



**Mitigation of HIV/AIDS- Impacts
through Agricultural and Rural
Development - Success Stories and
Future Actions**

**May 27th – 29th, 2003, HSRC, Pretoria,
South Africa**

Workshop Report

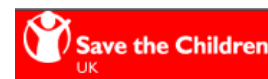


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LIST OF ACRONYMS

AffOResT	African Farmers Organic Research and Training
FANR	Food, Agriculture and Natural Resource Development Unit of SADC
FAO	United Nations Food and Agriculture Organisation
HSRC	Human Sciences Research Council (of South Africa)
MK	Malawian Kwacha
SADC	Southern African Development Community
SC-UK	Save the Children United Kingdom
SC-US	Save the Children United States
VCT	Voluntary Testing and Counselling

KEY FINDINGS OF THE WORKSHOP

AIDS undermines people's ability to engage in agriculture, and to benefit from rural development. As the current crisis in southern Africa has shown, those living with or affected by chronic illness can work less, or spend time caring for others, or have decreasing experience and skills. They may have to sell off productive assets, or leave them under-utilised.

From 27 - 29 May 2003, 45 participants from 13 countries representing government, international and local NGOs, UN bodies, academic institutions and donors met in Pretoria to discuss practical lessons on mitigating the impacts of HIV/AIDS through agriculture and rural development. This workshop initiated a process of sharing experiences, with the longer-term objective of developing good practice and influencing policies. A full report follows the key findings are described below.

Development, relief and rehabilitation must be addressed together.

Standard practice focuses on social and economic development, punctuated by occasional emergencies that require short-term relief until people get "back on track." However, increasing poverty rates and the collapse of services show that development work hasn't been too successful in the past. The advent of AIDS underscores the fact that "business as usual" must change.

Many of those affected by HIV/AIDS need special support to help them participate and benefit from interventions. Children and young people need the opportunity to develop their own skills and resources by staying in school; they should not have to drop out to keep their families alive. Those most affected by AIDS simply don't have the time or ability to engage in development efforts, and need relief, social protection or welfare over an extended period in order to survive.

For example, a healthy couple caring for orphans may get by, perhaps with some agricultural support. A widow in the same community, ill with AIDS while caring for orphans, finds it harder to engage in agriculture. She may not benefit from agricultural support and her family may need food support, better medical care, and wavering of school fees. It is important to note that the situation of the widow could well represent the future of the healthy woman in the first example.

Given the reality of AIDS, the entire approach to development must change. Interventions in any community should always combine development, relief and rehabilitation aspects. Without increased support through safety nets and other forms of on-going social protection, standard development practice will not suffice for the most vulnerable.

Policy should encourage and be influenced by local implementation.

National and international policies provide important direction for the fight against AIDS. However, efforts are always implemented locally. Too often, policy-makers don't understand the practical problems in communities, or the specific factors that lead to success or failure.

Ministries, organisations, and international bodies should make stronger efforts to learn from the successes and difficulties encountered within efforts to minimise the impacts of AIDS. These lessons should be continually used to review and improve advocacy, and eventually policy.

Better targeting and participation help affected people take charge.

Practitioners must be clearer about whom they are working with, and are not working with. It is insufficient to target 'people affected by AIDS.' Impacts of illness and premature death vary widely across families; even the situation of a single family changes dramatically over time. Agricultural support can help one family, but be meaningless for its neighbour. Young girls at high risk of HIV may not benefit from programmes that are successful with older women.

Service organisations should use participatory approaches, through which they seek out and work with affected men, women, boys and girls who usually are unintentionally excluded. Efforts to work with 'the vulnerable' as a broad group must be replaced by a more sensitive approach that is responsive to people with different types of vulnerability. This starts by listening to them.

Focus on multi-sectoral partnerships at district and village level.

No single rural development intervention can work for everyone in a community, so there must be a range of services. HIV/AIDS is not a health issue alone: a single family may need a mix of services across sectors, all in the district or village. However, no one organisation can address all.

It is crucial to foster improved services coordination and to forge strong local partnerships among organisations with complementary skills spanning agriculture, health, education, social protection, and so on. In a single village, organisations with complementary skills can build upon the expertise of others. For example, an integrated approach by home-based caregivers, orphan committees, agricultural extension agents and health workers can ensure that food, school fee relief, home gardens and health care go directly to families that most need them. This is a broad version of the AIDS 'continuum of care.'

Partnerships have been discussed for decades, but are less easy to implement. There are examples of strong partnerships among specific organisations and departments in some districts or communities, but we need keener efforts to encourage these local partnerships more widely.

Beyond 'labour saving' technologies and practices.

People affected by AIDS tend to have multiple burdens, with less time to address them. One common response is to encourage "labour saving technologies and practices." These can be useful in some situations, but the focus on labour-saving should be broadened to "labour management."

In addition to saving labour, labour management can include spreading labour demands over time to minimise work needed at peak periods (such as different approaches to land preparation), enabling quick returns to labour (through fast-maturing varieties or animal breeds), or increasing returns to labour (through adding value to any goods that are marketed).

Development of a range of technologies and practices should include active involvement of the people who could benefit, taking indigenous knowledge and cultural aspects into consideration.

Base policy and practice on experimentation and evidence of success.

Good practice should be based upon evidence of what works, not merely on seemingly good ideas. We need more experimentation and creative approaches, backed by evidence of successful interventions. These can then influence policy and practice more widely.

Action research provides one way of assessing interventions for understanding what does and does not work in specific situations, for different types of people.

Use of a standard, systematic format for writing up short case studies allows examples to be compared, and makes it easier to assess efforts. Through development of more case studies, it will become easier to identify examples of good indicators of success.

Topics which need more attention

There was insufficient time to address several key issues. Chief among these were:

- Orphans, vulnerable children, youth and AIDS
- Impact of Aids on staff of agencies that provide services
- Development programmes that unintentionally increase HIV transmission

For further information

The SARPAN website: www.sarpan.org.za/mitigation_of_HIV_AIDS, has details of the workshop, copies of presentations and case studies, a list of participants, and other related documents.

INTRODUCTION

The workshop on ‘Mitigation of HIV/AIDS impacts through agriculture and rural development’ was held at the HSRC in Pretoria, South Africa, from 27-29 May 2003. The overall goal was to ‘initiate a process of analysing success stories and defining future actions for the mitigation of HIV/AIDS impacts through agriculture and rural development’.

This was done specifically in light of the fact that the effects of HIV/AIDS in many parts of the world but in the southern Africa region in particular, are devastating. Further, while international agencies are active in the mitigation process and both networks and case studies exist, little practical documentation is available on how agriculture and rural development interventions can support the mitigation of HIV/AIDS.

The challenge for the participants of the workshop was therefore to move beyond theoretical discussions and deliberate on the ideas, strategies and successes from (mainly) Southern Africa that have potential as interventions in new areas.

Below are the main objectives of the workshop:

- To summarise the impact of HIV/AIDS on farms/households and communities. In this process, specific attention was given to the theoretical aspects related to the impact, as well as theoretical recommendations/concepts which have proven to be successful in other cases and which could be implemented in order to mitigate the impact (Day 1)
- Sharing knowledge and experiences on evidence based successes and problems of HIV/AIDS mitigation work in rural areas in order to highlight gaps which still exist in the mitigation process and provide reasons for these (Day 1)
- Analysing the lessons learnt from successes and failures in HIV/AIDS mitigation in the past. Where successes have been documented, these will be used to develop recommendations for best practises and instruments/guidelines for replication of such successes elsewhere (Day 2). Attention will specifically be focused on key levels of mitigation interventions, including on:
 - Individual level (e.g. farms and households);
 - Community level (e.g. responses by communities);
 - Institutional level (e.g. service delivery arrangements, extension services, markets, etc.);
 - and
 - Policy level: approaches for strategy development
- Initiating of and committing to future action plans. These might include fields/projects for further research, programme proposals, networking, broader stakeholder involvement, etc. (Day 3).

Thematic presentations – setting the context

The first day (and part of the second day) provided an opportunity for a number of presentations that set up the context and helped frame the discussions during the case study work.

A summary of each presentation appears below. Full papers for each can be found on the SARPAN website: www.sarpan.org.za.

Daphne Topouzis and Tony Barnett – Enhancing Livelihood Resilience to Mitigate the Impacts of HIV/AIDS.

