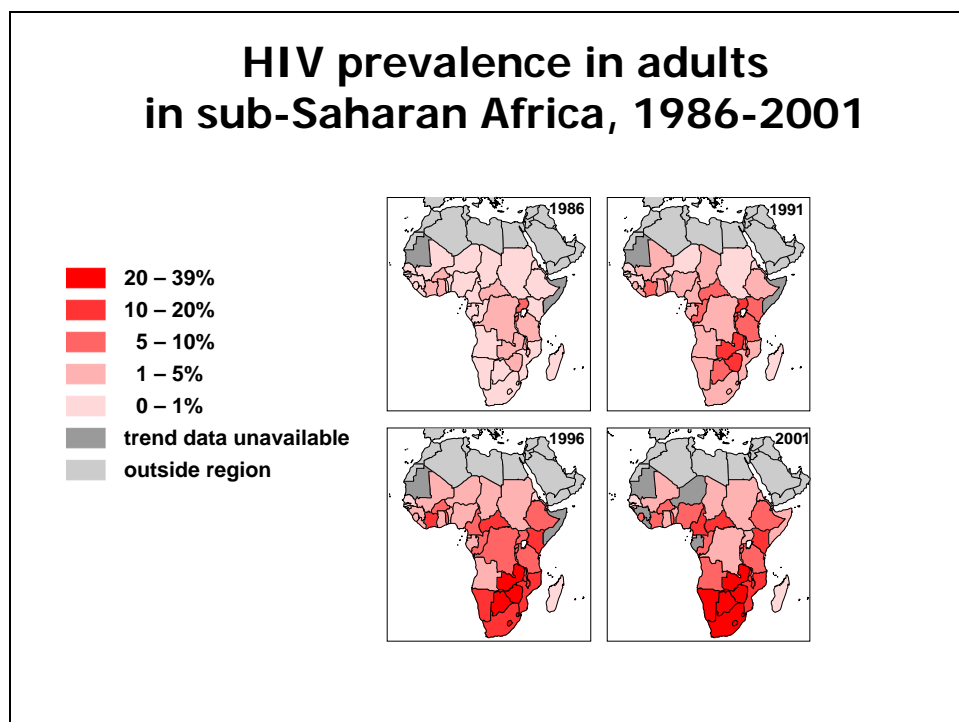
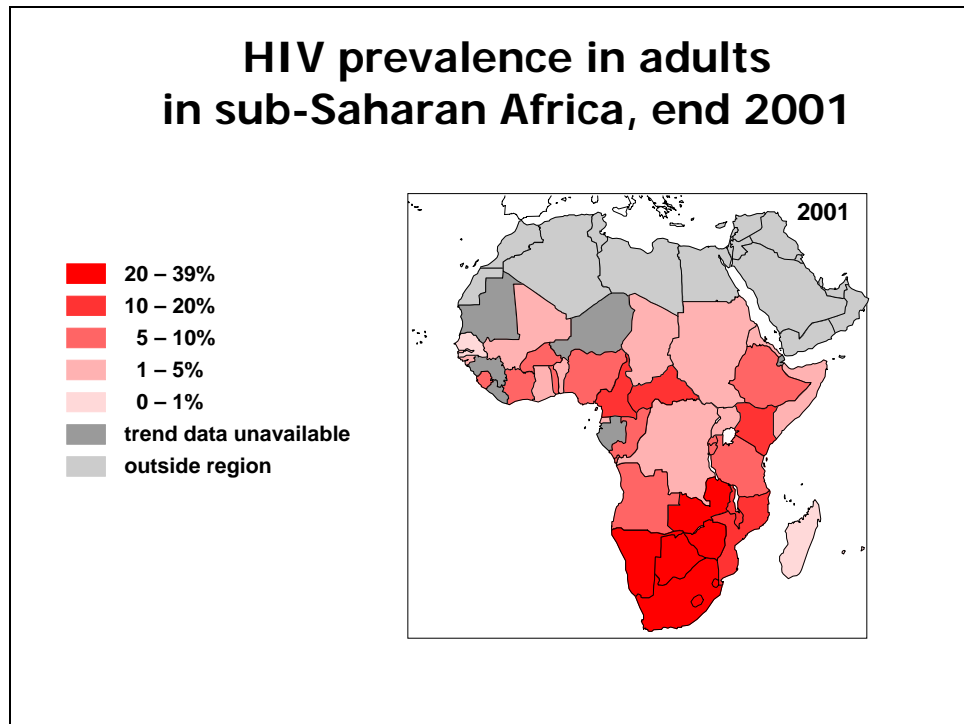
Training of ToT Village facilities	Establishment of support groups	Self-denial by staff	
Provision of basic information on HIV/AIDS to the communities via extension officer	Distribution of seeds and fertilizer (input) Workplace supportive counselling Linkages with service providers, ARC, NGO's, health support groups	Availability of affordable ART	
Budgetary allocation for HIV/AIDS Participatory approach (PEA/PDA) to address the problem AIDS Policy in place	Community based planning	Lack of VCT structures	
Multi-sectoral strategy and structures in place			
Obatamba QPM			

A longer debate followed the presentation of the group work results. Main subjects of discussion were how to address and support people directly affected by HIV/AIDS (patients and their care takers, orphans, widows) without creating jealousy within the community. It was feared that the community would turn into a non-supportive environment. Another point of concern raised was the rather negative impact of support for the directly affected only which could possibly lead to even more stigmatisation and social conflicts.

3 Tuesday, 08th April 2003

Topics	Methods
Recap of day 1	Presentation by recap team
Prevalence of HIV/AIDS, impact, coping strategies and mitigation measures in southern Africa	Input by Pebetse
Integration of HIV/AIDS related activities into the Project Management Cycle	Introduction by Eva
Tools for identification of mitigation needs	Group work: Target group analysis and institutional analysis
Lunch	
Tools for identification continued	Presentation of group work results
Policy and institutional framework regarding mainstreaming HIV/AIDS in Malawi	Presentation by Grace Malindi, MoAI
Introduction and preparation of field trip	Inputs by Catherine and Agnes
Dinner	
Video: In search of the lost children	

3.1 Prevalence of HIV/AIDS, impact, coping strategies and mitigation measures in sub-Saharan Africa



Conclusions in terms of prevalence are:

- Epidemic is still growing
- We still need **prevention activities**
- Growing number of orphans
- Because we have a substantial number of people infected already – we should find ways of making their lives and those of their dependents bearable and if we can, even enhanced and of quality

Impact at household/village level

- Loss of parents – orphan hood
- Disintegrated traditional support structure
- Loss of quality education: loss of teachers and role models
- Opportunity costs loss: time taken caring for parents
- Discrimination and exclusion from the community
- *Where are we heading with children who cannot afford schooling*

Household labour quality and quantity may be reduced due to:

- HIV infected farmer falling sick
- Having to care for a sick family member
- Having to attend funerals (often lasting for several days)

Household expenditure increases due to:

- Having to provide a special diet for sick family members
- Need for special medication
- Funeral costs

Change in demographic structure of villages:

- More orphan-headed households
- More female-headed households
- More single parent-headed households

