



CONFERENCE REPORT



From research to action: mitigating the impacts of HIV/AIDS on agriculture and food security in West Africa

PLM ALEDJO HOTEL, COTONOU BENIN

1-4 October, 2007

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Acronyms

AIDS	Acquired immune deficiency syndrome
AFRISTAT	Observatoire économique et statistique d'Afrique subsaharienne
AGR	Activités génératrices de revenus
AJPE	Association des jeunes pour l'environnement
AMPATH	Academic Model for the Prevention and Treatment of HIV
ANEHA	African Network for HIV/AIDS and Agriculture
ART	Antiretroviral Treatment
ARV	Antiretroviral
CABI	Commonwealth Agricultural Bureau - International
CGIAR	Consultative Group for International Agriculture Research
CIAT-TSBF	Tropical Soil fertility and biology institute of CIAT
CIDA	Canadian International Development Agency
CIP	International Center for Potatoes
CNLS	Comite National de lutte contre le SIDA
CRNA	Centre national de recherche agronomique
CTA	Technical Center for Agricultural and Rural Cooperation ACP-UE
DIAL	Développement, institutions et analyses de long terme
EPMR	External Program and Management Review
FANRPAN	Food, Agriculture and Natural Resources Policy Analysis Network
FAO	United Nations Food and Agriculture organization
FGD	Focus Group Discussion
HIV	Human immunodeficiency virus
ICRISAT	International crop research institute for the semi-arid tropics
IDRC	International Development Research Center
IEC	Information Education & communication
IFAD	International Fund for Agricultural Development
IFAD-ONG	Institut de formation et d'actions pour le développement des initiatives communautaires durables
IFDC	International Fertilizer Development Center
IFPRI	International Food Policy Research Institute
IITA	International Institute of Tropical Agriculture
INIPSA	Impact Du Soutien Nutritionnel Intégré Pour Les Patients Sous Traitement Antirétroviral
IRAG	Institut de recherches agricoles de la Guinée
IRD	Institut de Recherche et Développement
ITRA	Institut togolais de recherche agronomique

KfW	Kreditanstalt für Wiederaufbau
M&E	Monitoring and Evaluation
MdM	Médecin du Monde
MOFA	Ministry of food and agriculture
NASFAM	National Smallholder Farmers' Association of Malawi
NEPAD	New Partnership for African development
NGOs	Non governmental organizations
OVC	Orphans and vulnerable children
PIVA	Projet Intégré VIH Ahémé
PLWHA	People living with HIV/AIDS
PRA	Participatory Rural Appraisal
PSI	People Service International
QPM	Quality Protein Maize
RRA	Rapid Rural appraisal
REFILLS	Repositioning Research – Extension – Farmer-Inputs Linkage System
RENEWAL	Regional Network on AIDS, Livelihoods and Food Security
SSA	Sub Saharan Africa
SWIHA	Systemwide Initiative on HIV/AIDS and Agriculture
UN	United Nations
UNAIDS	The joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children Funds
WB	World Bank
WECARD/CORAF	West and Central African Council for Agricultural Research and Development
WFP/PAM	World Food Program/Programme alimentaire mondial

CONFERENCE REPORT

From research to action: Mitigating the impacts of HIV/AIDS on agriculture and food security in West Africa

**PLM ALEDJO HOTEL,
COTONOU BENIN**
1-4 October, 2007

Introduction

As the largest employer in Africa, agriculture is particularly affected by the HIV/AIDS pandemic. In West Africa, the statistics on HIV prevalence do not reflect the true picture because the available statistics underestimate the prevalence, while some countries are increasingly being affected by the pandemic.

The interrelationships between HIV/AIDS, agriculture, nutrition and food security are complex and the potential impacts of this growing crisis for West Africa's rural households and communities are serious. HIV/AIDS has several serious agriculture-related impacts, including the loss of family labor for production and resource management, loss of livelihoods, assets, and local ecological knowledge, and the adoption of increasingly unsustainable coping strategies and technologies. These devastating consequences highlight the grim reality of the pandemic as a development challenge, and underscore the urgent need for strategic action. The linkages and relationships among the community of actors in HIV/AIDS mitigation, including community-based implementing organizations, policy

makers, funding agencies and research institutions have not generally been strongly accentuated in development practice. Highlighting such linkages will foster collaborative learning and enhance the incorporation of such learning in the design and delivery of future programs.

In West Africa in particular, there is very little empirical knowledge on the particular needs of HIV/AIDS-affected households, especially with regards to agricultural and nutritional maintenance and improvements. A further issue which emerges in the field is the practical difficulty of implementing training, outreach and agricultural extension work with often illiterate, elderly people.

Across Africa, many innovative projects and models responding to these challenges are being implemented to mitigate the effects of HIV/AIDS. Experiences that have been gained provide a rich opportunity for learning and exchange among the practitioner and research community in West Africa. These in turn can usefully inform and guide new programs and policies at various levels.

This conference was organized to provide a platform for exchange, sharing of knowledge and learning about best practices/technologies for mitigating the agricultural, food security and nutritional impacts of HIV/AIDS on rural communities in West Africa.

The conference was attended by 128 participants from National and International research and development organizations, Non-governmental organizations, Universities and Youth Associations (List of participants appended).

Day 1: October 1, 2007

Opening session

Chair: Dr Shellemiah O. Keya

Rapporteurs: Florent Kinkingninhoun and Charles Lagu

Welcome address – Shellemiah Keya (Assistant Director General, Research & Development, WARDA)

The session started at 0940 h with Dr. Shellemiah Keya, WARDA's Assistant Director General (Research and Development) and chairman of the session, welcoming all participants. This was followed by a short play on the linkage between HIV/AIDS and agriculture.

In his welcome address, Dr. Keya thanked the participants for coming and the donors and institutions that funded this important conference. He explained what SWIHA stood for and listed the institutions that have funded its activities. According to him, agriculture is an important activity for Africa, engaging around 70 % of the population who live in rural areas. HIV/AIDS is gaining more importance in these areas and causing a decline in agricultural labor, thereby adversely affecting agricultural production and food security. There is therefore an urgent need to bring all researchers together to consider how to mitigate the impacts of HIV/AIDS. Hence the timeliness and importance of this conference entitled: "From research to action: Mitigating the impact of HIV/AIDS on agriculture and food security in West Africa". He enumerated the objectives of the conference as follows:

- Enhance learning and information sharing between program implementers on best practices/technologies and lessons learned through presentations, workshops and site visits.
- Build and strengthen partnerships for continued learning and research.
- Identify ways of improving collaboration among a wide array of entities (projects, governments, non-for-profit organizations, donor and private sector agencies) as a sustainable strategy to address the food and nutrition requirements of people infected with, and communities affected by HIV/AIDS.
- Explore ways to provide short term relief and map out strategies for scaling up promising pilot projects on HIV/AIDS, agriculture, food security and nutrition.
- Bring together policy makers and people with practical experience in scaling up these experiences.
- Launch a capacity building effort in collaboration with partners in SSA.

He further listed the expected outcomes of the conference as follows:

- Stronger and effective networks for research and action for HIV/AIDS mitigation
- Detailed priorities for research and action agenda
- A framework for action
- A portfolio of creative strategies and practices in agricultural systems for prevention, care and mitigation
- Strategies for joint fund-raising
- Capacity building strategy



Dr. S. Keya presenting his welcome address

Dr. Keya expressed the hope that the presentations, the working group discussions, field visit and other activities of this conference and the recommendations would help us to address the objectives of the conference: to put in place a strong research network in Africa in order to mitigate the impact of this disease on agricultural production and food security.

He concluded by announcing the composition of a panel of eminent persons who would capture the main issues and recommendations emanating from the conference:

- Dr Adama Traore / Board member
- Dr Sam Page / CABI
- Dr Judith Kimiywe / University of Kenya
- Dr Jane Alumira / consultant
- Dr Coulibaly Ousmane / IITA
- Dr Aliou Diagne / WARDA
- Dr John Woodend / CTA
- Mr. Saeed Bancie / Heifer International
- Dr Ajayi Olupomi (WARDA)
- Dr Diana Tempelman (FAO)

Opening Speech – Roger Dovonou, Minister of Agriculture, Livestock and Fisheries, Benin

In his opening speech, His Excellency, M. Roger Dovonou, Minister of Agriculture, Livestock and Fishery, Benin, thanked the CGIAR and all the donors for choosing Benin to host this conference. He reaffirmed Benin’s preparedness to collaborate with partners in the fight against HIV/AIDS that is increasingly adversely affecting rural areas and economic development. According to him, 85% of deaths caused by HIV/AIDS occur in Sub-Saharan Africa; the disease affects 25% of Africa’s labor, significantly reduces agricultural labor, affects the transfer of agricultural knowledge and skills and leads to a decrease in agricultural production and food security. HIV/AIDS increases the medical expenses of affected households thereby seriously lowering their livelihood. There were 87,000 infected persons in Benin in 2005. He posed the following question “If 25% of agricultural labor is infected and another 25% takes care of them, what will happen to our agriculture, food security and economy?” He explained further that HIV/AIDS is not only a health problem, but also a development problem as regards its impacts.