Probably one of the major challenges facing research (and funding) on HIV/AIDS is the fact that researchers often do not have ‘serious’ information available. Sound impact assessments are rare and have data limitations. Moreover, these are expensive and methodologically complex to perform. Apart from this, these studies are often also unattractive for politicians and donors, as there is no clear or immediate return and causations are hard to demonstrate.

Most often therefore, research methodology on this topic focuses on household studies as the primary way to obtain information. Of all the studies on HIV/AIDS, household studies are applied in about 99% of the cases. However, in the majority of cases, these studies do not tell the researcher exactly what he/she needs to know or how to understand the information obtained. Only a very few studies that looked at the community as the smallest unit have been done (e.g. the study [available?] by Michael Drinkwater in Zambia).

Apart from focusing on the interdependency element of HIV/AIDS impact, Barnett also stressed the fact that the HIV/AIDS pandemic is a “long wave event”. Although the full wavelength of an epidemic event is usually around 140 years, the full wavelength of socio-economic impact is much longer. During this period, agricultural and rural sectors often find themselves in a situation of steady and slow depletion of agricultural and rural resources, and subsequently also livelihood. Over and above this, additional famines and emergencies during this period could put communities in a situation where they have even less recovery potential.

Addressing long-wave emergencies should be tackled differently from other emergencies in that there should be a balance between relief, rehabilitation and development work. While urgent attention should be given to address needs like hunger, poverty and illness as soon as possible, addressing long-wave emergencies (like HIV/AIDS) also means addressing policy, operations and thinking within a changed paradigm and a combined approach between different support systems and initiatives. In this process, not only emergency issues (as indicated above) will be addressed, but also the non-emergency ones in order to lessen natural and environmental instability and decrease the impact of emergency situations on communities’ overall livelihood. Within the landscape of the new HIV/AIDS paradigm, existing phrases and concepts like empowerment, mainstreaming, participation, labour saving technologies, stakeholders, etc. should be rethought, as applications could differ within an HIV/AIDS environment when compared to a non-HIV/AIDS environment of the past.

Daphne Topouzis highlighted three approaches that are generally taken on the mitigation of HIV/AIDS in Africa, but also in the rest of the world:

1. Agricultural and rural development:

In this approach, the key challenge would be to obtain and ensure continued access to sustainable inputs and markets, as well as strengthening socio-economic safety nets. Amongst others, this might also include the initiative to make available labour saving practices and technologies to vulnerable farmers, find and apply technologies which are not age or gender specific [why?]. Moreover, in line with the interdependency approach highlighted by Barnett (2003), it is also important to focus on other forms of agricultural and rural development initiatives like:

- *apprenticeships* – especially for younger or female workers;
- *Literacy programs* through which not only younger members of the community can be empowered, but also female ones. Apart from this, literacy programs would have both a positive impact on agricultural and rural development and on attendants’ overall socio-economic conditions;
- *income generating schemes* (e.g. the one in South Africa’s Limpopo province discussed later); and
- *Support of legal reforms* including access to land inheritance and property rights by women and children.

2. HIV/AIDS specific responses:

Approaches in this category set out to reduce stigma and discrimination, establish HIV/AIDS workplace programmes and support primary health care systems with a view to supporting access to VCT and to drugs.

3. Conceptual and operational adjustments:

Supporting the first set of principles and including impact assessments of existing agricultural policies on household and community capacity, the strengthening of existing farming systems, linking relief, rehabilitation and development programs in line with the holistic approach described above, as well as documenting and sharing information and knowledge generated through different projects and programs.

It is necessary to stress that different types of interventions are needed and are appropriate in different stages of the HIV/AIDS epidemic. This is especially true since prevalence rates alone do not accurately capture and portray the epidemic's impact. As such, it is important to measure the impact of the epidemic by using specific indicators such as:

- % of single and double orphans;
- % of households fostering orphans;
- % of household income spent on health related expenditures;
- % of households with access to health care;
- age and gender of household head; and
- dependency ratio.

Bernd Schubert – Rural development and AIDS-affected households, some clarifications

In line with the above, Schubert also highlighted the importance of focusing on poorer or more vulnerable groups when implementing mitigation measures. As the overall objective of rural development is to ensure or contribute to lasting improvement or stabilisation of living conditions, it is imperative to take poorer groups in the community into account. This would result in a people-centred and livelihood oriented approach, where specific circumstances in the community or households determine the project parameters.

Schubert specifically stressed a case study in Zambia (where widowed and female headed households care for more than 40% of orphans). In this study, attention was not paid to the average conditions in the communities, but extreme conditions. Six communities were involved through participatory methods. In these communities, attention was specifically focused on households not surviving. A similar situation was found in all six communities – of the 32 households included, 20 were female headed, 19 were elderly headed, 14 were elderly over 65 years old, seven households were sick or were in other forms unfit for work. Only 1 household was child headed. The average dependency ratio for the households included in the study was 349, compared to an average of 122 for households in rural Zambia. However, when one excluded the 16-19 year old members of these households, the average dependency rate jumped to more than 600. In 9 of the most extreme cases, not one household member between 16 and 60 years old could be found who was fit for work. In these communities, high correlations were also found between poverty and labour scarcity. To a very large extent, the situation these households found themselves in was as a result of HIV/AIDS.

While some of these households received assistance from, for instance, relatives, NGOs, churches or neighbours, the question needed to be asked about what could be done to improve or stabilise their living conditions in order to ensure their survival. In the majority of cases, households were largely dependent on food relief programs (which were highly prevalent in Zambia at the time as a result of the food crisis in the country). However, once these programs ended, these households had nothing to fall back on. Instead, attention should perhaps be focused on monetary schemes whereby money can be used to buy food from neighbours or

relatives in the communities who have the capacity to produce food or who are in a position to buy labour. Income from sales could in turn benefit these communities or households in the sense that they can again buy things and start (or continue with) small-scale activities. Over the long-term, this could have more sustainable impact on communities than merely providing food relief.

Sam Page – Using participatory approaches to mitigate the impacts of HIV/AIDS

Similarly, Sam Page addressed the need to reduce vulnerability to HIV/AIDS by improving people's health and preventing disease in order to build hope and prevent despair. As such, the importance of positive living for improved health and longevity in HIV/AIDS affected areas of Africa was underlined. Important in this regard is the need to assess risk in these communities and encourage behavioural change, as it was determined that some of the underlying causes of HIV/AIDS were related to low self esteem, unfaithfulness, and unequal gender relations. However, the reasons for vulnerability were found to differ. In the case of women, they are more vulnerable as a result of, for instance, poverty and tradition, unfaithful partners, caring for sick family and community members and a culture of having more than one sexual partner.

Women were also found to be powerless in taking responsibility for protecting themselves, due to religious and traditional reasons, poor education, abuse of power; and low self esteem.

Several factors were found to contribute towards men's position within HIV/AIDS infected communities. These, for instance related to:

- the abuse of power;
- the need to be sexually adventurous;
- being unfaithful to their partners;
- jobs allowing men to have more powerful positions;
- cultural elements;
- wealth;
- peer pressure;
- loss of self-control due to drinking, etc.

However, in studies conducted in Zambia and Malawi it was found that men realised that they could make a behavioural adjustment and in the process also address the root causes of women's powerlessness.

From this perspective, therefore, it became evident that other sectors, programs, and/or strategies which have not previously been included in HIV/AIDS mitigation programs, should be integrated into rural development projects. This challenge is, however, made more difficult by parents taking children from school in order to assist in agricultural activities and NGOs/UN agencies sticking to self-help projects for households who have no self-help potential. Instead, social transfers should be linked to self-help activities – reducing risk and empowering people to use productive efforts in new ways. One of the major challenges for rural development organisations is to identify how to appropriately interact with communities, existing institutions and organisations.

Tony Barnett and Rachel Grellier – Mitigation of the impact of HIV/AIDS on rural livelihoods, through low-labour input agriculture and related activities

A common theme of all the presentations was the need for a paradigm shift from the continuum approach of sequential steps from relief, rehabilitation to development towards the contiguum approach where it is recognised that all these approaches are inter-related and any one of them may be needed at any given time.