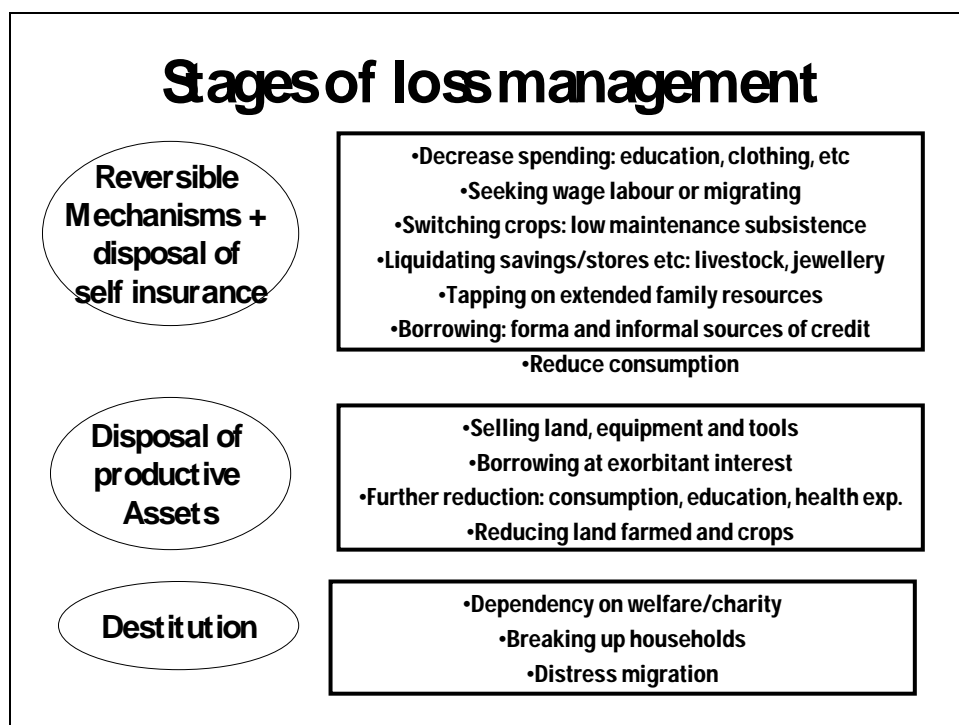
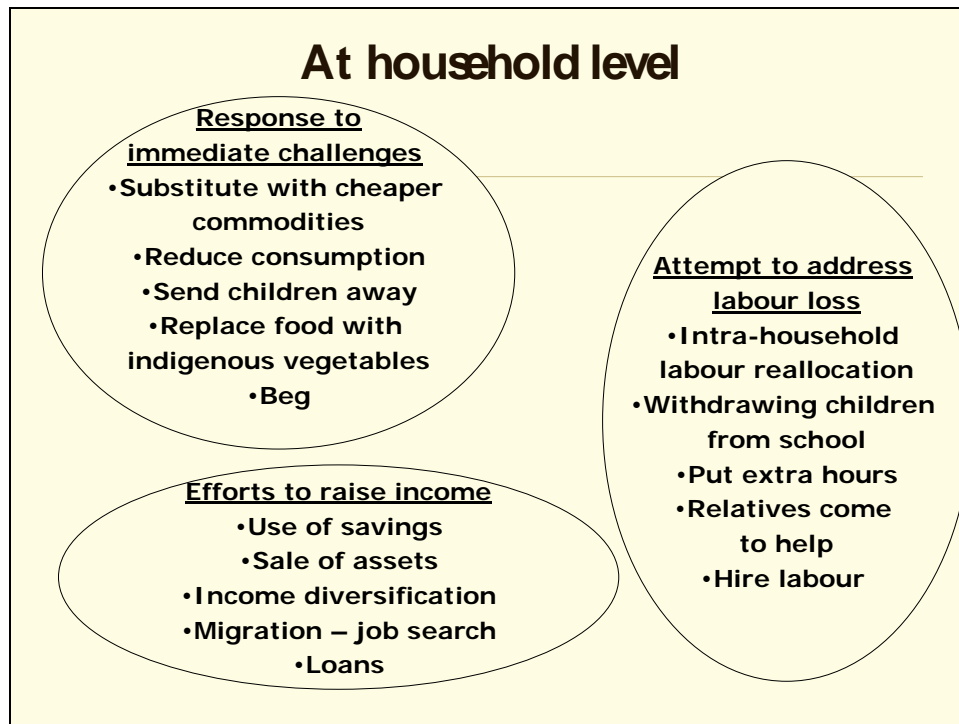
Impact on farming activities:

- More older people involved in farming activities
- More children involved in farming activities
- Less children attending school due to greater involvement in domestic and farming activities
- Switching to less labour intensive crops (e.g. from tobacco to maize) with implications on foreign currency income for the whole country
- Change in livestock types, e.g. from cattle to goats or chickens
- Less money for inputs

General:

- Loss of knowledge, experience, and skills
- Reduction in cash income
- Reduction in food purchased
- Decline of nutritional status
- Less time to care for children

Community coping strategies



Recommendations

At household level:

- Gain more knowledge on existing coping strategies already exercised by male and female members of families and communities
- Improve household's access to limited resources: labor, land, capital, draught power, management skills
- Promote optimal use of existing resources through technology, IGA support to affected families
- Enable provision of self support by affected groups: child headed households, grand parents, widows, - strengthen coping and reduce further vulnerability

At institutional level:

- Policy options/considerations
- Strengthen partnerships across sectors
- Intensifying and diversifying mitigation programmes
- Address rural vulnerability: eliminate poverty, education, success to services, market success, draught protection
- Encompassing approach to evaluation of programmes
- Avoid duplication and build on existing services
- Government to play a leadership role

For agricultural extension service providers:

- Improving Agricultural production
 - Promotion of labor and capital saving technologies
 - Technology development for resource deprived households in the smallholder farming sector
 - Strengthening draught power and labor sharing clubs
 - Plans to address Implication of human resource losses
- Income generation and diversification of source of income
 - Improve households' income generating capacities
 - Promotion of income diversification
 - Schemes to finance health services
- Reducing Demands on women's labor
- Improving welfare of children in need
- Long term strategies

Questions for agricultural and rural development agencies

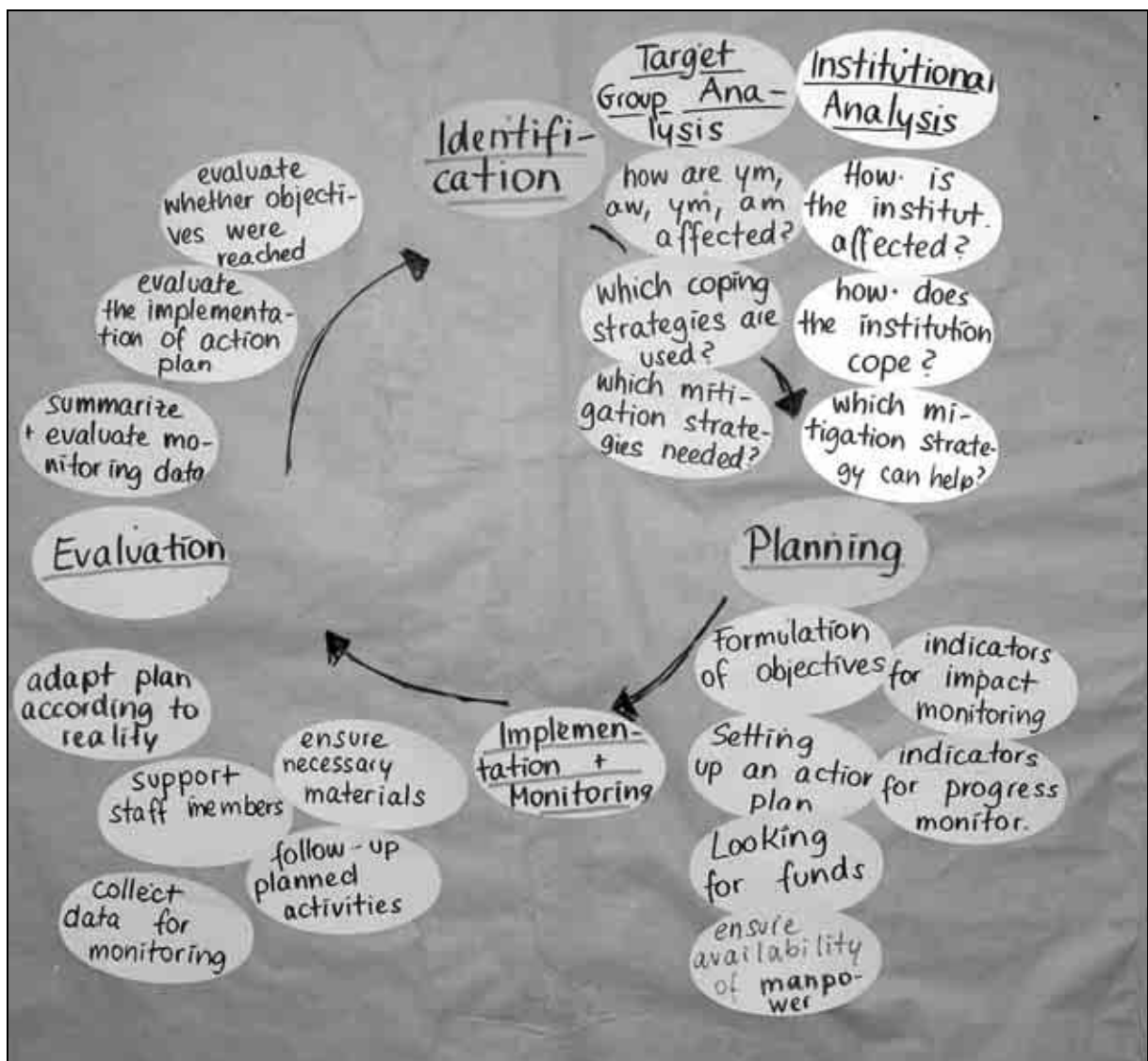
- Who is our beneficiary / target group?
- Do we understand the magnitude of problems they are faced with?