Beninese Minister of Agriculture making his opening speech

He expressed appreciation for African governments that provide anti-retroviral drugs for infected persons and encouraged them to emphasize the fight against HIV/AIDS in their agricultural development policies. The Minister observed that this conference provided

an opportunity for the exchange and sharing of knowledge, practices and technologies that can help to mitigate the impact of HIV/AIDS on agriculture, food and nutritional security of rural communities in Africa. Before officially declaring the conference open, the Minister expressed his wish that all the issues on the conference agenda are deeply discussed to provide strong and sustainable solutions for African agriculture and for the development of African countries.

SWIHA from 2005 Workshop to 2007 Conference: Highlights - Afiavi Rita Agboh-Noameshie (SWIHA Coordinator)

SWIHA is an initiative of the CGIAR Centers. Its **Goal** is to enhance the capacity of people to manage their agro-ecosystems in a sustainable fashion and improve their agriculture-based livelihood in the face of HIV/AIDS. The **Purpose** of SWIHA is to utilize the resources of the CGIAR Centers, in cooperation with other institutions, to contribute towards mitigating and preventing the spread and negative impact of HIV/AIDS on food security, natural resource base, poverty and human suffering. SWIHA is convened by WARDA.

2005 Workshop

Objectives

The objectives of the 2005 workshop were to:

- Assess interactions between HIV/AIDS, agriculture, nutrition and food security;
- Bring together professionals from all sectors to share experiences on what works and what does not in HIV/AIDS management;

- Compare lessons learned from Eastern and Southern Africa and their transferability to Western and Central Africa;
- Forge partnerships with national and international institutions involved in HIV/AIDS, agriculture, food security and nutrition;
- Develop a framework of proposals for fund raising.

Main sessions

- Interactions between HIV/AIDS, nutrition and agriculture.
- Research experiences and actions to reduce the impact of HIV/AIDS on agriculture.
- Politics and achievements at national and regional levels.
- Working groups.

Deliberations from working groups

- HIV/AIDS, a major public health concern in SSA.
- A threat to already fragile economies / agriculture.
- Over 25.4 million living with HIV/AIDS in SSA.
- 60% are women and girls.

Issues/concerns raised

- Agriculture and food security as the entry points for increasing resilience and creating awareness.
- Negative impacts of HIV/AIDS on agriculture and food security include:
 - decrease in agricultural labor and cultivated areas /productivity
 - decrease in livestock production
 - decrease in available food stocks in quantity / quality
 - utilization of savings and livestock for care and funerals
 - increase in food insecurity, malnutrition and poverty

- modification of the structure of household composition

Responses

- Study and define the contribution of agricultural research in controlling the effect of HIV/AIDS on agriculture.
- Integrate treatments and prevention of HIV/AIDS in agricultural programs.
- Integrate a communication strategy aiming at the prevention and education of agricultural service staff and farming households.
- Encourage the multi-sectoral approach of HIV/AIDS mitigation by strengthening linkages.
- Introduce and popularize high nutritional value crop varieties to improve food for people living with AIDS.
- Favor participatory approach in all forms of interventions with particular stress on gender.
- Develop partnership between public / private sector and NGOs.
- Sustain the dynamism created by the workshop by forming a network to fight against HIV/AIDS in Africa - Africa Network on HIV/AIDS and Agriculture (ANEHA) *to serve as an effective collaboration mechanism to implement the activities identified at the workshop, through mitigating the effects of HIV/AIDS on farming communities across SSA.*
- WARDA was asked to host the network.

Post-workshop activities and achievements

- The workshop drew the attention of the following partners:
- Canada fund for Africa
- IFAD
- CABI

- CTA, CIDA, KFW/PSI-Benin, IDRC
- FAO, Heifer International, CG Centers, NGOs, Academy of educational development, Concern Universal, Concern Worldwide, SFLP, MTN Cameroon, MdM-Benin, IFDC

Activities conducted / ongoing

- Impact of HIV/AIDS on rural livelihood in West Africa.
- Impact of rural agro-industrial enterprises on household vulnerability to HIV/AIDS.
- Mainstreaming the linkages between HIV/AIDS and rural poverty in West and Central Africa.
- HIV/AIDS and agriculture information system.

We have been able to move but not as much and as fast as desired. We need more hands and more resources to fight the good fight for the good of humanity.

2007 Conference - From Research to Action: Mitigating the impact of HIV/AIDS on agriculture and food security in West Africa

Purpose

To provide a platform for exchange, sharing of knowledge and learning about best practices / technologies for mitigating the agricultural, food security and nutritional impacts of HIV/AIDS on rural communities in Africa.

Expected outcomes

- Strengthen network for research and action for HIV/AIDS mitigation.
- Elaborate and prioritize research and action agenda.
- Elaborate a portfolio of creative strategies and practices in agricultural systems for

- prevention, care and mitigation against HIV/AIDS.
- Develop strategies for joint fund raising for research / development and capacity building activities.

Sessions

There are four sessions as follows:

- Regional challenges and responses of research to HIV/AIDS mitigation.
- Best practices / successful strategies in mitigation of HIV/AIDS impact on agriculture and food security.
- Programs that have been scaled up and lessons learnt.
- Policies and trans-African perspectives.
- A site visit for easy-to-use activities.

Session 1: Regional challenges and responses of research to HIV/AIDS mitigation.

Chair: Judith Kimiywe

Rapporteurs: Brice Gbaguidi, Abo Emmanuel & Adetonah Sounkoura

Topic 1: Key note address: HIV/AIDS and the food crisis in sub-Saharan Africa: Role of the agricultural sector (Diana Tempelman, FAO-Ghana)

The role of agriculture in HIV/AIDS prevention and mitigation, FAO's interventions in the domain of agricultural and HIV/AIDS, and the interface for agricultural research and development agencies in Africa was discussed.

Dr. Tempelman said that about 69% of the population of the most affected countries lives in rural areas. Economic

sectors with high mobility (agriculture, mining) are at greater risk of HIV infection. Traditional practices contributing to HIV infection are more prevalent in rural areas. AIDS-affected urban dwellers often return to rural areas during the last stages of their lives.

What is the role of agriculture in HIV/AIDS?

The most important role of agriculture is to ensure food security. Food security contributes to the prevention of HIV/AIDS, supports treatment of AIDS patients, avoids the sale of assets to obtain food or sex in exchange of food, and safeguards rural livelihoods.

Forces driving HIV in rural areas are poverty, mobility, poor infrastructure, gender inequalities, and urban dwellers affected by HIV/AIDS returning to family homesteads.

FAO intervenes at the macro and meso levels through: mainstreaming HIV/AIDS (like the international advocacy on the linkage between agriculture and HIV/AIDS), agriculture and food security policy, rural institutions and services, early warning systems and emergency responses.

At the community level, FAO strengthens local response (like the recording and sharing local knowledge and agro-biodiversity), developing vocational and life skills for orphans and vulnerable children, and the strengthening community and natural resource-based safety nets.

At the household and individual levels, FAO enhances the resilience of agricultural and rural livelihood systems, such as securing and improving asset base, improving nutrition, and adapting livelihood systems (e.g. labour saving technologies and practices).

The following are socio-economic issues requiring further research, are examples where joint action research with FAO and other partners would be very welcome:

Broad Research Issues - Increasing the benefits of agricultural production, minimising harm to humans and the agricultural ecosystem, and reinforcing links between agriculture, nutrition and health.

Specific Research Issues - FAO focuses on nutritious and easy to digest food, low labor requirements, flexible labor calendar, short production cycle, good storage capacity, crops that are easy to process into food, effect of promotion of small livestock production on nutrition and income, effect of promotion of aquaculture on nutrition and income generation, and vulnerability of fisher folk.