Barnett & Grellier explained how this approach becomes more practical by referring to the mitigation of HIV/AIDS impact on rural livelihoods and in particular by looking at low-labour input agriculture and related activities. The methodology for this study consisted of discussions with NGOs and key donors in various countries, including Malawi, Tanzania, and Uganda. The main priorities of the projects looked at were improving food security and reducing labour requirements in agriculture and related activities. However, the project co-ordinators wanted to be specific about the type of food and labour saving they focused on and the reduction in labour required in order to free up time up for agriculture activities. The projects mainly targeted households most desperately hit by HIV/AIDS and therefore who were also the most vulnerable. However, in the majority of cases, households most vulnerable were not able to participate. The households who could participate in the projects often had some access to land, labour or cash. It was often also found that older members of households or communities were most vulnerable, but they were also those who could contribute most to the project and the eventual mitigation of the epidemic in terms of transferring their knowledge, skills and expertise. However, in many cases, these people were ignored and excluded from mitigation activities.

In order to make the projects successful, training was provided, focusing on a range of training programs and a range of skills, as well as social and practical support. Another important element of the project was the inclusion of social protection measures. These were included formally or informally in the process, and focused on, for instance, legal support, changes in social organisation, entitlement through legislation or support of traditional leaders, and insurance either being built into project design or developed as a result of losses incurred.

In light of the above, one of the most important issues to be addressed through the contiguous approach is a shift of focus from vulnerability towards improving household and community resilience, and the subsequent mitigation of HIV/AIDS impact.

One of the major factors to be taken into account is the likelihood of innovation and change to work within 'HIV/AIDS communities or environments' if it has not been successful in communities not affected by HIV/AIDS. In the former instance, it often also happens that people and communities affected become so poor and so hopeless, that they do not have the capacity or the willingness to think about or go through any situation of change/adjustment. Poorer people are often confronted with the fact that they have fewer survival choices and subsequently also less ability to take risk. Subsequently they often carry on in same fashion and do not have courage to change.

The challenge would therefore be not to look for uniform solutions. While some things might work in some situations, they might not work in others. Innovations are also inevitably linked to risks. As such, social security risk reduction strategies should be incorporated into innovation programs.

Mike Connolly – Study of practices implemented to mitigate the impact of HIV/AIDS at farm household level in six African countries

Mike Connolly's presentation looked at examples from six African countries: Kenya, Malawi, South Africa, Tanzania, Zambia and Zimbabwe).

The rationale for the study was to identify mitigation practices and find out why they did or did not work. It was also aimed at exploring and analysing under which conditions more promising practices would be replicable, and envisioning the approaches, concepts and processes under which these practices could be facilitated or implemented. Below is a brief study of some of the approaches discussed.

In Zambia, one case looked at was pit cultivation that was introduced as a farmer-initiated response to HIV/AIDS impact in the Plateau area of the Southern province. This initiative enabled farmers in this area to deal with and overcome labour stresses experienced as a result of HIV/AIDS.

In Zimbabwe, the African Farmers Organic Research and Training (AffOResT) in Harare conducted needs assessments and provided training for organisations and communities. Through these community training programs (lasting between 3-5 days) attention was focused on (amongst other things) healthy living and nutrition crop and animal production for household food security, maintaining natural soil fertility, natural pest management, inter-cropping or mixed cropping, clean sterilised water, etc., most taking as their starting point local indigenous knowledge.

One specific example of community-initiated HIV/AIDS mitigation responses in Malawi is community based food banks found in a number of villages. In this project, food banks are established for funerals. Each household in the community is expected to contribute a certain amount of maize every year. In turn, these households could again 'withdraw' from the food bank for use during funerals.

In general the interventions studied highlighted some key issues:

- The importance of participatory and group problem solving approaches. Facilitation should play an important role in social innovation and change processes within and with communities;
- Holistic and systematic approaches strengthening communities to take responsibility for their livelihoods through self-reliance and empowerment;
- The need for trained facilitators engaging in social innovation and change processes within communities;
- The appropriateness in some situations of "farmer life schools", that enable farmers to analyse their own situations in a more holistic way and find unique solutions for their unique situations themselves. Farmer life schools also facilitate constant and open interaction between farmers themselves, creating an informal network of farmers. The most important contribution, however, is that farmers gain insight into the fact that they are responsible for their own future – they are not merely development agendas for other people;
- The need for district co-ordination of service provision, as little evidence was found of co-ordination between different projects and organisations.

Marcela Villareal – Agrobiodiversity and indigenous knowledge in the mitigation of the consequences of HIV/AIDS

Marcela Villareal highlighted ways in which agro-biodiversity and indigenous knowledge can be used to mitigate HIV/AIDS impacts on agriculture and rural livelihoods. These impacts are witnessed in a variety of cases, including:

- The loss of agricultural labour force
- The loss of indigenous knowledge (traditionally being kept and passed on between families or on community level) due to casualties;
- A decline in the land being cultivated and the variety of crops being planted. Again, indigenous knowledge plays an important role here, as this contributed to the development crop diversity;
- Increased malnutrition, necessitating the fact that nutrition should be adapted to local agro-ecological conditions;
- Moreover, a need for provision of labour management, addressing income dynamics, provision of access to seeds; etc.

In light of the above, the question should be asked ‘what can be done by the agricultural sector to address the impact of HIV/AIDS, instead of merely looking at the health and other sectors to address the situation?’ As such, a study by Gari & Villareal focused on similar issues addressed by other researchers and discussed earlier, for instance:

- Introducing labour saving technologies and practices;
- Focusing on low input agriculture (e.g. pit-farming discussed earlier);
- Research on new crop varieties;
- Capacity building of local and other institutions (e.g. farmer life schools);
- Gender issues (particularly land distribution).

In this regard, agriculture can play a particular role to alleviate the impact of HIV/AIDS in the following areas:

- Better utilising the potential of **traditional, neglected and under-utilised crops** due to the factors of indigenous knowledge etc. discussed above;
- Focusing on **home gardens** as something traditional to Africa. Traditionally, home gardens have ensured crop diversity, provided sufficient nutrition and food throughout the year. Apart from this, home gardens also have good labour management potential, contribute towards conservation of plant genetic resources, and can provide much needed micro nutrients;
- **Wild food plants** which have a specific role to play in seasonal food shortages, especially in arid and semi-arid areas. In the absence of food aid, people in these areas often resort to wild food. With women holding the indigenous knowledge as to the benefits and dangers of these plants, it provides specific income opportunities for households where women (often also infected by HIV/AIDS) need to provide an income for their family. Apart from this, wild food plants could have low labour requirements, making it beneficial for children to gather food. However, in some other cases it can be more labour intensive;
- **Promotion of medicinal plants** and the specific role these have to play in treating HIV/AIDS. In many cases, people would rather resort to medicinal plants than use medicine. One case in point is the Theta organisation in Uganda which deals with the promotion of medicinal plants, and in the process also contributes towards strengthening of community capacity, conservation, and increased collaboration between traditional and modern health practitioners;
- **Use of community seed systems.** Seed security is often impaired by HIV/AIDS. However, through introducing and practising the concepts of, for instance, community seed banks, rural seed fairs, participatory plant breeding, improved seed preservation, small scale seed storage infrastructure, this problem could effectively be addressed by the communities themselves.

However, indigenous knowledge is sometimes lost due to the fatalities in families and communities without the knowledge being transferred to new generations. The need therefore exists to create a better interface between modern practice and indigenous knowledge systems. In this process, communities being infected by HIV/AIDS can be better equipped to cope and survive should knowledge resources be affected by the epidemic.

Michael Loevinsohn – Action oriented HIV/AIDS research issues

From the above theoretical discussion, as well as the specific case studies highlighted, it has become clear that research (combined with community support and participation) can make a difference in knowing more about the HIV/AIDS epidemic in Africa and ways through which this epidemic can be mitigated.