- How best can we address their development needs?
- To what extent can addressing poverty efficiently reduce the impact caused by HIV?
- Is our role clear in cases of multi-sectoral interventions?
- What is the minimum package of resources needed to make a difference?

Participants were given reference material including the complete presentation.

3.2 Introduction into the Phases of the Project Management Cycle

The following picture shows consecutive steps on integration of HIV/AIDS related activities into the project cycle.



Identification

To identify mitigation needs a thorough situation analysis on target group and institutional level has to be conducted.

Two formats “tools” were introduced to the participants:

- A checklist for institutional analysis and
- A matrix to rank the effects on target group level specified by age and gender

These tools were practiced during group work using example of participants’ environment. Results were visualised and later on presented and discussed in the plenary.

Institutional Analysis

A checklist was provided to identify institutions/projects strengths and weaknesses regarding mainstreaming HIV/AIDS activities. Participants practiced the use of the checklist and brainstormed on measures to be taken.

Questions to be answered during Institutional Analysis:

1. Does the institution/project have a mandate regarding mainstreaming of HIV/AIDS related measures?
2. Does your institution/project have a workplace policy? If yes, since when?
3. Do superiors actively back-up the HIV/AIDS related measures?
4. Does your institution/project allocate a special budget for HIV/AIDS related activities?
5. How are people talking about HIV/AIDS in your institution? (Outspoken, indirect, only in gender-homogenous sub-groups, etc)?
6. Does the institution collect data regarding the effects of HIV/AIDS on male and female staff members?
7. What are the effects of HIV/AIDS on the male and female staff members and their families in your institution?
8. Do male and female staff members have enough knowledge and awareness in regard to HIV/AIDS?
9. How are male and female staff members involved in HIV/AIDS related activities?
10. Assess the effect/impact on the programmes which the institution/project implements?
11. Others

It seemed to be important to clarify the different meanings of the terms workplace policy and workplace programmes before the groups started their work.

Workplace programmes:

- Systematic way of addressing HIV/AIDS at the workplace
- Benefiting staff and dependents
- Components: Prevention initiatives, Care & Support, Policy and Monitoring

Workplace Policy

- Guidelines and Documents
- How to address or deal with HIV/AIDS as a institution
- Components: Stigmatisation, Employment practices, offered support, confidentiality of information.

Workplace Policy is necessary to guarantee non-discrimination and even discipline those who discriminate HIV/AIDS affected colleagues.

Task for group work:

1. Select one institution / projects in your group
2. List problems identified from institutional analysis
3. Brainstorm on actions to be taken

Presentation of group work results

Results of Group 1 – Institutional Analysis of Department of Agriculture and Conservation and Environment (Mpumalanga Province, RSA)

	Status Quo
Mandate / Policy reg. HIV/AIDS	Yes, there is a mandate
Workplace Policy	Yes, every department is to integrate HIV/AIDS into their plans; 7 minutes allocation for every workshop / meeting (HIV/AIDS); In every workshop condoms are distributed; There is a week selected in every year – condom week
Attitude of superiors	Yes, superiors present at HIV/AIDS programmes; Land made available
Budget	Yes
Communication style	Indirect communication only
Availability / collection of data	No
Effects on staff members	Lateness to work, absenteeism, low morale, low productivity
Awareness and knowledge of staff members	Yes
Involvement of staff members in HIV/AIDS activities	Female cleaners distribute condoms on female toilets, and male on the male toilets
Effects on projects/ programmes	Late to community project meetings, absent in meetings, low attendance at meetings and w/s Defeating project objectives

Cont'd:

Problems identified	Recommended action	Constraints	Opportunities	Entry strategies
Silence on HIV/AIDS at w/p	Arrange staff meetings	Available time	Resource persons available	Awareness creation
No data on effects of HIV/AIDS	Find out reasons; Training needs assessment	Tight schedules	Resources are available	
Absenteeism Low morale Lateness Low productivity	w/p policy; Counseling; Support groups			

Results of Group 2 - Institutional Analysis of the Ministry of Agriculture and Irrigation, Malawi

	Status Quo	Problems identified	Possible solutions
Mandate / Policy reg. HIV/AIDS	Policy + strategy document to be launched	Long process before launching	Lobbying for Policy Approval
Workplace Policy	Workplace Policy as in 1.	Actual w/p interventions are taking place meanwhile at all levels (since 2001)	
Attitude of superiors	Attitude varies on level btw. HQ and grass-root-level + depend on individual;	Non-existence of Policy Document	More training and completion of policy needed
Budget	Budget-line exist (gender + HIV/AIDS)	a. Is decentralized but not necessarily functional b) Is central	Fiscal decentralization to be improved
Communication style	Open discussions possible and encouraged	Lack of Openness and Facilities amongst staff	
Availability / collection of data	Little / inadequate data	Confidentiality has to be respected Data not adequately consolidated and analyzed	
Effects on staff members	Isolation Distribution of work Awkwardness btw. Colleagues Absence from work particular for female staff due to care-giving Absence due to funerals Job-insecurity due to HIV/AIDS Fear of stigmatization (also by family)		
Awareness and knowledge of staff members	Awareness is there but more info is necessary		
Involvement of staff members in HIV/AIDS activities	W/p associations Encouragement to self-initiative		

Effects on projects/ programmes	Increase of work load Loss of skills		Assistance in medication / treatment and wellness programmes Positive living programmes to prolong life and productivity Project-specific training to be passed on to other colleagues
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Situation Analysis on Target Group Level

A matrix was introduced which guided participants' assessment of the gender and age specific impact of HIV/AIDS on target group level. Participants exercised the implementation of the matrix based on an example given by one group member.

Task for group work on Target Group Analysis

1. Select on community well known to one of the group members.
2. Set-up a list of effects / impacts in regard to agriculture, household expenses etc.
3. Rank how strong the community (in general, young men, adult men, young women, adult women) is affected.
4. Conclude on needs regarding HIV/AIDS mitigation measures for each gender and age group.

Group 3: Target Group Analysis

Impact of HIV/AIDS in Bobete Community / Lesotho

Effects / Impact	How strong are people affected?	Who is most affected?			
		ym	am	yf	af
More orphans inside families	xxxx		xxx		xxxx
More single headed HH	xxxx	xx	xx	xxxx	xxxx
More children headed HH	xx	xxxx		xxxx	
Lack of labor force	xxxx	xxxx		xxxx	xxxx
Reduction of ha under plough	xxxx	xxxx	xxxx	xxxx	xxxx
More labour saving crops	xx				
Less ha for food crops	xxxx	xxxx	xxxx	xxxx	xxxx
Less ha for cash crops	xxxx	xxxx	xxxx	xxxx	xxxx
Less off-farm IGA	xxxx			xxxx	xxxx
More time spent on caring for the sick	xxxx			xxxx	xxxx
Less time spent on cooking	xx			xx	xxx
No food to cook	xxxx		xxxx	xxxx	
Alcohol abuse	xxxx	xxxx	xxxx	xx	

Death hospitals outside area	xxxx	x	xxxx	xxxx	xxxx
Dependency syndrome	xxxx	xxxx	xxxx	xxxx	xxxx
More money spent on drugs, healers and funerals	xxxx	xxxx	xxxx	xxxx	xxxx
Less money for food	xxxx	xxxx	xxxx	xxxx	xxxx
More malnutrition	xxxx	(xx)xx	xxxx	(xxx)x	xxxx
Less money for education	xxxx	xxxx	(xxxx)	xxx(x)	(xxxx)
More psychological depression	xxxx	xxxx	xx	xx	xx
Commercial sex workers		x	x	xxxx	
Child labor (7-12 years)		xxxx		xxxx	

After presentation there was a longer discussion on ranking, some crosses were later put into brackets.