Socio economic issues: Relations between HIV/AIDS and poverty, effect of HIV/AIDS education on prevention, workable solutions to behavioral change, women's empowerment, infection and mitigation, what influences communities' resilience and impact mortality patterns, and effect of aging population on the availability of labor.

Topic 2: Impact Evaluation of a Nutrition Intervention within a Comprehensive ART Care Package 2005-2008 (Philippe Bocquier, DIAL/IRD AFRISTAT, Mali)

The overall objective of this study was to evaluate the impact of a nutrition intervention within a comprehensive

ART Care Package for three years. This report presented the preliminary study, the intervention methods, the impact and the dissemination and scaling up.

The main activity in the preliminary study was the collection of data on patients under ART, the assessment of the socio economic, medical and nutritional status of a sample of patients and the identification of local components of ART care.

Dr. Bocquier talked about integrating the nutritional component within comprehensive ART care packages, which include nutrition, education on balanced diets, and better management of symptoms; food assistance and socio economic reintegration support, such as micro credit. Sample size for the study was a minimum cohort size of 350 patients for INIPSA and 350 for the control group (hope for 900 patients). Data collection involved medical check-up at M0 (ESOPE), medical and nutritional follow-up at Mx, socio-economic survey at Mx, and health-related quality of life at Mx.

The expected outputs are the public health services, the national scale and the rigorous impact evaluation.

Main challenges are:

- Timing: reactants and ART availability ,
- Many partners involved, with different objectives and organisational culture,
- Not the same funding sources for intervention and for scientific evaluation



Topic 3: HIV/AIDS and its impact on the agricultural sector: a case study in the Brong Ahafo Region of Ghana (Felix Kenya, MOFA-Ghana)

The main objective of this study is to determine the impact of HIV/AIDS on the agricultural sector in Ghana. The specific objectives were to gain a greater insight into the knowledge, attitude, practices and beliefs (KABP) of agricultural officers and farmers with regard to HIV and AIDS and the impact of the AIDS epidemic on agricultural production and food security. Ninety farmers (40 men and 50 women) were selected. Data were collected from farmers and agricultural officers using scheduled interviews, questionnaire and checklists.

Key research findings showed that individually interviewed farmers had heard about HIV and AIDS, and are well informed about modes of HIV transmission.

Results have also shown that most farmers believed that there was no stigmatization on HIV-infected people in their communities. Agricultural Officers and farmers had not changed their behavior and there is continuous risk of HIV spreading within farming communities.

Actions proposed by farmers to reduce spread of HIV and AIDS are:

- encourage mothers to prevent their daughters from travelling to big cities and neighboring countries;
- reduce the use of alcoholic beverages during funerals and other festivities;
- stop practices that encourage sexual activities (such as the wearing of sexy clothing and the showing of pornographic movies);
- compel doctors to disclose the status of HIV-infected community members so that the non-infected can better protect themselves from becoming infected;
- detain all community members who test HIV-positive.

The main recommendations from this study were:

- HIV/AIDS programs need to be linked to poverty reduction and socio-economic development programs;
- HIV/AIDS workplace programs should strongly focus on attitudinal and behavioral changes among agricultural officers to avoid risky practices, and should promote HIV testing among its staff;
- Agricultural officers need to collaborate more with other stakeholders working in the field of HIV/AIDS mitigation in the farming communities for more efficient use of resources.
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Topic 4: Approche méthodologique d'évaluation économique des effets du VIH/SIDA sur les ménages agricoles: Cas du Bénin. (W. Allogni, Institut International d'Agriculture Tropicale /IITA-Bénin).

This paper, developed by a team from IITA, is a tool developed to help people involved in HIV and AIDS programs in effective economical assessment of strategies and impact. Most of the time, the impact assessment of costs is limited to direct costs. The indirect costs are also important and have to be evaluated. According to the presentation, the direct costs include yield loss, medicine/drugs, hospital, transport costs, etc., while the indirect or opportunity costs consist of costs related to care givers, invalid period of ill persons, the buildings, the gifts etc. The costs of HIV and AIDS interventions have to be assessed at different levels, such as individual, household, community, local and national. Some matrices were also proposed for capturing most of the direct and indirect costs. Finally, for a better assessment of direct and indirect costs of HIV and AIDS, the authors proposed the adaptation of the matrices to each circumstance and the development of an effective data collection system.

Topic 5: Developing, Monitoring and Evaluation System for Measuring the Effectiveness of HIV and AIDS Interventions: Challenges and opportunities (Tumwine Jackson, University of Uganda)

The purpose of the paper is to examine general patterns of the impact of HIV and AIDS on rural livelihood assets, with the purpose of developing a set of indicators to measure these impacts. The paper further discusses issues of

methodological and theoretical frameworks that could be used in designing monitoring and evaluation frameworks /systems. The presentation also presents tools and methods that could be used for effective monitoring and evaluation of HIV and AIDS mitigation programs and actions. The presentation also goes through different periods of HIV and AIDS evolution (from prevention to orphans and widows stages) which need specific attention and intervention. At the end, the authors make some suggestions for successful scaling up of innovations (mitigation strategies) in HIV and AIDS-affected households.

Topic 6: Impact of HIV/AIDS on the Livestock Farming Communities of Uganda: Case Studies of Moyo And Kashumba Subcounties (Charles Lagu, National Agricultural Research Organization, Mbarara Zonal Agricultural Research Development Institute (ZARDI))

The main objective of the study is to determine the impact of HIV/AIDS on the livestock farming communities in Uganda. The specific objectives include:

- i. The establishment of the impact of HIV/AIDS on labor for livestock production;
- ii. The investigation of the impact of HIV/AIDS on decision making for livestock production in order to determine the impact of HIV/AIDS on grazing and watering time;
- iii. Establish the impact of HIV/AIDS on food.

The authors also tried to describe the livestock farming practices that might aggravate the effects of HIV/AIDS and to find out household coping strategies

of those affected by HIV/AIDS in a participatory manner.

The results of the study showed that there was statistically significant impact of HIV and AIDS on household income, on decision making and on the grazing and watering time in Moyo and Kashumba. The animal source foods were generally reduced in the households affected by the HIV/AIDS epidemic. The impact of HIV/AIDS on livestock production included selling of animals to meet treatment costs, time wasting and loss of labor, lack of care for animals, increased risks of losing assets, high drop out rates of children from schools, etc. The presentation also indicated that the affected households developed coping strategies which included labor-related, income and expenditure, nutrition and food and community responses. The study shows linkages between livelihoods and poverty and their relationships with vulnerability to HIV/AIDS. As recommendations, the lecturers indicated the need for the agriculture and livestock sectors in particular to plan ahead and work towards mitigating HIV infection and AIDS. The study also revealed that livestock practices aggravate the effects of HIV/AIDS such as the vigor of herding, leading to exhaustion, inhaling toxic substances during spaying, consumption of livestock with drug residues, etc.

The study recommended that the livestock sector should plan ahead and social cohesion should be strengthened. Nutritional education should be directed to vulnerable groups. Also, agricultural institutions should mainstream HIV/AIDS into all their activities. The masses should be extensively sensitized.

Topic 7: Impact of HIV and AIDS on Inter- And Intra-Generational Information and Knowledge Flows among Smallholder Farmers in Malawi (Jane D. Alumira, ICRISAT)

The paper presents how HIV and AIDS are likely to impact on seed information and knowledge transfer. It is an analysis of the impacts of HIV/AIDS on knowledge and information flows pertaining to seed in smallholder farming communities in Malawi. Seed knowledge is traditionally transmitted by information flows both between (inter) and within (intra) generations. But because of HIV/AIDS, most of the time, the knowledge is transferred from grandparent to children. With the advent of HIV/AIDS, young adults are likely to start their independent lives away from parents before they acquire sufficient knowledge on seed and husbandry practices. The authors showed how information flow helps to develop resilience in situations of impacts of HIV/AIDS, particularly when traditional pathways are threatened.

They recommended strengthening dialogue between local knowledge, modern technologies and agricultural services so as to improve food security in areas affected by HIV and AIDS. Longitudinal studies such as monitoring of infected households to discuss changes that increase resilience should be undertaken in order to form policy.