However, it also becomes possible to make specific conclusions as to the state of HIV/AIDS in Africa and ways through which this can be addressed most effectively. In this regard, an important contribution was made by Loevinsohn. He specifically highlighted the following issues:

- The **prevalence** of HIV/AIDS is still rising in many areas of East and Southern Africa, with the gap between urban and rural areas gradually being closed;
- However, there are clear indications that infection rates and trends of HIV/AIDS infection **vary** widely, even over short distances. As such, agriculture contributes to a large extent to the variation of HIV/AIDS prevalence across the landscape;
- Key **contributing elements/factors** to the HIV/AIDS epidemics in Africa are related to:
 - ***A-symmetrical sexual relationships*** and mobility of especially male workers are key contributing factors to the speed and scale of spread;
 - ***Poverty and/or food insecurity*** often leave young adults with little but their bodies to market. Relationships are often also started with older men who are more at risk of being infected [simply due to age?];
 - ***Rural development*** creates poles and risk for infection around markets and trading centres. Rural markets often become the place where sex is exchanged in the same fashion as goods. Similarly agro-industries often create situations of migrant workers where people are at risk of being infected. Few opportunities are often found in rural areas, with young people moving to cities to find better working opportunities;
 - ***Poverty*** often prevent people from acting sensibly on knowledge about HIV/AIDS. In many cases, this is exacerbated by a lack of opportunity and access to food;
 - It is often found that ***policies and programs*** contribute to insecurity in the distribution of livelihoods. This in turn also affects people's ability to respond to the consequences of infection;
 - HIV/AIDS infection often increases nutritional demands [isn't it that a healthy body is better prepared to deal with HIV?], with illness and death pushing households into situations where they need to cope with syndromes of illness. In the process, community safety nets are often strained, and information networks often exclude those who are most affected.

Various research and case studies have also made it clear that addressing the HIV/AIDS epidemic in Africa calls for a multi-sectoral approach and response. The realisation that HIV/AIDS infection is more than a health problem and that it needs attention and involvement from a variety of sectors and role players.

However, despite this realisation, response from institutions outside of health has been slow, with Loevinsohn (2003) stating that one of the main contributing factors in this process is not the scarcity of information, but rather the lack of understanding. Despite the fact that research directors and others around the continent know what HIV/AIDS is, they are often not able to make a link between their personal and professional spheres. Exacerbating the situation in terms of agricultural involvement of response to the mitigation of HIV/AIDS, is the fact that agricultural development has the potential to create HIV/AIDS risks.

This issue seems to be central to the struggle in mitigating HIV/AIDS impacts. Despite the fact that changes outside the health sector have historically driven health transitions (e.g. adjusted ways of life and upgrading nutritional standards were crucial in addressing illnesses like TB), reaction seems slow as far as HIV/AIDS is concerned. As time passes and the epidemic becomes more critical, it becomes increasingly evident that conscious changes in lifestyle are needed to address HIV/AIDS.

Loevinsohn therefore recommended a strategy through which increased consensus is created in each country, broadly based across the agricultural sector and drawing in main actors from this sector. By means of discussion papers, think tanks, involvement from key individuals, strengthening of national networks, stakeholder workshops, etc. the state of knowledge on the links between agriculture and HIV/AIDS should be determined, and the knowledge gaps and responses filled. Not only will this process speed up the mitigation of HIV/AIDS, but it will also create a valuable opportunity to share information and learning within and among national networks, create opportunities for people to come together and exchange experiences, making

these available to those most in need, and expose policy makers to what is happening in specific communities.

WORKING GROUPS

The key focus of the workshop was the working groups and their analysis of projects culminating in:

- A summary of case studies related to a specific theme as discussed in working groups;
- Identification of gaps in knowledge
- Next steps at various levels following the meeting

In order to achieve the above tasks, the working groups were divided into 5 key themes related to the mitigation of HIV/AIDS through agriculture and rural development. These themes were:

1. Micro finance (e.g. loans; saving schemes; savings-led credit);
2. Farming technology (e.g. labour saving irrigation; short season varieties);
3. Nutrition and energy (e.g. improved access to; preparation; utilisation);
4. Service delivery (e.g. targeting; radio; home versus community meetings); and
5. Linking social protection to development.

Below is a summary of the main findings of the working groups.

Group 1: Micro finance

Case Study – Intervention with micro finance for poor women and their families, HIV/AIDS awareness and gender equity.

Where?

Limpopo Province, South Africa (Sekukhuneland)

Context

- Prospective – no micro finance intervention in the past, big enough catchment area for control (50 000 people) (scientifically viable) consisting of different villages and the area being good enough for micro finance;
- Mine being developed by Anglo-American (largest mine in the Southern Hemisphere). Tremendous potential for the area in terms of trickle down (at Burgersfort);
- Unemployment rate: 40% = men; 50% = women, excluding those who are self-employed;
- self-employed: 10% = men; 25% = women (active in the informal sector);
- Household income sources: most (60%) work (both in the formal and informal sectors). People receive disability grants; 30% receive pensions, while 10% receive donations from household members;
- Those active in the formal sector are 50% comprised from migrant labour;
- on average, 55% of households are migrant labour; with 40% being headed by a female;
- Through an oral specimen collection, it was determined that HIV prevalence is around 20%. Among female participants between the ages of 17 and 18 years, the prevalence rate is around 7%, although it increases to 18% for females between 18 and 24 years old.

Who? (target group)

Poor women and their households.

The emphasis in this project is on using women as a vehicle to target children and their partners (i.e. the rest of the community) in an attempt to bring about change in social norms. Eight villages were included in the project, with a total of around 60 000 people who could potentially be reached.

The micro finance program attempts to target between 10 and 20% of households in this catchment. Participants are selected through a system of participatory wealth ranking; where a meeting is called, attendants are introduced to the small enterprise foundation. When people arrive for the meeting, they are asked to draw every household on the floor and break these into natural neighbourhoods, mapping each household. Each neighbourhood has key informants who define poverty (e.g. no jobs, employment, schooling, food). Really poor households are those going from house to house begging for food, where males often contribute by selling fruits and by gambling, where people live in tin and mud houses, where children drop out and do not attend school, resulting in their fees not being paid, and where no one in the household works. Key informants in each neighbourhood (a total of 3 for each neighbourhood are selected) rank each household as being better off or worse off. Those who are ranked in the bottom category are eligible for the program. Households are therefore defined as being poor by using criteria identified by the community members themselves.

People in these households generally survive by working (both in the formal and informal sectors), with half of the men aged between 35 and 65 years working in the formal sector and 10% working in the informal sector. Work in the formal sector usually include migrants in Gauteng; using taxis as modes of transport; working for the police, teachers, health workers and people working in government. Those working in the informal sector usually operate stalls as fruit vendors or selling cell phones.

People in these households are not alert to agriculture – land is marginal, they receive little rainfall, people do not want to do farm work (on the big commercial plantations or self). Instead, people want a ‘real’ job. 70% of people in these communities use traditional healers, with little medicine being imported. Water is one of the major issues in this area, for instance resulting in a lack of community gardens. The only access to water is through for instance streams and boreholes, and in many cases people have to pay others for water.

Apart from this, tension also exists between civic and traditional government. It was found that people tend to use both structures for different government functions. Local government in the area is relatively weak, although it is providing services to the community.

Very few child-headed households are found in this community, with the majority of orphans being absorbed into other households. Via the South African government system, abandoned children have access to subsidies. Moreover these communities also have access to labour (from for instance Zimbabwe). Very few children from these communities can afford to attend school due to high expenses, fees and the need to buy them school uniforms.

Why? (objective)

To develop and evaluate an approach to HIV/AIDS that addresses key structural factors driving the epidemic; particularly poverty and gender based inequalities.

As such, micro finance support is important for the economic well-being of these communities. Micro finance also presents significant social benefits to communities in terms of gender relations, empowerment, the move towards improving the status of women within households and communities).

The objective would therefore be to draw attention to the links between development policies and programmes and health outcomes, including HIV/AIDS. Moreover, the objective would also be to use micro finance as both a prevention and a mitigation strategy (double barrel approach). A study in Zimbabwe indicated that the mitigation potential of micro finance is possible, as it ensures that participating households do not drop through the vulnerability line. In terms of using micro finance as a prevention strategy, no evidence exists to indicate that it works, as no studies have yet been done on this relationship. However, a good mitigation strategy should also have a good prevention measure built into it.

What? (type of intervention)

- Poverty focused micro-finance
- Structured over groups of 5 women, solidarity groups;
- Individual income generating projects with mutual guaranteeing of each other's loans;
- Work in a centre of 40 women;
- Meet every two weeks to repay loans and discuss business;
- There is no formal business training – the project leaders trust the women to operate a business successfully. Moreover, the group decides whether a venture is viable or not;
- Mandatory savings are very important (5% has to be saved);
- 95-98% repayment level, making the projects sustainable (Small Enterprise Foundation – SEF);
- Empowerment supports/reinforces loan repayments. Saves money for micro finance organisation as there is little drop out (symbiosis);
- Gender and HIV/AIDS training takes place in two phases. Phase 1: follows a structured curriculum – 10 lectures, focusing on issues of gender and HIV/AIDS. Phase 2: focusing on community mobilisation. Voluntary return of natural leaders to committees to take forward workshops around gender and HIV/AIDS. This is self-driven and issues discussed include: clinic nurses (improving health services), water, rape, engaging men, identify male role models. As the topic indicate, the training is not HIV/AIDS specific, although it is related.