Mitigation measures proposed:

1. Mobilization and advocacy with other partners
2. Area impact mitigation committees
3. Workshops for village facilitators
4. Situation analysis
5. Needs assessment
6. Community Based Planning in village w/s
7. Crop seeds for the needy
8. Awareness creation
9. Supportive material for CB Care, e.g. kids
10. Training on IGA

Results of Group 4 – Situation Analysis on Target Group Level regarding effects and impacts of HIV/AIDS / Malawi

Effects / Impact	How strongly are people affected?	Who is affected most?			
		ym	am	yf	af
Reduction in labor force	xxxx	xxx	xxxx	xxx	xxxx
Less ha for food / cash crops	xxxx	xx	xxxx	xx	xxxx
Reduction in production of food and livestock	xxx	xx	xxx	xxx	xxxx
More malnutrition	xxx	xxxx	xx	xxxx	xxxx
Less off-farm income generating activities	xx	x	xxx	xxx	xxxx
More time spent on caring for the sick	xxx	x	xx	xxxx	xxxx
More money spent on drugs and funerals	xxx	xx	xxxx	xx	xxxx
Less money available for food	xxx	xx	xxx	xx	xxxx
More orphans inside families	xxxx	xxx	xxxx	xxx	xxxx
Less time and money for childrens needs	xxx	xxxx	xxx	xxxx	xxx

More psychological depression	xx	xx	xxx	xx	xxx
Sale of assets	xx	xx	xxxx	xx	xxxx
Change in the division of labor between women and men	xx	x	xxx	xxx	xxxx
Less communal labor for local development	xxx	x	xxx	x	xxx

Mitigation measures proposed:

1. Awareness Raising Meetings
2. Situational Analysis PRA
3. Committee Formation
4. Planning with Community Involvement (gender sensitive)

3.3 Input: Policy Framework of Mainstreaming HIV/AIDS and Gender in Agriculture and Rural Development

Dr. Grace Malindi (Deputy Director of the Department of Agriculture Extension Services and Agriculture Gender Roles Support Services (AGRESS)) gave an input on the policy framework that guides the MoAI towards the implementation of HIV/AIDS related mitigation activities.

It was interesting to learn that the major areas of intervention identified by the MoAI coincided with the results of the group work and plenary debate.

These major impact areas and respective strategies include:

- Address the decreasing labour force in agriculture
- Enhance capacity for rural institutions to provide inputs to the vulnerable
- Ensure participation in socio-economic safety nets
- Improve nutritional status
- Build capacity for mainstreaming HIV/AIDS and gender issues

A comprehensive paper was handed out to the participants.

3.4 Introduction to and preparation of the field trip

Ms. Catherine Mdeni and Ms. Agnes Chikwati introduced the schedule of the field trip and provided the participants with details on the two villages to be visited.

The group divided into six sub groups each dealing with another section of the rural community.

The guiding questions for the field trip were:

- How are the respective groups affected by HIV/AIDS?
- Which coping strategies are used already?
- Which mitigation measures do people/ do you propose?
- How do people perceive the on-going measures?

Evening Programme: Video – In search of the lost children

4 Wednesday, 09th April 2003

Topics	Methods
Departure to first village (Mikazi)	Welcome of visitors and village authorities
Observation of mitigation measures in the field	Establishing compost manure
Awareness raising on village level	Presentation of a drama
Departure to Chimbwe	Welcome of visitors and village authorities
Target group analysis in the village	Informal interviews in 6 sub-groups: old men, young men, old women, young women, committee members, directly affected households
Awareness raising on village level	Presentation of drama
Lunch at Mpingu (Agnes office)	
Departure to Lilongwe Centre	
Supper	
Happy hour	

4.1 Field Trip

Observing and identifying mitigation measures

The group left MIM one hour delayed and reached the village at 10 a.m. School children and women gave the group a welcome with songs and dances. A big village meeting took place including the chief and the headmen despite the fact that a large number of adults attended a funeral in the next village.

The agricultural extension officer introduced the village authorities and the extension staff. Participants introduced themselves and their respective countries.

The village elderly mentioned the need for wells, fertilizers and other inputs.

Participants were invited to take part in the establishment of compost manure, which was guided by Catherine.

After the demonstration a drama on HIV/AIDS issues was performed by youth and young women. The village offered boiled green maize and pumpkin to the visitors.

When the group arrived in Chimbwe a large number of people were already waiting. Officials of the ADD welcomed the visitors and gave opening speeches. Then the villagers were asked to divide into six sub-groups (young women, adult women, young men, adult men, directly affected persons, HIV/AIDS committee members) to be interviewed by the participants. Another drama dealing with migration and HIV/AIDS was performed.

It should be mentioned that this village was one of the first hit by the pandemic due to the situation near to the main road to Zambia. People explained that truck-drivers stayed often over night and that the village used to be the centre of buying and selling of smuggled petrol from Zambia. The village was frequently visited by people from Lilongwe and Zambia who were suspected to transmit the disease.

Chimbwe village was highly stigmatised by neighbouring communities because of the high rate of HIV/AIDS cases. This stigmatisation led that the bus drivers refused to stop at their bus station and that young women and men faced difficulties to find a spouse outside their community.

The village was chosen to become a pilot village in which mitigation measures such as the distribution of goats, seeds and fertilizer took place.

Group members and village authorities said words of appreciation before the group left to have lunch at Agnes office at Mpingu.

After lunch participants proceeded to Lilongwe Centre for shopping.

The participants were invited to a happy hour after supper.

5 Thursday, 10th April 2003

Topics	Methods
Recap of day 2 and day 3	Feedback teams
Evaluation of field trip	Group work and presentation of results and plenary
Monitoring the impact of mitigation measures	Input by Eva
Lunch	
Formulation of mitigation measures, objectives, impact hypothesis and indicators	Group work, following up results from target group analysis in Chimbwe
Analysis of barriers in the implementation of action plans	Group work
Sharing results from group work	Presentation and discussion of results
Supper	
Videos	

After the reports of the recap teams participants went into group work to evaluate their observations and findings from the field day.

5.1 *Evaluation of field trip: Presentation of group interviews*

Group 1: Adult woman (11 women, 45-60 years)

Question 1: How are they affected by the epidemic?

- Emotional stress
- Caring for the sick (relatives) in the hospital
- They are looking after their grandchildren (orphans)
- Most of the are widows
- Low production / more time spend on caring for the sick

Question 2: coping strategies

- By helping one another of the opportunity is there
- Praying
- Continue with normal cultivation
- Selling of their products (pumpkins and other vegetables)

Question 3: mitigation measures

- Provided with fertilizers and seeds (agric. input)

Question 4: ongoing measures

- They are very sceptical and not sure about the benefits for them

Group 4: Young women (1 under 20, 4 under 25, 12 over 25 years)

Question 1:

- More responsibility for children
- More work for the elderly
- Increased number of female headed hh
- Stigmatisation of whole village (no one from outside would marry someone from this village etc.)