Topic 8: Regional Challenges on Childhood HIV/AIDS in Nigeria: Clinical, Laboratory and Educational Strategies (Olasheinde-Williams, Olabisi, Department of Arts and Social Sciences Education, Faculty of

Education, University of Ilorin, Ilorin, Nigeria)

The study was conducted in Oloru community in Kwara state of Nigeria. The research problems were the near absence of documented strategies on nutrition and HIV/AIDS prevention and the limited access of rural communities to HIV/AIDS sensitization. The objectives of the study were to elicit baseline information on participants' HIV/AIDS knowledge and feeding practices and to boost their knowledge on nutritional aspects of HIV/AIDS. The study examined the clinical, laboratory and educational strategies for regional challenges on childhood HIV/AIDS in Nigeria with reference to poverty, nutrition, manpower and productivity. During the study, the knowledge of participants (students and parents) knowledge on the transmission, prevention and treatment of HIV was assessed. The study revealed that the knowledge of the two groups was good, but the students were more informed than their parents. It was also apparent that, due to poverty, ignorance and low educational status of the parents, the children were not fed with the agricultural produce and nutrition needed to improve their immunity. Consequently, carbohydrate predominated in their food in spite of the availability of a variety of food crops required for a balanced diet. The target population was characterized according to findings on unprotected sex activities, multiple sex partners and parent-child communication. The presenter concluded by proposing that HIV/AIDS prevention can be enhanced through HIV/AIDS and nutritional education. He also suggested mainstreaming of Sexuality Education and Life Skills training into secondary school curriculum and more aggressive promotion of public enlightenment

campaigns in rural communities can lead to better management of HIV/AIDS prevention and mitigation.

Topic 9: Nutritional support to households impacted by HIV/AIDS in Benin – A World Food Program pilot project. (Guy Onambele, WFP-Benin)

There are 87,000 HIV/AIDS-affected persons in Benin, with a prevalence rate of 2%. There are 48 sites of ART with 8,420 candidates. The main objective of this World Food Program WFP) project is to contribute to improvement of the nutritional and health status of persons living with HIV/AIDS (PLWHA), the orphans and vulnerable children in order to improve the effectiveness of ART. The project also contributes to the improvement of food security, knowledge, attitudes and practices linked to HIV/AIDS and nutrition of HIV/AIDS-affected households. The project started in June 2006 and covers 29 ART sites, 30,000 persons comprising 60% women.

About 3,700 tonnes of food will be distributed during the project life (two years). The criteria for selecting participants included being HIV-positive and using ART (for adults) and being HIV-positive or having a parent using ART (for children). After 6 or 9 months, the adults are removed from the project while the children are retained for 24 months. The indicators for evaluating the performance of the project at the end include the percentage of PLWHA and children involved, the quantity of food distributed, the percentage of PLWHA that go back to their normal activities, and the percentage of PLWHA who no longer need food assistance. The mean monthly revenue of households in the study area was 34,643 FCFA, 46.% of which was spent on food consumption. Only 9.5% of PLWHA had access to

credit. The first phase of the project might show an improvement in the nutritional status and treatment adherence in PLWHA's. However, the field work is facing some constraints and risks, including stigmatization, dependency of participants on external food supply, low involvement of communities in the project, and the lack of a directory on infected and affected children.

QUESTIONS AND ANSWERS

Questions for Diana Tempelman

Question 1: Is there a need to create a new UN organization to cover all those working on HIV/AIDS prevention-mitigation in the agricultural sector?

Question 2: I would like to learn from this workshop if FAO or any other organization has carried out or supported work on successful agricultural sector responses in preventing and mitigating the impact of HIV/AIDS. Under what conditions and what needs to be scaled up?

Question 3: Pauvreté est une des principales causes du SIDA: pourquoi ne pas attaquer clairement la pauvreté?

Est-ce que solutionner SIDA règle le problème de la pauvreté ?

Question 4: Devant la nouvelle donne du VIH/AIDS en milieu rural, que fait l'ONU pour une synergie des organes (FAO, PAM, OMS, UNESCO, ONUSIDA) pour une lutte concertée en vue d'une réduction de l'impact de la pandémie sur l'agriculture et la sécurité alimentaire.

Answer: It is not necessary to have another UN organisation, since FAO works with WFP in its food feeding program, with FAO providing agricultural inputs for agricultural

development. FAO collaborated with WHO on the nutrition manual, and with UNICEF on general Farmers Field Schools. Each UN agency should exploit its area of expertise to mitigate the impact of HIV/AIDS. For example, FAO introducing labor-saving techniques, like conservation agriculture and cover crops which reduce the time needed for weeding and enhances soil humidity and structure. FAO should not be distributing condoms, neither should Ministries of Agriculture in our view. Instead, FAO should support Ministries of Agriculture to give extension advice and adequate service support to farmers facing new constraints and changing agricultural livelihoods as a result from the HIV/AIDS pandemic - declining labor force, declining resources and increasing costs in agricultural (hired labor) and medical costs.

Collaboration with FAO-Benin, WHO, and ILO is at an early stage (writing of research proposals).

Questions for Jackson Tumwine

Question 1: M & E systems development has been largely donor-driven and this explains the differences (variances); what initiatives are in place to harmonize the same in Uganda?

Question 2: Are the indicators also applicable in the private sector?

Answer: Each sector has specific indicators and activities which fit into the national M&E.

Question 3: What happened to other sectors of the economy like fisheries, etc.?

Answer: There is a multi-sectoral approach and each sector identifies its entry point in the fight against HIV/AIDS. HIV/AIDS is integrated in

all sectors and there is a coordinating body and M&E system.

Question 4: Do we have studies that were carried out on people living with HIV/AIDS on ART?

Answer: Yes; several studies were conducted in Uganda before an intervention we put in place. An M&E plan is integrated and carried out at the program or project level.

Question 5: Are M&E indicators applicable in the context of decentralization?

Answer: Yes; the participatory approach was used to develop the M&E system at the local, district, regional and national levels. This is guided by national experts to ensure that the indicators suggested are relevant to the national indicators.

In general, when indicators are AART, they should be project-specific depending on the scale (individual, household or community). The impact of culture should be embedded in projects.

Questions for Charles Lagu

Question 1: Have you observed down scaling from large animals to small animals?

Question 2: What is the trend of livestock types being kept by livestock farmers in Uganda (large animals/small animals). What is the level of significance ($P=0.05$)?

Answer: Yes, there is a shift from large to small size livestock among HIV/AIDS-affected households because of the ease of taking care of micro livestock. The level of significance was 95% (0.05).

Question 3: Did you consider the nomadic communities who rear livestock in your impact assessment and where are the experiences regarding the disease

incidence, access to treatment, IEC and impact of HIV/AIDS on their life style?

Answer: Livestock community members in Kashumba are nomadic pastoralists so the results relate appropriately to them.

Questions for Felix Kenyah

Question 1: Please provide answers to the following questions posed by farmers/agricultural workers: Is HIV transmitted through sweat and saliva? Do mosquitoes not transmit HIV?

Answer: Mosquitoes do not transmit HIV, otherwise there would be no difference in prevalence across the different age groups since mosquitoes do not discriminate by age.

Question 2: How will you isolate the effects of HIV/AIDS from other causations/problems that affect the agricultural sector?

Question 3: What policy issues are coming out of this research, especially relating to protection policies for the most vulnerable groups in Ghana?

Answer: Include mainstreaming of HIV/AIDS in the agricultural sector; ii) Recommend introduction of compassionate technologies, e.g. labor-saving technologies, time-saving technologies, etc.

The Ministry of Food and Agriculture in Ghana has developed an HIV/AIDS policy document to guide implementation of HIV programs.

Ghana has adopted the mainstreaming of HIV prevention and control in the role of agricultural extension workers. Labor-saving/compassionate technologies are also being adopted.

Questions for Philippe Bocquier

Question 1: You talk about nutrition, education and counseling. Could you give us some insights into these programs? Is the emphasis on food composition and digestibility of nutrients?

Question 2: The sample for your study comprises 350 patients and 350 in the control group. What will happen to the control group in terms of interaction between them?

Answer: Concerning food aid: In the control group some food aid is provided via the WFP but criteria are more rigorous in the INIPSA group (food insecurity, socio-economic, etc.) Concerning education: The national program for nutritional education was implemented in all countries and there was no difference between the two groups. Concerning IGAs: This was heterogeneous in the control group (as it depends on the center), and homogeneous in the INPSA group (integrated in the treatment packages).

Questions for Allogni

Question 1: Est-ce que l'approche est applicable dans tous les pays africains?

Answer: Oui, car il suffit d'adapter la matrice aux indicateurs de chaque pays

Question 2: Comment peut-on prendre en compte les coûts d'opportunités ou coûts indirects ?