With whom? (partnerships)

The project was conducted between Radar (Rural Aids and the Development Action Research) Department of Wits School of Public Health. Rural Intervention Research Programme – addressing the clinical consequences and social underpinnings of HIV/AIDS, since 1998 in Acornhoek, Bushbuckridge. Also in cooperation with the Small Enterprise Foundation (SEF). Founded 1991 in Tzaneen, Micro Enterprise Initiative modelled off Grameen Bank – has 16 000 active chiefs in Limpopo Province.

Two programmes have been implemented. The one is poverty focused through the community wealth rating, and especially targets vulnerable households which micro finance initiatives often exclude. The multiple interventions ensure that a range of households within a community are targeted. The other is the non-poverty focused whereby individuals are targeted through open participation. However, this excludes vulnerable households. The partnership also includes the South African Department of Health through the TB/HIV Pilot Programme, forming part of a WHO initiative called Protest, with multiple sites through Africa.

How?

- Through micro finance;
- Community ownership: meeting traditional and civic leadership; research officers sourced from the local community, average 25 staff over a couple of years; feeding back results on an ongoing basis and facilitating active participation by them. Have a community advisory board (2 community members) who have been given basic awareness training. Use drama and singing, posters, novels, etc. Feed back information to control sites to keep them positively involved;
- Research process (partnership funding). Engaging with academic institutions to support in provision of resources. Qualitative and quantitative components. Randomised community intervention trial. 5 000 surveys over 3 years. One at base line and one midway through the project. Funding secured over time – responsible for different components.

How much?

- Project in process – not yet completed
- Many studies of similar projects indicate impact, especially around improving livelihoods for people living on the margins.

- There are at least six studies in Southern Africa
- Strengthens the economic coping strategies and safety nets
- Keeps children in schools – shapes household priorities
- These are direct mitigation benefits. However, the project has never really been evaluated around prevention, which is the purpose of a current study.
- Important to focus on elements that should be evaluated (followed up). These include: conceptual framework in Radar Evaluation Monograph, cost-effectiveness evaluation, health indicators (inadequate for HIV/AIDS), and a cost-benefit evaluation that tries to look at diffuse benefits of developmental interventions. These will be measured in a 3 day survey, obtaining triangulated data

Timeline

- 1998-2001 preliminary work – staff employed and trained, fund raising, developing conceptual framework, literature review, upgrading skills and micro finance, developing research tools and piloting, developing intervention (phases) in Alexandra, transferred back to Limpopo. Site: identify partnerships, identify site, needed to be untouched, enough villages have potential for micro finance (informal potential).
- 2001 – baseline study: developing methodology, piloting, intervention – developing a curriculum, 2 months in field, total of 1 500 households, 3 000 youths = 4 500 questionnaires;
- 2002 – data analysis, coding etc.
- Late 2002 clean database (specimen collection).
- 2001 – initial loan (PWR) in community – initial loan went on for a year.
- 2002 – intervention began in 2002 when centre was big enough, first round of questionnaires.
- September 2003 – 2nd round of questionnaires beginning
- September 2004 – repeat baseline, analyse etc.

Group 2: Agriculture Technology

Case study – IFAD/FAO conservation farming study

Where?

Karatu District, Tanzania (IFAD/FAO study on labour saving practices for farming households – focus: conservation farming: soil cover and cover crops)

Who? (target group)

Small farmers with focus on women farmers and vulnerable households; for example Mrs. Florence Pumpkins, a widow living with 3 daughter and 3 sons plus 3 grand children together and cultivating 1 acre of land.

Why? (objective of the study)

- to determine if reduced tillage / conservation agriculture (CA) practices are labour saving (quantitative data analysis)
- to determine the circumstances under which CA is suitable for adoption and sustained use by vulnerable groups without exposing them to too many risks with regard to their own food security and the stability of their livelihoods (qualitative)
- To identify potential barriers which hinder the adoption of labour saving practices such as CA and means to overcome them. (qualitative)

What? (type of intervention)

- Introduction of the utilisation of soil cover for suppressing weeds (to save labour in weeding) and for improving soil fertility plus protecting the soils against erosion. Cover crops in use were *dolichos lab lab* and *mucuna*. Indigenous knowledge on inter-cropping pumpkins with maize was available.
- Additionally a set of no-tillage equipment (hand jab planter, no-tillage DAP planter, knife roller) was introduced by the study.
- Additionally one round of herbicide was applied in some of the fields on the onset of the study.
- For the short rain season (beans) poor vulnerable farmers were selected to participate with seven individual conservation farming plots. Of the seven three were poor FHH; two were medium male farmers and two were male rich farmers. In order to compare the conservation farming system with the traditional farming system ten farmers fields were selected for the traditional farming. Out of these ten five were FHH poor households; four were medium male farmers and one was a wealthy farmer.
- Quantitative labour data for land clearing, land preparation, planting and weeding was recorded (October – February 2003)
- A participatory qualitative assessment of the introduced technology was done in March/April 2003.
- Farmers continued to used the conservation farming approach with inter-cropping cover crops for the long season (maize) in 2003.

With whom?

Ward extension office selected the FHH and poor households with researchers from the Selian Agricultural Research Institute (SARI), Arusha Tanzania. The study receives major funding by the sub-Saharan Africa Division of IFAD; and is supported by the global programme of direct seeding, mulch and conservation agriculture.

Partnerships

The African Conservation Tillage Network (ACT) and the German GTZ have been collaborating with SARI in introducing soil cover and cover crop management prior to the study.

How? (methodology)

- Study supplied beans seeds, herbicides, no-till implement (hand jab planter)
- The first phase of the study (October 02 – February 03) focused on data collection to assess the labour requirements for conservation farming compared to traditional / conventional systems
- The second phase of the study (March/April 03) was assessing if conservation farming is suitable for the adoption and sustained use by vulnerable households without exposing them to too many risks with regard to their own food security and the stability of their livelihoods and to identify potential barriers which hinder the adoption of conservation farming.

How much? (benefits and impact)

- The soil cover has reduced the labour amount for weeding
- The soil cover has also protected the soils against sun and wind. The soil humidity remained and contributed to a very good beans harvest
- Farmers were able to sell parts of their harvest and pay for school fees

- For the long season they have started to convert other plots into conservation farming plots by leaving crop residues on the field.
- The demand for cover crop seeds has risen (*dolicos lab lab*) as farmers have learned about its benefits. It has become a cash crop as middlemen from Kenya are buying it. Hence the introduction of cover crops has resulted in an additional income generating activity.

Time line

Participatory design planning begun September 2002, quantitative survey on labour data was conducted during short rain season (October 2002 – February 2003). Qualitative assessment of technology was done in March/April 2003. Full study report should be available by July 2003.

Gaps in evidence

- The conservation farming plots need to be continuously monitored to assess real impact of soil cover and cover crops on yields and soil fertility
- Labour requirement for inter-cropping cover crops was not recorded as this is done now during long season (ongoing)

How is this different from standard interventions?

- The introduction of cover crops and soil cover implies that farmers accept that their fields look fairly 'untidy' or not nicely clean and weeded. This is contradictory to the standard extension messages. It might result in being singled out as 'lazy' or 'crazy'.
- Technical assistance by research and extension is required to facilitate the acknowledgement of the benefits of soil cover.
- Cover crop seeds multiplication can become an income generating activity for small farmers.
- The cover crops tackle labour peaks plus soil erosion plus soil fertility.
- Cover crop seeds are normally not part of standard input supply emergency projects but should be included together with technical assistance and training.

Enabling factors

- Even the most highly vulnerable families can start leaving soil cover in the field to suppress weeds and protect the soil. In fact, planting directly in to the unprepared soil is a known coping mechanism for poor households with labour shortages. This coping strategy can be turned around into an 'innovative technology'.
- The tentatively better yields make farmers believing in soil cover.
- The farmers who have experienced the benefits of soil cover do not want to switch back to the traditional hand hoe system.

Constraining factors

Uncooperative neighbours and livestock keepers might allow livestock to graze on the field with soil cover

Additional ideas or potential improvements

- Once the idea of soil cover and cover crops is understood the introduction of hand-operated equipment (beyond the hand hoe) for planting through the soil cover should be introduced by extension and research.
- If draught animals are available animal driven no-tillage equipment could be introduced too.