Question 2:

- Small scale business to support the needy
- Piece work
- Child labour (meaning, that they sometimes send the children – mainly orphans – to work on farms somewhere else)

Question 3:

- Distribution of maize, soya, beans ...
- Problem: only a few farmers benefited
- 2002 was the first year of action

Group 2: Young men

Question 1:

- 10 people received QPM for seed multiplication

Question 2:

- More efforts to work

Question 3:

- Diversification in crops and livestock production through extension services

Question 4:

- Financial assistance (Govt., NGO, etc)

General observations:

- High dependency ratio (brothers take care of orphans)
- Not all orphans attend school due to lack of resources (uniforms, classrooms)
- Care takers abandon their farms to work for immediate income (cash)
- Separation of those infected
- People do not know their status
- More effort has to be put on awareness

Group 4: Adult men (1 under 40, 1 between 40-50, 8 above 50)

Effects:

- Had lost adult children
- Had to look after orphans
- Did not know how to raise money for family needs and agricultural inputs

Coping strategies:

- Charcoal burning
- Piece work

Requests:

- Fertilizer and other agricultural inputs
- To receive inputs from the existing AAD mitigation activities

Recommendations:

- Extension staff to propose diversification of agricultural production
- Cultivation of crops for Lilongwe market (e.g. big mangos, legumes)

Group 5: Village HIV/AIDS Committee (6 people interviewed, 3f, 3m)

Impact:

- On individual and hh level
- 130 orphans, 172 hh

Response:

- Establishment of HIV/AIDS committee working in collaboration with Village Development Committee

Achievements:

- Compost manure for vegetable gardens to mitigate (10 % of sales) – appropriate for the poor settings)

Challenges:

- Health units far away (+10 km)
- Scarce financial resources for orphan care
- Land lying idle
- Link between VDC and VHAC (for effectiveness and accountability)

Future plans:

- Establishment of HBC (but lack of resources)

Group 6: Affected People (spoke to 2 people who had lost their children and left with grandchildren)

Question 1:

- Responsibility for grandchildren
- Lower food production (lack of inputs)
- Bigger households
- Less farmland cultivated
- Less income
- Higher school drop-out rate
- Early marriages (from age 14)
- Psychological depression

Question 2:

- Change / increase in workload of individuals
- Early marriages
- Selling of scarce farm produce for income
- Transferring of responsibility for upbringing / caring for orphans to extended family

Individual observations:

- Easily conclude that deaths are attributable to AIDS
- General living conditions of people acceptable

Excuse: Drama

One of the means of communication capable of overcoming a lot of limitations found in rural settings is theatre. Theatre can be practiced by everyone and can happen almost everywhere. It uses a technology, which is appropriate in the rural sector: it is based on human resources and local creativity. Theatre can use the daily-life aesthetics of the people.

- Theatre uses interpersonal channels of communication, which have been found to have more impact than the mediated channels of electronic and print media. People learn best from interpersonal contact. Two-way communication and face-to-face situations provide opportunities for feedback, discussion and dialogue.
- Theatre is capable of integrating indigenous and popular systems of communication that already exist and are familiar to the communities. Various scholars and researchers have elaborated on the theatrical elements in indigenous rituals and ceremonies. Theatre can involve "members of a community in the use of their own traditional media – dance, music, story-telling, poetry, etc. – to research, discuss, and analyze socio-economic problems with a view to finding solutions to them."
- Theatre can provide the opportunity to see things in a different way. Through theatre social reality can be codified. The codification – the theatrical performance – becomes a mirror through which the people can see themselves, their social situation, and the problems they encounter, in a fresh and stimulating way.

- Theatre has the potential for being a decentralized and democratic medium in which the audience can play an active role. It can be an effective tool to promote community dialogue. Using theatrical performance, the communities themselves can participate in discussing, producing, and distributing messages.

What can today be called *theatre for development* has been strongly influenced by the ideas of the Brazilian educator Paulo Freire on dialogue and conscientisation. Although Freire himself did not focus on theatre, cultural activists and adult educators in Latin America, Asia, and Africa used his "Pedagogy of the Oppressed" and Augusto Boal's subsequent "Theatre of the Oppressed" as a basis for the creation of innovative approaches in development communication. Since the 1970s theatre for development has been widely used in many African countries as a tool for information dissemination and the promotion of community dialogue.

The group discussed the drama performed in the village and gave some comments to what they have been watching:

- Misconceptions should not be disseminated
- AIDS was still called TB – ignorance or do they not know better?
- Role play could bring in new ways, but these need to be clarified
- Testing results were not confidential
- Good that parents took action
- There was no counselling, even when the girl said she would commit suicide if found to be HIV positive

Recommendations:

- Health worker should support theatre group
- If you portray misconceptions make sure it is clarified through discussions afterwards
- Do not reinforce problematic gender roles

Another drama group (Manyanda Drama Group) performed for the participants on Friday. It is an urban group – meaning they are based in Lilongwe working on a freelance basis or employed by organisations. Members of urban groups describe themselves as full-time or part-time actors.

Manyanda Drama Group (Manyanda means "exciting") was founded in 1992 to work on environmental, human rights, democracy, and HIV/AIDS issues. The group has participated in several theatre and radio campaigns by different organisations and acts in radio programmes produced by the Agriculture Communication Branch (ACB) of the MoAI. The members develop their plays together and everybody contributes with scripts and ideas. The members are full-time actors and have been performing for a long time. The group conducts theatre performances three to four times a month and can be heard on the radio two to three times a week. Several of their plays deal with the role of cultural practices in spreading HIV/AIDS.

5.2 *Principles of Participatory Rural Appraisal (PRA)*

- “Better to be vaguely right than precisely wrong” (R. Chambers)
- No figures, but trends
- Interdisciplinary teams

- Participation of all groups (gender / age of actors)
- Different perceptions of the same issue
- Action-orientation
- Feed-back to actors
- TRIANGULATION

5.3 Introduction into Impact Monitoring and Assessment

After definitions of basic terms the steps of impact monitoring and assessment were integrated into the project management cycle.

Clarification of Basic Terms:

Impact: mid- and long-term changes (positive and (or negative) attributed to a certain factor, for example an agricultural project

Indicators: “pointers”, which are related to certain change, here the implementation of HIV/AIDS mitigation measures. Indicators can be qualitative (descriptive) and quantitative (measurable).

Monitoring: repeated observations, repeated questioning, repeated measuring of indicators.

Process monitoring: is done to find out how the project implements the action plan. Were the activities implemented as planned or did major deviances occur?

Impact monitoring: is done to find out whether a project initiated changes that contribute to achieve the projects objectives?

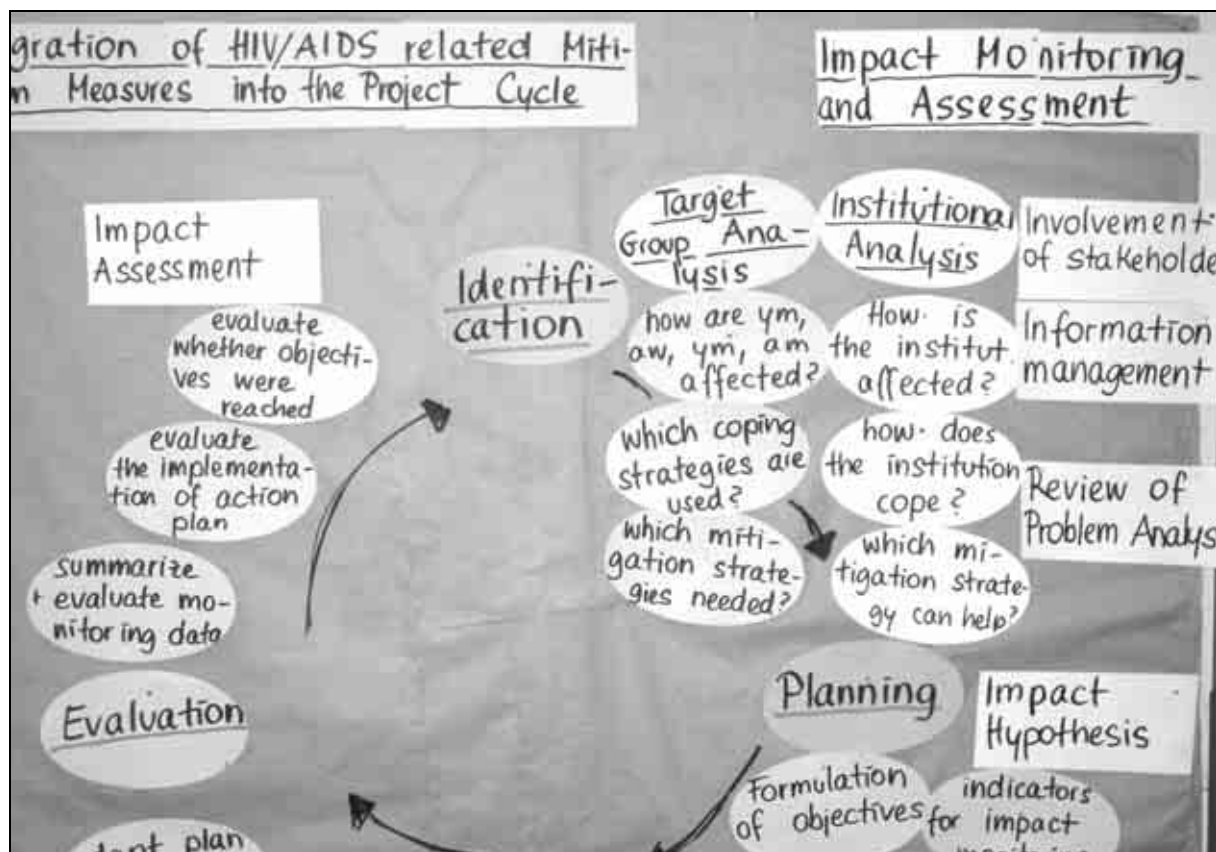
Impact assessment: is based on the information collected during monitoring. Data are summarized, compared, analysed and interpreted.