Answer: Il suffit de convertir les temps perdus en revenu monétaire pour avoir les coûts indirects

Contribution 1: Pour les études, bien vouloir prendre en compte le sous-secteur pêche. Car, il est composé de personnes qui migrent dans le cadre de leurs activités. Le participant attire l'attention des partenaires à prendre en compte ce sous-secteur.

Contribution 2: Le domaine social c'est-à-dire une évaluation socio-économique des effets du VIH/SIDA sur les ménages agricoles parce qu'on ne peut pas dissocier le social de l'économie et vis-versa.

Contribution 3: La Société civile pour son implication dans la lutte contre le VIH/SIDA (PEC des PVVIH) engage des coûts indirects (manques à gagner) suite à la stigmatisation et la discrimination.

Questions for Guy

Question 1: Est-ce que les études sont menées au sujet de recherche pour les PVVIH sous ARV, consommant les produits agricoles? Si oui, lesquels?

Answer: Il s'agit d'un projet d'appui nutritionnel aux ménages affectés par le VIH/SIDA. Car nous donnons une ration familiale pour cinq personnes afin de faire augmenter l'IMC du patient et de garantir la sécurité alimentaire de son ménage.

Question 2: Sécurité alimentaire (production et revenu) et aide alimentaire; Quel est le niveau de subsistance ?

Answer: Les AGR devraient accompagner l'activité du PAM, mais, on ne trouve pas encore de partenaires opérationnels pour remplacer la nourriture à la fin de l'appui nutritionnel.

Question 3: WFP is targeting vulnerable groups in Benin. Are there any planned follow-up activities to assess how the rations distributed are being consumed within the household? This is important for assessing the effectiveness of this program.

Answer: L'aide alimentaire du PAM sera évalué à la fin du projet notamment sur les aspects suivants : IMC, transfert de revenu, adhérence aux traitements,

taux de scolarisation des OEV, fréquence des infections opportunistes, part du revenu investi à l'achat de nourriture en activités économiques menées par les bénéficiaires.

Questions for Olasehinde-Williams

Question 1: Pourquoi le choix de la zone ? Quelle est le problème de recherche qui justifie le choix de la zone et le thème ?

Question 2: What are 2 or 3 variables to scale-out the study?

Question 3: What are the communities' responses towards addressing the multiple sexual partner engagements? What does it mean that the students' attitude towards HIV/AIDS is positive?

Question 4: You indicated that the respondents considered antibiotics as a preventive measure for HIV/AIDS, they had little knowledge on balanced diet as well as considered sex as a taboo topic of discussion within the farm families. What did you do and what do you intend to do in the near future to solve these problems?

Answer: The Community's response to the issue of sexual promiscuity was to ensure integration of FLHE into the secondary school curriculum.

The choice of location for our study was based on the results of laboratory reports, and school girl drop-out rates, and near absence of initiatives directed to the community. Scaling up of food crops with a high nutritional value was also important.

Questions for Jane D. Alumira

Question 1: Seed study can be funded by PASS (Melinda and Bill Gates Foundation)

Question 2: La société africaine est patriarcale avec polygamie où l'homme a le pouvoir absolu et où la division du travail n'est pas absolu et où la femme et les enfants vont travailler dans le champ de l'homme mais jamais le contraire. Dans ces conditions, si, la femme est malade de SIDA au beau milieu de la saison agricole, est-ce-que l'homme peut aller récolter les cultures de la femme ?

Can a polygamous man in Malawi harvest seed from his wives' crops if they are sick?

Answer: This depends on whether the inheritance is patrilineal or matrilineal.

Question 3: Comment identifier les groupes cibles pour les activités? Quelle est l'importance économique du SIDA par rapport aux autres maladies?

How did you choose your target groups and what was the importance of HIV/AIDS compared with other maladies?

Answer: The household listing for NASFAM farmers was used as the sampling framework for cash-crop farmers. We also generated household listings for food crop farmers.

Question 4: What strategies did you use in your study areas to minimize memory loss either at the family or farming community level?

Suggestion 1: Etant donné que la pauvreté est cite comme cause principale du VIH/SIDA, pourquoi ne s'attaquer à la réduction de la pauvreté.

Suggestion 2: I would like to congratulate Jane Alumira and her team on their excellent work on seeds in Malawi. It is very timely because the Melinda and Bill Gates Foundation-funded PASS program is giving a strong push to support the dissemination of seeds from commercial seed companies. The indigenous knowledge on seeds

needs to be retained so that farmers can choose seeds based on their needs rather than the needs of seed companies.

Question 5: How was the average household income determined and what is the average size of households affected by the HIV/AIDS in your study?

Question 6: Why not document the indigenous knowledge for other important practices and not only focus on seed?

Question 7: Can indigenous seed knowledge be preserved and passed on through other methods such as Junior Farmer Schools?

Answer: Both formal and informal methods such as Junior Farmer Field Schools are recommended.

Question 8: What is being done at household and community levels to conserve and preserve seed knowledge?

Answer: Grand parents are now the main sources of seed knowledge. This information needs to be technically validated and conserved through institutional innovations and disseminated via alternative pathways.

Question 9: Why did you choose seed alone? Why not animals?

Answer: Funds were limited and the work was carried out when I was working for ICRISAT - crops were an easier entry point.

General Comment: Etant donné que les éleveurs sont très mobiles et que la mobilité est facteur favorisant le VIH/SIDA, pourquoi ne pas conduire une étude approfondie sur la transhumance des éleveurs ?

Suggestion: We should try to convey whatever we learnt or discussed to the rural dwellers back home in native languages for better understanding.

Day 2, October 2, 2007

Session 2: Best practices and successful strategies to mitigate HIV impacts

Chair Person: Omo Ohiokpehai

Rapporteurs: Bisi Onasanya and Herve Sambieni

Topic 1: Keynote paper presentation: Learning to live positively - a key development tool for promoting “treatment preparedness” amongst HIV/AIDS affected rural communities in Africa (Sam Page, CAB International, UK; Brice Gbaguidi, IITA, Benin and Fortunate Nyakanda, AfForesT, Zimbabwe)

Summary of presentation

- The need for “Treatment Preparedness” was discussed.
- The *How to Live Positively* training process was described and put forward as a way of ensuring “treatment preparedness” amongst rural people who are living with HIV.
- Experience of implementing the *How to Live Positively* training process in Malawi, Benin and Nigeria was presented. The three pillars of Positive Living are as follows:
 1. Promote behavior change to reduce vulnerability.
 2. Improve household nutrition to promote good health.
 3. Clean up the environment to prevent opportunistic infections.

Statistics of prevalence

24.7 million people are living with HIV/AIDS in sub-Saharan Africa.

Nigeria has been unable to reach its target for providing ARVs.

In each of the countries where the *How to Live Positively* process has been implemented the participants have agreed that women and girls cannot negotiate behavior change and depend on their husbands or fathers, as the heads of household to protect them from HIV/AIDS.

Strengthening the immune system depends on helping rural people understand T-cells as “soldiers” that protect the immune system. They can then quickly learn to indulge in activities that do not deplete T-cells. Nutrition gardens and nutrition orchards, planted with trees that fruit within two years, are promoted. The problem of un-equal food distribution within the family is also addressed by a simple exercise during the training. The need for HIV positive people to take food supplements, especially vitamin C, selenium and zinc is also explained.

Surveys of villages in Malawi and Nigeria showed that many serious diseases could be discouraged through the use of bed-nets and by simple hand washing with soap.

Although funds are not yet available for a full impact assessment of the *How to Live Positively* training process, in Benin there is evidence that all participants went for VCT after training and wives reported behavior change in their husbands, particularly concerning liaisons with sex workers. In Zimbabwe, many households have reverted to the production of indigenous crops and practises to improve food security.

Questions to Sam Page

Question I would like to know if someone who is living with HIV and has adequate food nutrition still needs ARV.

Answer: Good nutrition is important in the stages of HIV/AIDS. Good nutrition will keep HIV infected people healthy for longer but eventually he or she will need to take ARVS to prevent conversion to full-blown AIDS. It is very important for these people to go for VCT and have their CD4 count checked regularly to monitor the progression of the disease.

Observation: Information given on nutrition requirements for HIV positive people was up to year 2000 and up to date information is necessary in this area.

Topic 2: Effect of Artemisia, a medicinal plant, on HIV-affected women in rural areas of Cameroon – (Wendi Loshia Bernadette, ACTWID NGO)

Summary of presentation

The production of Artemisia, a local herb, is being encouraged as a prophylaxis treatment for malaria for people who are HIV+.