- The interventions should be introduced through the farmer field school approach and go along with awareness campaigns on HIV/AIDS and other topics according to farmers' needs.

Scaling up / scaling out: implications

- Cover crop seeds multiplication and distribution should be arranged at big scale. The agro-forestry approach of tree seedling multiplication could be used and cover crop nurseries could be established.
- Demonstration sites of cover crop utilisation at district capitals close to market centres should be established by extension and research. Mini field days should be conducted.
- Statistics on evidence of labour reduction and yield increase should be published widely.
- Extension staff should be trained in conservation farming approaches and made aware of the benefits of soil cover and cover crops

Summary of Group's Discussion

Options	Affect on labour / energy	Targets	Impact on livelihoods	Barriers	Miscellaneous
<i>Conservation Agriculture – hand hoe farmers (very poor)</i>					
Basin Planting (case: Siavonga, Zambia)	The basins have the purpose of being a water harvesting device; they are made by hand hoe during the dry season before the rains start; this way the labour is spread and shifted to a time where labour is available. The labour amount for making the potholes is similar to digging the field for cultivation. Land preparation Compost, trash or fertiliser is incorporated;	The poorest of the poor are the ones who don't have access to draught animal power (DAP) for land preparation, hence they are the target group for the basin system	More drought resistance due to the water harvesting effect of the basins; hence – higher and more stable yields	Small farmers and vulnerable household members need strong incentive to make the basins if they have not been exposed to the basin system before;	Should not be 'labelled' as system for the poorest of the poor as then not even the poor farmers want to adopt it The basins can be made in portions each year; existing basins can be 'maintained' with little labour requirement
Soil cover, Using crop residues (Karatu, Tanzania)	Soil cover and crop residues which are left on the field suppress weeds – reduce labour demand for weeding	The poorest of the poor sometimes use this approach as a 'coping mechanism'; suppress weeds	Increases water retention capacity of soils and maintains soil moisture, hence helps to improve yields in dry years.	Conflicts with free ranging livestock is a probability; Conflicts with standard extension messages of maintaining a clean seedbed (land preparation) and a clean field during cropping cycle (weeding throughout)	Community leaders should be involved in acknowledging and accepting this way of farming (with soil cover) In garden farming soil cover reduces requirement for watering (irrigation)
Soil cover,	It requires an	Cover crops have	The leguminous do	Conflicts with free	South to South

Options	Affect on labour / energy	Targets	Impact on livelihoods	Barriers	Miscellaneous
Using <i>dolios lab lab</i> and <i>mucuna</i> as cover crops (Karatu / Tanzania)	additional activity to intercrop the cover crop but results in big labour savings by almost eliminating weeding; the cover crops are leguminous crops that fix N, hence natural fertilisation of soil and improving soil fertility happens without additional labour input	been very attractive to vulnerable households; Need technical assistance and training plus assistance in getting access to crops in the beginning	fix N from air in the soils, hence natural fertilisation <i>Dolios lab lab</i> is a cash crop as middle men from Kenya are buying the lab lab bean harvest	grazing livestock but cover crops do produce fodder Availability of cover crops seeds Change of perception of 'dirty fields'	cooperation is encouraged as this system of incorporating various cover crops has been developed by farmers in Brazil
Light weight hand hoes for planting	lighter hoes are less energy demanding;	hand hoes are available but specific lighter hand hoes are sometimes rare			light hoes should be part of emergency interventions together with the standard heavy hoe
Hand Jab Planter (hand tool to plant into soil cover) – is widely in use in Brazil and Paraguay	Reduces labour / energy demand after a period of learning hoe to best use it Requires only one person for planting instead of three (digging hole, planting, closing hoe)	A hand labour tool like the hand hoe is suitable for small farmers. Can be used by women and older children.	Can be produced locally; Is an investment opportunity for local making plus for specialising in being hand jab planter service provider	Cost is approx \$ 10 is currently made in CARMATEC / Arusha or imported from Brazil Repair and maintenance cultural acceptance?	South to South cooperation and technology transfer is encouraged
<i>Conservation Agriculture - Introduce draught animals and DAP technologies to reduce hand labour</i>					
Ripper (another type of tool, is a substitute for the plough) Babati / Tanzania	Done before onset of rains (spreading labour similar to basin system) with 2 animals, cuts furrow rather than soil inversion, faster than ploughing	poorest households don't have access to draught animals but it might be easier for them to find one or two rather than four oxen; it helps people to stabilise	Is available locally as it is adjusted from the mouldboard plough	Difficult to use when too much soil cover and crop residues are on the field Training of oxen required	also available with planter attachment to combine ripping and planting
Knife roller to chop the cover crop for land preparation – eliminates slashing by panga Karatu Tanzania example	only one or two animals required	see above only available in selected pilot sites e.g. Karatu	Time savings allow people to work for others	Accessibility of fodder availability vet care	can be made locally currently only available in pilot sites
No-tillage direct planter	Planting through soil cover, eliminates land	see above	time saving allows farmer to diversify or work for others	Not available locally, expensive	South to South transfer and communication

Options	Affect on labour / energy	Targets	Impact on livelihoods	Barriers	Miscellaneous
Karatu / Tanzania	preparation; two animals instead of four				required (Brazil, Paraguay – Africa)
<i>Livestock</i>					
Restocking of small animals such as rabbits and Guinea Fowl	diversifying livelihoods they can cultivate less	most vulnerable need quick return, especially for orphans, elderly headed households	income generating activities, food source, can act like a savings account to mitigate risks	care of animals, this increases with the size of the animal	options for types of animals e.g. rabbits, Guinea Fowl; chicken, goats
Donkeys	use for transport water harvesting, firewood, marketing	specifically targeted to women farmers as donkeys have relatively low status			are not slaughtered for funerals; are normally not eaten Cows / oxen
<i>Using Less Labour intensive crops</i>					
Cassava Cuttings distribution e.g. Oxfam / Malawi	Cassava is a root crop, can be harvested as required for food,	normally considered a women's crop food crop			
Millet	weeding of millet is labour intensive	protein rich plant, very nutritious	sold to make beer as income generating activity		
Traditionally under utilised crops that are labour saving e.g. Uganda Theta NGO	those crops should be made available if they have labour saving features; should be included in seed banks and see fairs	local indigenous farmers may use locally known seed sources;		must be adapted to local conditions and climates	
<i>Fishing</i>					
Project to provide start up cost for HH to purchase fish that they then dry and sell (and buy more fish to sell...)	Attractive to households with minimal labour e.g. old women plus orphan headed households	grand parent and orphan households	Source of income	Competition to buy fresh fish (context specific)	Any intervention with fishing communities should have a specific programme on HIV/AIDS prevention and mitigation as fishing communities have high HIV prevalence rates

For all: extension support must be consistent

General Principles

1. A package of different types of interventions done at the same time will ensure that different types of people affected by HIV/AIDS can be reached, e.g. New animal technology that uses two cows instead of four for those with some animals still left. A mix of interventions also ensures that people's immediate needs are satisfied while they wait for the benefits of longer-term strategies (e.g. intervention in Siavonga in Zambia).
2. The specific agriculture technology must be appropriate to the agro-climatic environment. It must also be labour saving or spreading, decrease risks, be able to be used by different members of the household (including children) and use less energy.

Issues

- The group didn't discuss land tenure but this is obviously an over-arching issue that must be addressed or at least considered, especially with regard to scaling interventions up or out. Laws and practices to define this are context specific, often related to gender and can affect peoples abilities/desire to make long term investments in their land.
- FAO will try an intervention using basin planting in Lesotho and Zambia in the near future.
- "Farmer to farmer" interactions have worked well as a way of getting farmers to adopt new technologies in many contexts. In Zambia scaling up some conservation farming activities has been successful through extension services.
- It is sometimes difficult to bridge the technical side of organisations/aid work (within agencies and local governments) with the community development aspects. Both are very important. Sometimes agencies have tried to introduce new technologies without paying proper attention to the process, i.e., how they are introduced. Conversely, development approaches need to have something to offer communities in terms of knowledge and/or technology.