“Impact monitoring and assessment is part of a projects self-evaluation to reflect and adapt project activities.”

(Source: Karl Herweg/Kurt Steiner: Impact Monitoring and Assessment, GTZ, 2002)

Integration of Monitoring Activities into the Management of the Project Cycle

Project phase	Project Activities	Activities of Impact Assessment
Identification	Baseline survey Target group analysis Identification of core problems	Review of situation and problem analysis
Planning	Formulation of overall and project objectives Selection of indicators Setting up work plan	Formulation of impact assumptions (Negative and positive). Selecting impact indicators. Selecting adequate monitoring methods.
Implementation	Follow-up and support of the implementation of the work plan	Application of impact monitoring methods. Collection, documentation and storage of information.
Evaluation	Assessment of the implementation of the action plan (Process monitoring). Impact assessment. Redefining objectives	Summary, comparison and interpretation of available information collected during monitoring. Assessment of changes related to project activities.



Group work A: Formulation of indicators for impact monitoring

To practice some steps of impact monitoring another group work was proposed.

Task for Group Work:

1. Formulate an objective for mitigation measures based on your needs analysis during the field trip!
2. Which positive changes / impacts do you expect from the mitigation measures?
3. Which pointers / indicators can be used to observe these changes?

Group 1: Old and young women:

Mitigation	Objectives	Impact	Progress indicator	Impact indicators
To provide farm inputs (fertiliser and seeds)	To increase the production of maize for each household from 5x50 kg by the end of 2004	Increase maize production at HH level	Delivery of fertiliser and seeds according to the data planned	Good quality crops (maize), High yield at hh level
To introduce less labour intensive crop production			Proper utilisation of farm inputs	Greater than 5x50 kg bags

To introduce low cost farming practices				
To provide counselling services				



Group 2: Adult and young men

Mitigation measures	Objectives	Impact	Indicators
Agricultural diversification	Ensure food availability at hh level	Nutrition status improved, Specialisation decreased	Nutrition status improved by x% (from 35-75 % by the 12/05
Agricultural input / supply	Maize yield / ha increased	Availability of maize	Yield increases from 2400 kg / ha to 6000 kg/ha by 12/05
Financial assistance	Increased income at hh level	Increased hh income, make people independent	HH income increased by x% from y to z by 12/05
Networking in HBD	Ensure effective use of resources	Collaboration	
Fund raising			



Major barriers in implementing action plans and possible solutions

Group 3 had decided to discuss a different issue, which was closely linked to their daily working reality.

Tasks for GW 3:

1. What are the major barriers we face when implementing action plans?
2. What could be possible solutions and first steps to overcome these barriers?

Major Barriers	Possible solutions
Top-down-approach <ul style="list-style-type: none"> • Extension workers are often not involved in planning • Target group demands versus donor expectations • Lack of accountability of institutions / people in charge 	Participatory planning <ul style="list-style-type: none"> • Transparent decision-making <p>THIS CAUSES CONFLICT</p> <ul style="list-style-type: none"> • Review and enforce accountability systems
<ul style="list-style-type: none"> • Goals set too ambitious / unrealistic • No clear responsibilities among stakeholders • Ad-hoc programmes disturb planned implementation 	<ul style="list-style-type: none"> • More emphasis on available resources (human & financial) during planning • Clear allocation of responsibilities and fields of activity
<ul style="list-style-type: none"> • Multiple tasks overburden individual implementers + particularly best skilled colleagues 	<ul style="list-style-type: none"> • Clear allocation of responsibilities and fields of activity
<ul style="list-style-type: none"> • Motivation (e.g. allowances, top-ups, low morale) 	<ul style="list-style-type: none"> • Proper incentive schemes + adequate salaries • Sanctioning systems

The presentation was followed by a lively plenary discussion. The leading questions were: What are further constraints and what can we do in our positions?

- People still do not see their rights, but accept everything as a privilege
- Donors do not co-operate
- People follow the donor who brings most
- Social Action Fund is a RIGHT, not a privilege!
- Funding schemes not accessible for communities
- Give proper attention to needs identify
- More cross-checking of information
- Misinformation through politicians
- Make sure not only the elite benefits
- Put funds directly on community level.



Evening programme: Videos on HIV/AIDS

6 Friday, 11th April 2003

Topics	Methods
Recap of day 4	Report by feedback team
Summary of results elaborated during the week regarding mitigation strategies, constraints and solutions	Presentation by Pebetse
Action planning	Introduction of planning format, Formulation of action plans in 4 groups, Presentation of selected cases
Workshop evaluation	Filling in evaluation papers
Lunch	
Awareness raising regarding HIV/AIDS	Presentation of a drama
Results of participants evaluation	Feedback of results
Handing over certificates	
Closing	
Supper	
Farewell party	

6.1 Summary of workshop ideas and results

Pebetse Maleka gave a Power Point Presentation as a summary of the results and recommendations, which were so far achieved, during the workshop. This included the different experiences of the participants, tools to analyse on target group and institutional level and findings of the field trip.

She concluded with further recommendations for mitigation measures and challenges to overcome.

Research

- Participation of community is key
- Need for evidence based advocacy
- Need to link research to action
- For action/implementation we need commitment from above

Prevention

- Use of existing structures is cheap and sustainable
- Youth potential can be capitalised on
- Need to provide support to those open about their HIV status

Mitigation

- Poverty relief and food security
- Raise household income
- Food diversification
- Food supply for the needy
- Scaling up: Increase beneficiaries of programmes and commodities
- Improved networking and clear Role definition
- Integrated development plans

For complete presentation see Annex (CD).

6.2 Action planning

To link the HIV/AIDS mainstreaming strategies and proposals from the workshop to participants' own working environment, a planning exercise was proposed.

A general planning format was introduced and participants were divided into the following sub-groups:

- Malawi
- Tanzania, Kenya and Ethiopia.
- Lesotho, Ghana, Zambia
- South Africa

Each sub-groups chose one or two projects to work on for which an action plan ready to implement should be drawn up. Colleagues supported each other by raising important questions and proposing activities to be considered.

Selected cases were presented and discussed in the plenary.