Artemisia has been tested in Bamenda, Cameroon and found to reduce the morbidity of malaria infection.

Prevalence of HIV in Bamenda region is 8 %. Opportunistic infections, especially from malaria, are prevalent among rural communities.

Intake of Artemisia in the region has reduced the cost of hospitalisation, improved the health of people economically and caused a reduction in cholera, diarrhoea, etc.



Discovering Artemisia plant

Recommendations

- Farm yields should be significantly improved upon.
- Production of Artemisia herbs should be encouraged among the rural women and youths affected by HIV/AIDS as an income-generating project, and to reduce the incidence of malaria locally..
- The World Health Organisation (WHO) should recommend the use of Artemisia to treat malaria in Africa..
- Artemisia can also be used as a preventive medicine and can be taken with honey, sugar and milk; it is inexpensive and can be grown anywhere in the tropics.

Future plans

The study and production of Artemisia was independently funded by AWCTID. The initiative should be out-scaled. Local herbs, such as Artemisia, can be used to prevent malaria in people suffering from HIV/AIDS. Artemisia should be made readily available and an impact analysis of its use should be conducted.

Questions to Wendi Losha Bernadette

Question 1: What steps could someone outside Cameroon take to cultivate Artemisia?

Answer: Artemisia can be grown anywhere in the tropics. It should be seeded in a nursery and transplanted thereafter.

Question 2: How can the effectiveness of Artemisia intake by HIV/AIDS-infected women be assessed?

Answer: The effectiveness of Artemisia intake by HIV/AIDS-infected women can be assessed through common signs symptoms such as diarrhea, fever, rashes, headaches, cough, pains, and vomiting, weakness and laboratory tests for malaria.

Question 3: Does treatment of a HIV-positive woman with Artemisia reduce the mother to child infection? [N.B. Artemisia is a treatment for malaria, not for HIV]

Answer: We have not investigated that yet

Question 4: How acceptable is Artemisia in other provinces of Cameroon?

Answer: Artemisia is cultivated generally in the southern provinces of Cameroon. We have noticed that in spite of the bitter taste, a good education program permits more people to take it regularly for its medicinal benefits.

Question 5: Going by your findings on the ease of replicating this in other countries or regions, what efforts are you making to make your results known through publications?

Answer: We have carried out this activity with meager resources and through personal efforts. We cultivated Artemisia because we saw that it would benefit our members who were unable to

afford malaria treatment. We then noticed the benefits in other opportunistic infections. We have shared the information with support groups of People Living with HIV/AIDS. We thought that getting to Cotonou Conference was a way to start publication at international level.

Topic 3: Interest of a supplement « Mickelange » (Lise Adjahi, Medecin du Monde/Benin)

The PIVA Project

The PIVA project is meant to mitigate AIDS in two zones in the south of Benin. The total population of the trial area is 420 000 inhabitants. The prevalence rate of HIV is 5% in the area and 2% at the national level. The project is under the umbrella of the Ministry of Public Health and ensures screening and management of patients. The project developed Mickelange, a nutritional supplement flour that is produced in Benin.

The objectives of this project are to assess the effects of this nutritional supplement in terms of gains in weight and leucocytes D4.

Retrospective study

There were 44 patients in the control group and 52 in the experimental group. Four flour bags of Mickelange were distributed every month and consumed in the form of porridge; 19 grammes of proteins were consumed per person that way. The direct cost was 42 000 FCFA per month.

Results

Mean weight gain In 4 months	5.89	6.0
Leucocytes CD4	+ 71,4	+ 99.98

Conclusion

The porridge was shared among family members and resulted in immunological recovery.



Tasting Mickelange porridge

Recommendations

This study should be continued and strengthened. Monitoring of this type of study should be longer (more than six months). Early screening should be encouraged.

To make this study more sustainable, the production cost of the flour should be reduced and the patients' nutrition and hygiene should be properly monitored.

Topic 4: Strategies for improved livelihoods for IHV-infected women: the case of Suba district Kenya (Judith Kimiywe, Kenyatta University, Nairobi)

Summary of presentation

The study in Suba district of Kenya was supported by CIAT. Women are more prone to HIV because of their economic dependence on men. In Suba district, about 75% of the population live in the rural areas; subsistence agriculture is the main source of livelihood and is practised mainly by women.

The focus of the project is to empower women living with HIV in Suba district to sustainably produce soybean in commercial quantities and thereby reduce the morbidity of HIV. This is because it was observed that soybean contains nutritional supplements that could help to reduce the impact of HIV infection.

Factors affecting nutritional status of HIV in women could include the following:

- Impact of infection on nutrients
- Imbalance between pro-oxidants and antioxidants
- Macro and micro-nutrient deficiency
- Zinc and vitamins inadequacies
- Calcium deficiencies
- Iron deficiencies

Other conditions caused by malnutrition include:

- Iron deficiency
- Maternal malnutrition
- Increased risk of neo-natal

Ways in which nutrition affects mother to child transmission could include:

- Absence of ARV
- Nutritional deficiency
- Malnutrition in pregnancy, etc.

Some initiatives put in place in Suba include:

- USAID has established 12 sites in the district on health care delivery and treatment of children living with HIV.
- 2500 HIV-infected women are enrolled in Patient-Support services in Suba district.

Interventions by the Ministry of Health are becoming pronounced in the areas of

health information, awareness creation and care delivery.

Suggestion

- There should be sustainable improvement in nutrition of women living with HIV.
- 6 out of 10 people do not have access to ARV; this trend should be improved upon.
- The educational level of rural communities should be improved.

Strategies for future implementation

More of this type of project should be established. There should be enlightenment on nutrients and selection criteria for meals for people with HIV/AIDS. Selection criteria for meals should include:

- Nutrient content
- Availability
- Cost-effectiveness
- Ease of preservation and storage
- Ease of preparation
- Acceptability
- Hygiene

Country Reports

Côte d'Ivoire: Control of HIV/AIDS in agriculture (Marie Louise Adou, CNRA)

Committee's Activities

CNRA created a focus point in 2001 to mobilise and sensitize employees on HIV/AIDS prevalence, prevention, control and management techniques.

This initiative was also geared towards reducing HIV/AIDS among the rural communities, through HIV/AIDS

campaigns and strengthening the awareness of prevention, especially from mother to child.

CNRA has nursing staff to support its operations. There are many challenges because operational sites are usually far from big cities. Awareness on screening to determine HIV/AIDS status is usually encouraged among women and community dwellers.

Strategies for direct contact with communities are the main focus of CNRA operations.

Approaches

- Massive sensitization using focus groups, schools, religious and social centers
- Free training and sensitization of these focus groups
- Voluntary screening
- CNRA set up a sub-committee for the medical care of individuals living with HIV/AIDS in the villages.

Sierra Leone: Mainstreaming HIV/AIDS mitigation into Rice Research Station Research Activities – A case study of Gbalahun, Sierra Leone (Jenkins Finda Bandor, Rice Research Station Rokupr)

Objectives

Prevalence survey among farmers was conducted in 2005 with the general objective of increasing awareness on HIV/AIDS among communities.

Other objectives were:

- Provision of food for the infected people.

- Sensitization on the basic facts about the pandemic and promotion of the use of condom among the rural communities of Gbalahun.
- Establishing condom distribution.

Results of the study

After the sensitization, 36 people voluntarily came up for HIV/AIDS screening. Investigation of sexually transmitted diseases was also carried out.

Conclusions

Sensitization should continue so as to impact the necessary behavioral change.

- Issues of gender and equal rights must be addressed.
- The gap between policies and implementation on poverty reduction must be bridged.
- There should be political will to power the implementation.

Recommendations

- Poverty and illiteracy must be addressed.
- Introduction of labor-saving devices and improved seeds must be encouraged.
- Nutritional initiatives must be embarked upon.
- Provision of agricultural amenities like storage and seeds must be put in place.

Guinea: HIV/AIDS evolution in Guinea (Kaba Camara, IRAG)

- The first cases of HIV/AIDS were recorded in 1989.
- Prevalence in 2005 was 33.5% , with more cases noticed in urban centers than the rural areas.
- Rate is higher with women and more among Christians than Moslems.

Impact of HIV/AIDS – horizon 2015

The following strategies could be adopted in combating HIV/AIDS:

- Communication strategies
- Capacity building at the grassroots
- Sensitization of the rural communities must be in focus.