Scaling up – success stories

- Farmer to farmer exchange visits
- Mini field days with village leaders – proud of what they do and what they have achieved
- Exposure of policy and decision makers to successful technology adoptions (study tours) – decision makers are informed and know success stories
- Concise information sheets for policy makers
- Networking and knowledge exchange on a regional basis

Way forward

- FAO emergency interventions in Zambia (Lesotho) taken on the basin system conservation farming approach. Change of power
- GTZ supported food security interventions, longer perspective
- ACT playing a key role in providing expertise, information and training in conservation at regional level

Next steps

Proposals for interventions to overcome labour crisis in response to aids

- Documentation of successful stories
- Continued stakeholder interaction
- Second workshop in one year, plus national workshops
- Group to make efforts to collaborate practically in field interventions (backstopping, training, intervention)
- Compile a 'Who is who flyer' of participants or organisations for networking purposes

Group 3: Nutrition and energy

Case Study – Natural Resource Management in Malawi

Where?

Bwanje valley, Malawi

WHO?

- Community based NGO: BERDO (Bwanje environmental rural development organisation)
- Target group: 90 villages, organised in 250 groups, around 3 000 households
- Many of the households affected by HIV/AIDS (baseline data of orphans, widows, etc. available)

Why? (objective)

To improve National Resource Management and people's livelihood – increase food availability, income

What? (type of intervention)

Reforestation, bee keeping, guinea fowl, fruit trees, etc

With whom? (partnerships)

Compass, Oxfam

How? (Methodology)

- Started with 30 villages and then expanded whenever additional needs and funding becomes available
- Started as environmental project due to interest of one of the leaders in the community
- Demand driven, bottom up approach of community action planning, any one can participate, transparent funding arrangement, linking interventions to existing resources
- Technical assistance by Compass – local CBO
- Condition: inputs are not given for free to group members –food security benefits (seeds, guinea fowl, bee) are provided for certain NRM activities done by member (e.g. tree planting, making compost)
- Has to pass benefits on to others

How much? (benefits and impacts)

Food Security Survey carried out in November 2002 during a period of drought when high food scarcity was experienced. The results showed:

- Better food security compared to other areas, people eating at least one meal a day, even selling food
- Clothes were provided to orphans by means of income from activities
- Improved soil fertility is visible
- Exchanged farming practices
- Woodlots, fruit trees

Time line

- NGO registered in 1998
- Community Based Natural Resource Management started in 2000
- Increased funding from Oxfam 2002-2004

Gaps in evidence

- Sample size was only three vulnerable households with orphans, selected at random. Benefits were not quantified
- Gaps in evidence related to mitigation: Not all people joined in. Why? Why are some excluded or why are others not joining? Does it have anything to do with HIV/AIDS? Does it benefit people to go to HIV/AIDS mitigation programs or rather to the beer hall?
- Project did not start as an HIV/AIDS mitigation project. Questions could therefore arise whether the interventions to mitigate the impact of HIV/AIDS were not asked when starting interventions. New shift to HIV/AIDS mitigation activities are included, lack of baseline evidence.
- Gaps in evidence related to general approach: How did it start, what happened before NGO registered, how was social capital mobilised in this case?

How is this project different from standard interventions?

- Community has Ownership as project was started and run by the community
- Demand based and participatory approach
- Holistic approach – cross sectoral
- Flexible – not started as an HIV/AIDS project, but such measures have been developed and introduced, followed a tried and approved approach

Enabling factors

- Household: technical incentive: food, seeds, trees, anyone could take part
- Community level peer pressures result in making sure that the right things are handed out to the right people
- Ownership by the community
- All support was channelled through the community
- Organisational level: early pensioners started out of pension fund with later financial support from outside, active women's group (high powered women group)
- NGO based in the community, trusting relationship, 246 groups pay membership fee (200 MK)
- Policy level: non specific

Constraining factors

- Lack of information on sustainable agriculture, pest management without pesticides
- Potential constraints: leading people (drivers/leaders) might leave
- Cultural factors: jealousy; knowledge and skills not passed on

Additional ideas or potential improvements

- Funding channel should continuously be open, but not too wide. Communities should not be flooded with money, but money should be available if needed
- Linking with other organisations, networking should be supported, exchange visits

Scaling out implications

- Identify CB key people and organisations in further villages
- Provide capacity building on specific topics identified by the community
- Look for potential facilitators
- Organise exchange visits
- Promote networks
- Personal approach – community based, helping individuals to promote project

Group 4: Service delivery

Case Studies: - Conservation agriculture equipment for Bondo (Kenya) farmers; Seed packs and treadle pumps for Mulanje and Thyolo Districts in Malawi

Issues and challenges

- Extension service quality is intensive and has an HIV/AIDS mitigation focus (social extension well established and available)
- Traditional practices that worsen the situation (wife inheritance and loss of draft animals to funerals)
- Appropriate farmer empowerment and entry point (needs assessment, technology, sustainability)
- Multi-sectoral approach and coordination (farmer does not think or act sectorally)
- Linkages from farm to local leadership and nationally to policy level (inclusiveness, bottom up approach)
- Responsiveness, capacity and resilience (home-grown solutions?)
- Role of NGO, private sector and government (proposing forum for all these, to share interventions)
- Urgent issue: communities needed help yesterday!
- Paradigm shift needed (in favour of group approach and social approaches) process replace prescriptive
- Advance concept or position specific to HIV/AIDS
- Not sure whether interventions thus far have brought about behavioural change
- Current system has mostly relied on medial interventions (e.g. the issuing of condoms and drugs)
- How do you close the gaps in knowledge?
- Important: what is different now from the past? How do you reach those who are most disadvantaged this time round? When they are even weaker?

Way forward

- Scenic structure: creating awareness, fostering an understanding of what is happening, and countering vulnerability with resilience
- Identify local issues that need to be discussed and processes, what needed and build interventions on what exists
- Set the scene for a forum between government, NGO and private sector and community
- Build agents of change in extension capacity under new paradigm – more disciplinary extension officers, old skills reinforced and applied anew, farmers and priests as extension agents needed, training the trainer, train those with an eye for opportunistic innovation, entrepreneurs, discover them and use them
- Integrate efforts with health sector and other actors
- Radical and swift action needed: involve affected and infected to discuss issues and express needs and suggestions for actions
- Talk about HIV even at funerals - Malawi
- Take discussions beyond the immediate cause
- Let farmer field schools and other institutions discuss change in traditional practices that curtail intervention action
- Challenged with reality vs. cultural practices
- Build on aspects and find wider determinants of the situations we are in, chance for workable solutions
- Action research has important role – should be applied as widely as possible now
- Build into characteristics and cultural norms of the most vulnerable, gender roles, widows will not plough, need to hire labour
- Those more able can build food banks for sick and destitute
- Church groups and youth groups discuss issues

- Set up community health systems (e.g. Angola)
- Small stock multiplication program – when a goat gets a baby, the latter is passed on to neighbour
- Exploit local resources and use
- Scale up in contiguum, systemic approach, multi-disciplinary and coordination approach
- Correct mistakes of the past in approaches
- Set well-represented policy and planning committee with links to ongoing activities
- Policy development need nationals from within who know strengths and weaknesses
- Equip policy makers with learning by doing

Next steps

- Link roundtable with ongoing discussions - from community to institutions, to policy
- Join efforts elsewhere in the region (SADC, Nepad)
- Be a lobbying group with advocacy pro active agenda
- Aim for convincing, head on action: set tasks and targets of which we can meet later again and gauge progress in front of wider audience
- Add to action-research efforts (need money, write proposals and link with HIV/AIDS positive people)
- Establish conceptual approaches and models to help convince donors that proposed ways are best to follow
- Build a forum/network that will attract others to link and share
- Invitation to another high-level forum [or fora/forums?]to increase number of people involved