Project: Integrated Food Security Project / Mulanje (Malawi IFSP/ GTZ)

Objectives	Activities	Target Group	Resources / Inputs	When
<p>To improve the nutrition status of the vulner-able group</p> <p>To increase the level of knowledge on HIV/AIDS care, prevention and support among community members</p> <p>To increase participation of all gender categories among the community</p>	<p>To create community awareness on crop diversification and HIV/AIDS prevention, care & support</p> <p>To empower communities by forming committees (village action committees)</p> <p>To build the capacity in the community by training the committees on group dynamics</p> <p>Monitoring / supervisory visits</p> <p>Formation of Drama groups to disseminate HIV/AIDS messages</p> <p>Nutritional crops information at community level</p> <p>To design IEC material on HIV/AIDS prevention</p>	<p>Vulnerable groups at village level</p> <p>The infected, The affected The sick The poor</p>	<p>Human resources (extension workers – agric. & health),</p> <p>Financial resources</p> <p>Transport</p> <p>Agricultural inputs (fertilizers, seeds, chemicals)</p>	<p>On-going, as per agricultural season and as per approval</p>

Anticipated challenges:

- Reception of the ideas at all levels
- Lack of ownership on the part of community
- Lack of self-supporting spirit among the community members
- Drought

Project: Mainstreaming HIV/AIDS mitigation ensuring food security in Shi. Region, Tanzania

Objectives	Activities	Target Groups	Resources / Input	When?	Anticipated Challenges
Reduce vulnerability to HIV/AIDS and its impacts by 30 % by 2008	<p>Study on HIV/AIDS impact on food security leading to Prevention interventions</p> <p>Establish linkages for care and support</p> <p>Provide appropriate extension services</p> <p>Provide improved seeds</p> <p>Ensure access to fertiliser</p> <p>Train in manure production and use</p> <p>Support traditional irrigation practices</p> <p>Introduce permaculture</p> <p>Establish monitoring system</p>	<p>Resource poor farmers</p> <p>PLWA</p>	<p>Extension workers, HIV/AIDS resource person,</p> <p>Fertilisers, seeds, agrochemicals, farm implements,</p> <p>Funds</p>	July 2003- June 2008	Seed scarcity, funds, inter-sectoral co-ordination

Project: Programme For Rural Action / GTZ Ghana

Mandate: To speed up the change process in decentralisation

When: Should commence April 2003 completed by July 2003

Project objectives	Activities	Target group	Resources / Input
To build the capacity of the community to participate in the policy development and legal framework			
To promote the well-being of the community			
HIV/AIDS related objectives: To develop strategies in the campaign against HIV/AIDS To facilitate participatory policy framework development	Identification of stakeholder Consultative meetings and lobbying with stakeholders Sensitisation workshops for staff and district assemblies Situational analysis (district and workplace) Institutional analysis (-> Resources assessment) Impact Assessment at all levels Target group assessment (district) Outlining of specific strategies on HIV/AIDS Development of Workplace Policy for HIV/AIDS	GTZ-Programme Team District assemblies	Financial resources Materials for trainings Human resources Transportation
To provide policy guidelines that are enabling women's empowerment and participation			
To promote community participation for improved livelihood and increased employment creation opportunities			

Anticipated challenges: Silence (HIV/AIDS is not yet a subject, because prevalence under 7%), stigmatisation, and availability of time for intended activities

Project: Mpumalanga Department of Agriculture and Conservation of Environment / RSA

When: By the end of June

Objectives / Result or expected outcome	Activities	Target Group	Resources / Inputs
Help MDACE to establish a unit to address transversal issues of HIV/AIDS	Report and recommendation of results from workshop Advocacy at all levels in workplace and communities Formulate function of HIV/AIDS unit Support policy formulation for MDACE	Employees Communities	Policy documents Budget Support from Govt. and NGO

Project: BASED /RSA

When: on-going

Objectives / Result or expected outcome	Activities	Target Group	Resources / Inputs
Mainstreaming of mitigation HIV/AIDS activities in Agric. Extension	Conduct and facilitate awareness campaign and workshop on HIV/AIDS Distribution of IEC Materials and condoms		Availability of First Aid Kits for all offices and centres
Facilitate an increase understanding of HIV/AIDS through training to reduce further spreading	Support training and implementation of HIV/AIDS action in communities - Seed distribution -Identification of villages for development of HIV/AIDS case study	Extension officers and backstopper The community (men and women) at large	Training materials Seeds and fertilizers

Anticipated challenges: temporary structures of departments do not support mainstreaming efforts, budget too small, administered by regional head programmes with other priorities

6.3 Workshop Evaluation – Feedback on training needs

After the presentation of the drama the facilitator and the moderators presented the summarized evaluation of the workshop.

Evaluation of the Workshop

Please mark your appreciation with: ++ very much, + much, 0 fair, - little, -- not at all

	++	+	0	-	--
Organisation of the Workshop:					
Preparation	12	8	1		
Communication before the workshop	6	8	4	4	
Communication during the workshop	15	7	2		
Administration	10	6	3	1	
Venue and accommodation	7	10	6		
Food and beverages	8	9	5	2	
Evening programmes	5	12	6		
Comments: Content/Okay: 4 Discontent: 7	The venue is charging too much (1); The communication should be done in good time to give time for preparation of participants (2) Beds are too small (1) Mosquitoes prevalent (1) Well done (2); Good (1) Organisation for the workshop – satisfactory (1); The organisation was very well done (1). Facilitators have recommendable work and organisation (1); Organisation at the location very satisfactory (1)				
Contents/Topics					
Overview of mainstreaming approaches (Klaus Pilgram)	12	8	3		
Criteria of quality management (Kade)	5	10	7		
Exchange of experiences	13	6	3		1
Medical information (Harriet/Braun/Kade)	6	11	2		1
Prevalence, impact and mitigation strategies in Sub Saharan Africa (Pebetse)	11	10	2		
Integration of HIV/AIDS into the project cycle management (Eva)	17	5	1		
Institutional analysis	12	9	1		
Target group analysis	8	13	1		
Field trip and its evaluation	12	7	3		
Impact monitoring and evaluation	14	8	2		
Barriers of implementation	12	7	3		
Summary of workshop findings	13	7	2		
Action planning	9	8	5		
Methodology used:					
Lectures, inputs	11	9	2		
Group work	13	7	1		
Plenary discussions	12	10	1		
Energizers	12	10	3		
Daily recaps	10	10	1		
Excursion	6	10	1		1
Possibilities of active participation	12	9	1		
Time management	5	11	4	1	
Visualisation	9	10	3		
Moderation	12	8	1		
Hand-outs	12	7	3	1	
Videos	10	8	3		

<u>Comments:</u> General satisfaction: 3 Dissatisfaction with the organisation: 3 Areas to improve: 2 Time concerns: 3	Well appreciated by me (1); Good (1); Very satisfactory (1) Where are folders, handbags to put our material? (1); Handbooks and pens only provided when demanded, why? (1); Handouts should have been prepared earlier and put into the folder (1) Need more documentaries on community based strategies (1); Many were well presented but at least two must be clarified as it goes along (1) Long days (1); Time allocated was short: sharing experiences should have been per country- to come up with successes and problem (1); There wasn't enough time for the field trip because of transport delay, however the trip was interesting because we learnt a lot (1)				
General questions					
In how far were your expectations met?	9	12	1	1	
In how far were the objectives reached?	10	10	2	1	
To what extent do you feel this workshop will help you to make further progress toward the integration of HIV/AIDS related activities in your work?	13	9	1		
Overall assessment of the workshop					
Now I am clear about the subject and this give me courage to continue	14	7	1		

Open questions:

1. How did you like the duration of the course: too short **(5)** just OK **(16)** Too long **(5)**

Those who found the course to be too short felt that:

- The course could be a bit longer: have more time for discussions,
- Have more time for discussions and make it a bit less packed (as at times there are limits in mental capacity)
- I feel the duration was quite short, some of the discussions were not thoroughly done

2. Which subject was most relevant to you?

Measures of mitigation/mitigation strategies (and the conceptualisation and operationalisation of HIV/AIDS)	9
Project cycle management (and interaction of HIV/AIDS (5) I in relation to daily work (2)	7
Impact monitoring and evaluation (monitoring (1))	5
Field visit	3
All: because it was first time to attend such course (1) Everything was relevant since we have done next to nothing on the subject to date (1)	3
Target group analysis	2
Exchange of experiences of existing or ongoing mitigation measures	2
Mainstreaming approaches/ overview	2
Prevalence, impact and mitigation strategies	1
The basics	1
Malawian experience	1
Integration of HIV/AIDS related matters	1
Planning HIV/AIDS related activities at participant project level	1

3. Which subjects did you miss?

None/ I was fully satisfied with the content	4+
Mitigation strategies/ Impact of mitigation measures in real terms	2
Project cycle management: identification and information management (1)	2
Basic facts on HIV/ Medical information	2
HIV/AIDS activities in a project management cycle: Actual practical instruments or methods to include new mitigation measures into existing planning and implementation projects. Where in the project documents do you begin integrating your mitigation measure? Mainstreaming into existing measures versus separate activities (1)	2
Institutional analysis	1
Target group analysis	1
Impact monitoring and evaluation	1
Mainstreaming	1
Criteria of quality management	1
Possibilities of future collaboration	1
More time	