Objectives

- Reduction of HIV prevalence to less than 0.5%
- Reduction of societal economic impact on the affected people
- Commitment to the mobilization of financial/economic activities; People should be empowered to read and write.
- Improvement of agricultural production and micro-credit availability
- Initiation of new agricultural policy.
- Encouragement of the activities of NGOs (e.g. cooking demonstrations).

Comments

It was observed that solutions to HIV/AIDS should be holistic and should have a national rather than a local perspective.

Chad: Strategies for farmers living with HIV/AIDS: case of female farmers at Bousso, Chad (Constant Mbalaissem, AJPE)

Prevalence rate of HIV/AIDS in Chad is 12%. A study was conducted at Bousso, about 250 km from the capital, N'djamena. The inhabitants live on subsistent agriculture but the women go from village to village, from market to market to buy and sell wares..

Objectives

The objective of the study was to identify the motivational level among the rural community in order to support the reduction of HIV impact on agriculture.

Results

Land is rented out to women. Women who move from town to town for business are more prone to HIV/AIDS infection. HIV/AIDS has significantly reduced cultivation of the land. A voluntary campaign was initiated but there was a lack of interest among the people.

Conclusions

Infected women have difficulty in taking care of their children. Sensitization among the youth should be improved. The activities and initiatives of NGOs, WARDA, AJPE etc, should be encouraged. Research/extension on rice varieties, e.g. NERICA, should be promoted.

Question: I do not think that it is mobility alone that leads to HIV/AIDS prevalence in this area. Do you think that settling the women in one location would solve the HIV prevalence?

The researcher was advised not to concentrate on women alone within the community because research has shown that there are other variables that could be responsible for the observed prevalence of HIV.

Benin: Impact of HIV/AIDS on agriculture in Couffo (Benoit Daoundo, IFAD-ONG)

HIV/AIDS prevalence in Benin is 2.1% and more than 4% in Couffo. In addition to fund raising and sensitization, other interventions are being made to impact on HIV/AIDS and agriculture in Couffo. Research activities include agricultural activities and screening to establish HIV status.

The impact of HIV/AIDS includes the following:

- Problems usually erupt between husband and wife after screening.
- The loss in body weight and fear of death associated with HIV/AIDS infection reduces the availability of manpower for agricultural production.
- Infection leads to the incidence of opportunistic disease infections.
- Frequent visits to health centers and hospitals impact negatively on agricultural activities.
- Infected persons have difficulty in accessing credit facilities when their status is known to be positive.

Recommendation

In order to improve the nutritional status of infected persons and families there is a need to improve agricultural production through mechanization, capacity building, and implementation of appropriate agricultural policies, and provision of agricultural inputs for people living with VIH /AIDS.

Togo: From soil fertility improvement to sensitization of HIV/AIDS in the Southern part of Togo (Alougba Dovi, ITRA)

- In 2005 , prevalence rate was estimated at 3,2 % in sexually active population (This rate is 14 times

higher in sexual workers in the capital city Lomé)

- In 2006 and based on the prevalence rate of 3.2%, 9 700 children and 100 000 adults among which (61 000 are women) are living with HIV.

Impact of HIV/AIDS in Togo

Schools always reject students found to be living with HIV infection.

Objectives of the project

- Increase crop production with improved soil fertility techniques
- sensitize population of southern Togo on HIV/AIDS issues through soil fertility improvement activities in view of sustaining food security
- Evaluate the socio-economic impacts of HIV/AIDS on agricultural production

Methodology

Participatory approach and adult education

Results

- Quality protein maize (Pool 18 QPM, Obatampa) introduced along with soil fertility improvement techniques from 2007
- Yield increase for maize and cassava
- Local unit installed for HIV/AIDS sensitization

Recommendations

- Develop/introduce appropriate cultural practices for infected and affected farmers to improve production
- Give care to AIDS orphan in terms of feeding and education
- Involve women in HIV/AIDS prevention and mitigation activities

- Build capacity of agricultural development practitioners in HIV/AIDS sensitization in rural areas
- Intensification of awareness
- Introduce high nutritive value crop in the farming systems

Session 3: Programs that have scaled up and lessons learnt

Chairperson: John Woodend

Rapporteurs: Unity Chipfupa and Ali Toure

Topic 1: School feeding: a way of mitigating the impact of HIV in rural communities in Suba District, Kenya (Omo Ohiokpehai, CIAT/TSBF)

This study was carried out to determine the effect of soybean supplementation on the health of HIV-affected children aged 6-9 years in Suba district in Kenya.

Objectives of the study

The objectives were to:

- Establish the socio-economic and demographic characteristics of households.
- Establish food accessibility and consumption patterns among the school children.
- Assess the nutritional status.
- Establish the effect of school feeding on school attendance and morbidity.



Soybean Supplementation can help PLWHIV

Methodology

- Random sampling was used to select three schools.
- 300-400 children were fed in each school.
- 50 OVCs were selected from each school for study.
- Total number of children involved was 150.
- Structured interview schedules, 24 hour recall and food frequency tables, and standard anthropometric tools were used.

Major results obtained from the study

- About 30% of the study population was orphaned.
- There were significantly more paternal than maternal orphans.
- 64 % of children's household members had no post-primary education.
- There was inadequate nutritious food to meet daily requirements of growing school children.
- There was high morbidity, especially malaria, anemia, upper respiratory infections, skin infections, stomach ache and diarrhea.

Recommendations

- School feeding should be promoted all over Africa to boost nutritional status and reduce absenteeism from school – this is on-going in 10 countries through NEPAD.
- Soybean production, processing and consumption should be encouraged, especially in HIV-infected areas.
- Agricultural production and processing should be promoted to stimulate local food chains.

- Issues of soil health through integrated soil fertility management (use of inorganic and organic fertilizer with micronutrients) should be addressed.
- Bioavailability should be encouraged.
- The particular attributes contributing to malnutrition should be determined.
- A strategy that involves all stakeholders in boosting soybean utilization should be developed.
-

Main issues raised

Comment 1: School feeding is used as an entry point especially now that NEPAD/WFP is promoting HGSP to stimulate local production and create wealth in the community. Even though Suba is a fishing village, most of the big fish are sold and omena (a small 2-inch long fish found in Lake Victoria in Western Kenya) only is retained in the community. However, 4 months out of the year no one is allowed to fish. This causes hunger and poverty locally.

Dr. Ohiokpehai explained that Suba communities are predominantly fishermen and availability of protein is therefore not a major problem. However, it would be good and it is possible to generate market for/promote soybeans production and consumption in the community at large.

Comment 2: School meal based on soybean utilization will certainly have the advantage of promoting good eating habits amongst young school children.

Question 1: Has the project carried out a cost/benefit analysis to ensure its visibility for out scaling.

Answer: The cost/benefit analysis was done by WFP for the AMPATH PROS, but we are supporting this to give the AMPATH program sustainability.

Question 3: Is the training of community members on the growing and processing of soybean aimed at building the capacity of the community to contribute towards the school meal for their children?

Answer: The stock seed is bought from IITA and the farmers groups are trained to produce/multiply the seeds for distribution. Also, the training of farmers in the production and processing of soybeans is a component of our program.

Soybean contains high protein and some oil. It also contains isoflavone and other immune boosting elements, which is why soybeans stand out from others legumes.



Promoting school feeding in the fight against HIV/AIDS

Topic 2: Combating HIV and AIDS in urban communities through food and nutrition security: the role of women-led micro-livestock enterprises and horticultural production in Nakuru town (Samuel Mbugua)

Scope of the Research Project

- The research project is being undertaken over a 3 year period,

starting in July 2006 in Nakuru Municipality, Kenya.

- According to the Kenya Government Economic Survey of 2000, the population stood at 239,000 people. The study was undertaken within 11 out of the 15 wards in Nakuru Municipality

Population of the baseline survey

- The target population for the baseline survey was HIV/AIDS-affected households enrolled in the three major HIV/AIDS support groups in the municipality, namely: Catholic dioceses of Nakuru (Badilli Mawazo and Love and Hope Centre), ICROSS (International Community for the Relief of Starvation and Suffering), and Family Health International (FHI - Nuru ya Jamii group).
- The intervention is being implemented through the Badilli Mawazo group.

Baseline Survey

- Households with a child aged between 2 and 5 years of age formed the sampling frame. Based on a census of all households with an index child, purposive sampling was then used to select the households.
- Data were collected on livelihoods, and food and nutrition security.

Conclusions and recommendations

- Systematic implementation of interventions after an initial baseline survey and participatory interaction
- Partnerships in implementing projects
- Skills training and presenting opportunities as opposed to handouts

Comments and questions for Samuel Mbugua

Question: Should we be doing research or go into implementation?