Group 5: Linking social protection to development

Discussion notes

Principles	Actions	How
<ul style="list-style-type: none"> - Legitimise current realities, innovations and coping strategies for the poor and chronically ill - Give value to what people are doing 	<ul style="list-style-type: none"> - Strong gender component - Women involved in stigmatising activities – caring for ill people - Give uniforms – identify them as carers in the community - Give awards, social recognition, make it reasonable and publicly legitimate 	<ul style="list-style-type: none"> - Recognise transactional sex as legitimate option
<ul style="list-style-type: none"> - Targeting resources to volunteers, caregivers and facilitators - Support women in new innovations to do what they do 	<ul style="list-style-type: none"> - Home gardens – make sure there is food on the table - Support and strengthen community based voluntary groups - Empower volunteers - Career paths and certification of skills (volunteers) - Give payments of various kinds 	<ul style="list-style-type: none"> - Volunteer forum on behalf of Aids households - Allocate land to volunteer agencies
<ul style="list-style-type: none"> - Working with what is available - Do not create a new situation - Productive enterprises like home gardens, lack of resources, and various ways of [??] obtaining. Use different channels and what is available from local resources 	<ul style="list-style-type: none"> - Look at existing resources in the community. Use in new ways? - Facilitating access of people who need resources to social welfare system, i.e., grandmothers looking after orphans collect pensions, have birth certificate to get state benefits that are available 	<ul style="list-style-type: none"> - Use home care workers to help facilitate households to gain access to available benefits - Using local private/ government agricultural resources to develop home garden projects with carers - Participation and representation on local targeting groups (e.g. food relief) - Equality in access to ARV and drugs for treatment

Principles	Actions	How
		- Participation by rural poor in decision making
<ul style="list-style-type: none"> - Governance, leadership and organisation - Charismatic/gifted person to run with project - Familiar leadership problem – leader is often hard act to follow – often moves on and then not work in the same way - Conflict between principle of tremendous strong leadership and principle of sustainability 	<ul style="list-style-type: none"> - What if no charismatic leader? - What if not work [??] as well after leader has gone? - How build organisational sustainability? 	<ul style="list-style-type: none"> - Foster leadership skills - Find alternative if there is no charismatic leader - Identify, support and work through people with leadership skills

Next steps

- Roundtable meeting where HIV/AIDS mitigation project proposals are presented, reviewed in consultative/planning process and presented for funding to selected donors
- Organise meeting to present new thinking to key donors and aid ministers in rich countries
- Country based discussions with agricultural and rural development practitioners on mitigation issues at local/national level
- Pilot district multi-sectoral processes; district reviews; what is needed in these areas at the time of impact
- MASAF Malawi to mainstream HIV and needs facilitator – get involved with process
- Review national safety net policies; build in scenario planning on changing needs

THE WAY FORWARD: INITIATING AND COMMITTING TO FUTURE ACTION

Working groups focused and discussed 4 main areas on which action plans for the future should be based. These were:

1. Utilisation of current knowledge and/or practice;
2. Coordination (practice, policy, strategy)
3. Research; and
4. HIV/AIDS and the new paradigm for development – funding new innovations (integration of social protection and development)

The last section of the report summarises the results of this discussion

Utilisation of current knowledge and/or practice

What?	Who?	Where?	When?	How?
Write up case studies to share	Oxfam, SC-US, GTZ, FAO, etc. Local level, evaluation, coordination at SARN, website FAO, Oxfam Links	Various countries Oxfam 6 case studies by December 2003 from Malawi, Zambia and South Africa	Continuous	<ul style="list-style-type: none"> - Use Oxfam model used during this workshop. - Case studies to be used for workshops, training, publication
<ul style="list-style-type: none"> - Train “agents of change” (extension) of new paradigms - Utilise “farmer field schools” etc. - Identify local issues and build on what exists 	Mike Connolly and Craig Castro. Service orientation, write concept note to donors NGOs, public sector	SADC, Comesa countries and organisations within these regions	End of 2003 6 month project proposals	<ul style="list-style-type: none"> - Orientation of managers - Develop programmes and projects - Pre-service and in-service training and re-orientation - Curricula development and development of material
<ul style="list-style-type: none"> - Pilot processes at the district level - Generate multi-level responses to engage structural issues for lesson learning 	District committees, NGOs, Public service, agriculture and health	<ul style="list-style-type: none"> - Extend and harmonise - GTZ -Zambia, Malawi - FAO - Kenya, Tanzania - SC-US Malawi and Uganda - Oxfam – Angola and Malawi 	Next 12-18 months	Public service and stakeholder platforms Capture lessons from GTZ, FAO Develop operational frameworks for district service coordination and provision Capacity building for the new arrangements
Country based dialogue with agricultural or rural practitioners – new strategies on all levels	Human resource development managers Ministry of agriculture/public sector departments Health departments with donor support	National, provincial and district level in various countries	ongoing	Short orientation workshops for policy makers, service providers and practitioners Human resources managers of departments should be involved
Networking with local partners who are doing successful projects	Oxfam International workshop – November 2003, will distribute process information, case studies ACT Renewal Extended roundtable	<ul style="list-style-type: none"> - 2nd workshop in one year ? - See about having a national workshop/follow up meeting with a more field-based audience 	ongoing	

Coordination – practice, policy, and strategy

What?	How?	Who?
Coordinated advocacy and strategy	Mainstreaming HIV/AIDS in agricultural policy in South Africa.	Support from HSRC and UNDP/UNOPS
Link roundtable results to existing policy processes (all levels)	<ul style="list-style-type: none"> - Feeding roundtable discussion back into organisations - Dissemination of results and the report - HIV/AIDS information/training in existing training 	All Act Secretariat
Push partnerships with other sectors like agriculture, health, and finance and between agencies.	<ul style="list-style-type: none"> - Focus next workshop, in one year's time, on this topic (case studies, invite health) - Multi-sectoral workshops/meetings on country, regional, district level to bring different sectors together, e.g., Oxfam working with GTZ to provide training in health and nutrition. 	<ul style="list-style-type: none"> - Workshop committee (Oxfam, HSRC, SC-US, SC-UK and GTZ. - Participants at next year's workshop should come from different sectors
Policy links: local, regional, and national	Facilitation of information flow from district level up to national level, from projects, experiences and lessons learned	All agencies
Continued thematic collaboration from this group to a wider audience, e.g. see SARNP website.	<ul style="list-style-type: none"> - Create specific thematic lists for people interested in specific topics - Having specific outputs - Discussion groups - Sharing information experience and lessons learned from all and making this accessible to a wider group of people 	Led by workshop committee
Who is who networking and information – name organisations and projects	Short summary on all HIV/AIDS activities of different organisations and specific projects on HIV/AIDS mitigation	Workshop committee
Join efforts with SADC, FANRPAN, Nepad	<ul style="list-style-type: none"> - Establish a relationship to find out more specifically what do they do and what is their approach to concepts - Develop policy briefs from this workshop 	GTZ, SARNP

Specific Agency Activities related to the workshop

Who?	What are they doing?
Paul Pronyk, University of Witwatersrand	Models for research in using micro finance to mitigate impact
Martin Bwalya (Zim)	Linking conservation agriculture with HIV aids mitigation, looking for improved technologies for farmers
FAO	Agricultural engineering labour saving devices in Tanzania, Kenya. Relevance to HIV aids and benefits from those most vulnerable
Save the Children UK	Investigation on the impact of food security and HIV/AIDS – linked projects in Lesotho and perhaps other countries.
GTZ and MRDP in Mpumalanga	<ul style="list-style-type: none"> - Baseline surveys of parent support systems in province - Linking government departments - Looking for partners in food security programmes - Mainstreaming HIV/AIDS prevention & mitigation in all government departments
Cabi Bioscience	<ul style="list-style-type: none"> - Manual on positive living - With Oxfam and Malawi government, work with 10 CBOs in Malawi, mainstreaming HIV in programmes - List of participatory training resources
Michael Loevinsohn	Sourcing funding for action research

Conclusions

There is a need for:

- High-level advocacy: Stephen Lewis meeting in Rome (Kofi Annan representative to HIV/AIDS in Africa); individually. Not sure about message to be advocated;
- Pilot programmes (prepare, finance and run): action research, but not only observing scientifically, but also this will be beneficial. Be sure that it works, try out in pilot project;
- Concept note for mobile rural development task force: to facilitate access to Global Fund and other resources; to build capacity and facilitate exchange of ideas between countries. Money is available. Will be channelled through national government and social structures. Can be assisted to make good proposals to this fund which will also move towards social protection and development integration. Help to access funds. Should flood money to all kinds of sectors – ministries are not always good at drawing up proposals and getting access to funds. Once proposals are written and has been successful, distribute between organisations to indicate how proposals should look like in order to have access to funds

Lessons Learned

- There is a high level of interest in the issues
- Not many people attending the workshop had field-based experience, those people need to be engaged.
- There is not a lot of evidence of successful interventions, this is due in part to the fact that many projects are not well documented or rigorously evaluated.
- Something that wasn't discussed at the workshop but that is important is work-place policies with regard to HIV/AIDS. Our staff must know how to protect themselves.