4. Which subject would you like to deepen?

Mitigation measures/strategies (Further investigation into agricultural mitigation measures (1))	4
Impact monitoring and evaluation (Evaluation (1))	3
Mainstreaming approaches	3
Coming up with own project plan/ Presentation of action plan	2
Institutional analysis	2
Project cycle management (identification (2); planning (1) Criteria for quality management	2
De-stigmatisation initiatives	1
Coping strategies	1
How HIV/AIDS affects agriculture	1
What happens at the first stage of HIV/AIDS	1
Practical instrument for integrating HIV/AIDS measures	1
Workplace and target group programme since I am a focal person at my workplace and have target group at district level whose interest I should serve	1

5. What are your suggestions for follow-up activities to this workshop?

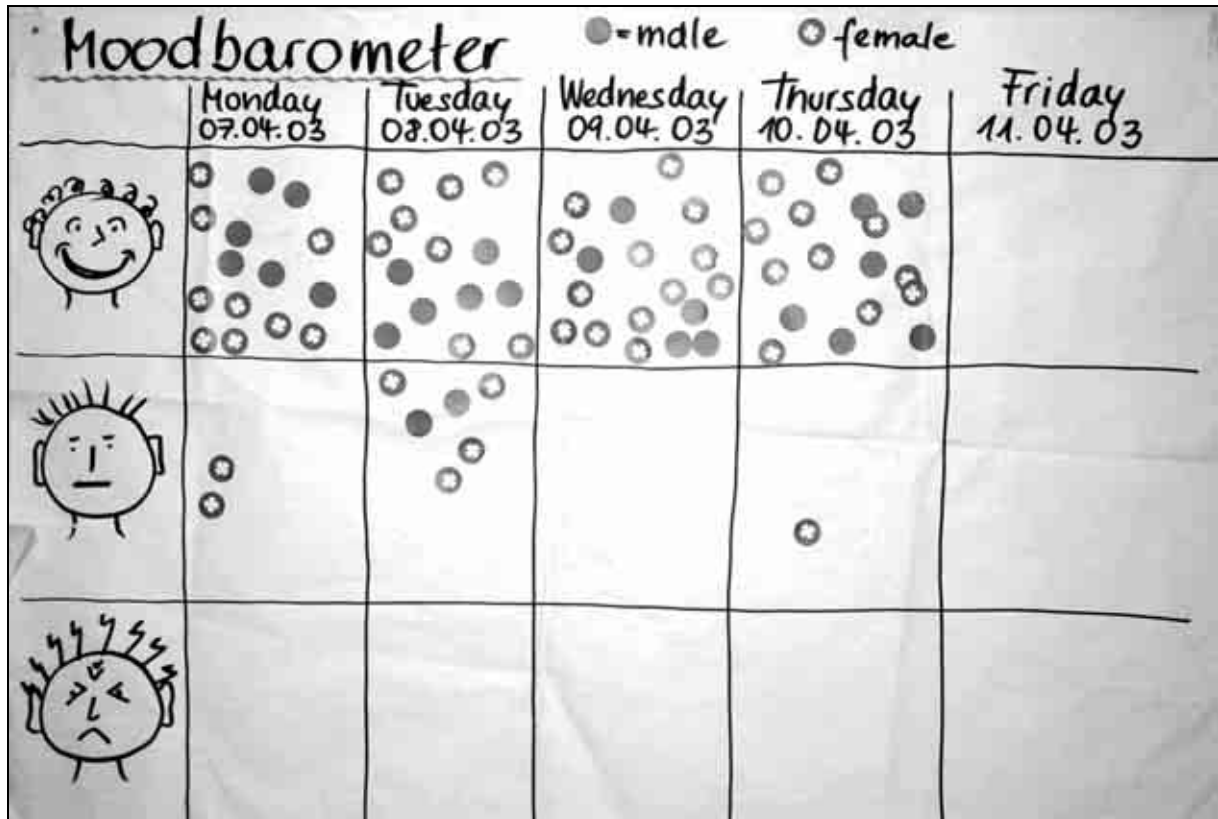
By the SNRD	<u>Further communication and collaboration</u> : Communication, updates and follow-up workshops (1); Facilitate collaboration (1); Updates on what participants are doing to implement lessons (1); Continuous communication and sharing of ideas (2); Regular mailing list for participants and others – new information, publications, etc (1);	6
	<u>Resources for participants</u> : To be given executive bag please - indicating workshop details (2); T shirts – to be given (3);	5
	<u>Follow – up workshop</u> : more often (1); Another/follow-up workshop including counselling PLWHA (1); Integration of HIV/AIDS mainstreaming in project (1); Develop further mitigations measures in rural development (1);	4
	<u>Assess progress made post the workshop</u> : Be able to plan to visit projects of any country to find out what has been done as a result of this training (1); Organise another workshop for impact evaluation – to ensure that we all attack this epidemic and project our economy (1); Visit my project to assess the implementation of lessons learnt (1)	3
	<u>Workshop structure</u> : More time for relaxation (1); More time in the villages (1); Reports should be written at all levels and field visits should done (1)	3
	<u>General</u> : Keep it up (1)	1

By other partners	<u>Interventions</u> : Support the initiative (1); Provide information on what would happen after the workshop (1); Include the infected people (1); Learn about others achievements and challenges (1); Participatory sessions with different NGOs (1); Mainstreaming HIV/AIDS (1)	6
	<u>Networking</u> : Networking and sharing expertise and experiences (1); Keep in contact and share information and publications and experiences in future (1); Communication, updates and follow-up workshops (1); Exchange project experiences – be introduced as one way to maintain knowledge gained (1)	4
	Participate and report on all activities	2

6. Any further comment/proposal:

<u>Repeat and follow up</u> : Will appreciate if the project is done again so that more extension officers in our department could be trained (1); Continue with the workshop in order to finish the programme (1); Next workshop should look at how the next activities have progressed (2); Follow up workshop on the evaluation of the real implementation of the is still important (1); Continue organising such type of workshops so that messages can go to all areas (1); Future involvement in workshops etc/ Further networking/ Wish to meet you in the next workshop (3)	9
<u>Organisational</u> : Allowances too little (1); Leave either lunch or dinner free – do not pay for us (1); the venue is expensive (1); Laundry fees should be included in room fees – MIM (1); Facilities were excellent, improve on administration (1); Duration to be 8 days (1)	6
<u>General</u> : Good workshop, thank you (1); This workshop has been very worthwhile (1); Will perform to my best ability, using knowledge gained (1); Thank you, very good compatibility of the team and some excellent moderation	4
<u>Content</u> : More practical experience from other countries be promoted as source for more information (1); More practical examples be prepared before the workshop (1); Medical information: after presenting our questions – give them time to go through and find relevant answers (1)	3
<u>Structural</u> : Advisable to provide the training material at the beginning of the workshop (1)	1
Resources: Where are hand bags (1); A folder/bag would have been a good resource for raising awareness on what is going in the region (1); Speed up in developing a regional handbook (1)	3
Next workshop venue: Tanzania (1); Ghana (1); Lesotho (1);	3
Such training need to be conducted at different levels – decision makers, politicians	1

Mood barometer showed that throughout the course despite long and intensive working days participants morale was high.



6.4 Handing over certificates and closing

Klaus gave some closing remarks on the workshop. The moderators, Pebetse and Eva, thanked the group for its excellent cooperation, which provided the basis of a fruitful exchange of the different experiences and ended in the conclusion on practical and concrete actions to be taken.

Handing over of certificates was done in a participatory way. Abduraharim Kubsa from Ethiopia thanked the facilitator and the moderators on behalf of the participants.



Supper and farewell party ... some impressions ...





**GTZ-SNRD Training Workshop:
Mainstreaming mitigation of HIV/AIDS impacts in
agriculture and rural development
LIST of PARTICIPANTS
MIM, Lilongwe, MALAWI, 7-11 APRIL 2003**

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