Answer: Partnerships are the solution; researchers and practitioners must work together. The SWIHA conference is a good example where we have researchers and practitioners together.

Question: Is HIV/AIDS being used to make money at the expense of the infected and affected individuals?

Answer: One of the biggest challenges and recommendations is to address 'ethics'. We should uphold ethical considerations as scientists. In terms of our subjects, control groups should also benefit from intervention and feedbacks should be made to the communities.

Topic 3: Food assistance programming in the context of HIV: key program design considerations for agriculture-based livelihoods (Kenton Kayira, AED/FANTA)

Why guide was written

- 60 million people are infected
- 20 million have died
- Millions more are affected by the pandemic
- Many of those infected and affected live in FFP, WFP and PEPFAR priority zones/areas
- HIV is a significant constraint to household food and livelihood assets security
- Food insecurity and malnutrition increase the spread and progression of HIV to AIDS
- Food assistance has potential for reducing individual, household and

community susceptibility to HIV and its impacts

- But there has been a lack of guidance on how to respond especially with food assistance

Programming issues in Food Assistance

- o High prevalence of food insecurity A
- o High prevalence of food insecurity and health problems C
- o High prevalence of HIV B
- Type 1 Programs- C : Achieve livelihood and food security outcomes in high HIV prevalence zones
- Type 2 Programs –B: Link HIV and AIDS care and support, prevention and treatment with livelihood and or food security program

Reactions

Question 1: Can targeted food interventions cause disincentives to production and create dependency?

Answer: Chapter 5 of the guide provides information on targeting - How to target, where to target and when to target. Targeted food assistance should go to areas of high food insecurity.

Question: How many foods are included in the dietary diversity tool, for how many days and what is the dietary diversification?

Answer: The FANTA tool for dietary diversity scale was used. One could also use 15 food groups over the last 24 hours, but this has its own challenges in terms of application of the data. In Kenya, diversity is dictated by culture and financial status of households.

Topic 4: Protecting and improving food security situation for orphans and HIV/AIDS affected children in Malawi: Lessons for scaling up (Samuel Bota / RENEWAL)

Research Methodology

- Observatory approach – tried to use “an HIV/AIDS lens” rather than evaluate
- All 11 villages visited, including area, district, national level institutions
- Methods used included:
- FGD with community members and OVC,
- Key Informant Interviews with selected community members, extension workers, school teachers, Implementing Partners, Government Officials,
- Direct Field Observation through village tours

Objectives

- To identify and assess the impact of the project interventions on providing livelihood-based social protection for OVC;
- To explore enabling factors for scaling up the intervention;
- To establish capacity requirement for scaling up.

Main Findings

- Existence of key policies, strategies and legal instruments for OVC protection e.g. NPA, Food Security Policy, Nutrition Policy on OVC, etc
- Political Will and Commitment
- Institutionalization of the policies & strategies on OVC

- Commitment, participation & ownership by district officials
- Expressed willingness to expand beyond the project & link with other government initiatives e.g. OVOP, MARDEF
- Key project stakeholders, e.g., OVC, households, UN organizations, area, district and national committees
- Project impacts on OVC
 - Increased food security
 - OVC stigmatization reduced
 - OVC acquired vital life skills, e.g., building, farming, etc
 - Increased income diversification
 - Village grain bank filled with maize for OVC
 - Improved diets and nutrition through training in soybean processing and utilization

Conclusions

- The current legal, policy, and political environment that exists in Malawi is conducive to implementation & scaling up of initiatives addressing OVC
- The holistic, multi-sectoral, and inter-agency approach taken in the project gives practical dimension of dealing with OVC
- The project interventions could easily be replicated across the country because:
 - o they are gender neutral;
 - o do not need very elaborate technical expertise;
 - o can be facilitated by local institutions; and
 - o can easily be incorporated in the existing extension delivery systems.

- However, establishment of community institutions that fully understand and appreciate their roles and responsibilities might pose as a challenge.

Reactions

Question 1: Should we be talking about impacts or outcomes? For example how can you judge the sustainability of the village grain banks?

Answer: While it is true that it is hard to talk about impacts in 1 year, the results are a clear indication of changes in people's livelihoods. The skills, knowledge and attitudes will remain with them for years to come.

Question 2: Are there any effects of the project on school enrolment?

Answer: Yes, enrolment has gone up and school drop out rate has been reduced. Children, especially OVC, had no more excuse for not going to school since they had adequate food to eat.

Question 3: Why do you refer to the interventions as gender neutral?

Answer: Most of the interventions referred to were being implemented equally by men and women and all felt they benefited equally. For example all the trainings involved both men and women and all participated equally in project interventions.

Hans Binswanger's testimony and presentation: Food and agriculture policy to mitigate impact of HIV and AIDS

- The HIV and AIDS epidemic is enormous, unique and found in

- different forms in many regions. The AIDS cycle starts with
- prevalence
- deaths crisis
- single and double orphan crisis
-
- Food and nutrition security are not powerful tools to slow down the epidemic but make ARV treatment effective. Improving food and nutrition will only make a modest improvement
-
- Interventions are complex and multi-sectoral. Main interventions are prevention, treatment and care and support
-
- Require decentralized participatory approaches that have to be implemented by or with communities so that interventions in rural areas work
-
- Anti-Retroviral Treatment is feasible and cost-effective - less than 500 dollars per patient per year
- Care and Support very complex – Home-based care, orphans and vulnerable children and women-headed households, grand parent-headed households, children-headed households
- UNAIDS/UNICEF Consensus on OVC Support - Strengthen the capacity of families to protect and care for OVC by prolonging the lives of parents and providing economic, psychosocial and other support; mobilize and support community-based responses.
- Actual programs fragmented into health, education, psychosocial support, food and nutrition

- Need to move away from the traditional service delivery model and use the community approach where funds are designed as decentralized CDD programs

Main Research Agendas

- How to overcome stigma and alter behavior in rural areas
- The best way to design and scale up prevention, treatment and care and support interventions in rural areas
- The impacts of such interventions
- How to use food and nutrition to improve ART
- How to use livelihood approaches in care and support

Reactions

Question by Charles Lagu: How can we ensure that policy implementation in the mitigation of HIV and AIDS works effectively in Africa? We know that policy implementation in Africa is a nightmare.

Answer: Whatever is the best strategy, the most important is how to implement it. There have been a lot of strategies that do not tell us how to implement them and this leads to nowhere.

Question by Kaba Camara: With the increasing role of agriculture research, there are a few problems, namely the financing of agricultural services (research and extension). African countries have no good governance and there is no decentralisation. What can be done?

Answer: Three elements need to be considered for effective implementation. We need to decentralize. We need to have some resources, training and support from outside. We also need

accountability (improve services providers, extension agents to farmers, etc.)

Question from Cameroon: Your presentation mentions that if one wants to be successful with interventions in rural areas for HIV and AIDS, one must find ways of reducing stigma. How can this be done?

Answer: Hardest thing to do. Cannot be done as an individual but needs the whole community. Community play-acting, mapping, risk analysis like in PRA and RRA. Need to talk honestly about sex and all the things about sex at all levels and then bring together the conversations about sex. It is a hard thing to do but I think this is the only way to do it.

Question from Guinea:

Answer: En termes de technologies agricoles: technologies qui économisent le travail nouvelles recherches montrent que ce n'est pas nécessaire. Toutes les technologies doivent avoir leurs fonctions mais cela nécessite de revoir toute la recherche sur les technologies en SSA. Mais ça ne va pas changer beaucoup les ...How best implement research: agronome, geneticist, etc. doivent tous incorporer les aspects de la pandémie en termes d'analyses de l'impact de la maladie...

Question by Régine Goma: From decentralisation to the involvement of decision makers - is the fight against HIV/AIDS well targeted in Africa ?

Answer: La lutte contre le SIDA en Afrique n'est pas bien menée car les interventions, les gouvernements doivent insister sur les procédures communes et le gouvernement doit être sérieux avec la

décentralisation et « empowering the communities ».

Question by Dr. Zarafi of Niger: To make the fight against AIDS more effective in Africa, do you not think that we should fight against poverty?

Answer : Je pense que c'est assez malheureux qu'il y ait une compétition pour les fonds. Ce n'est pas la pauvreté qui génère le sida car il y a des gens qui ont une prévalence élevée. La lutte contre la pauvreté ne va pas sauver les sexe workers mais il faut les éduquer et leur demander d'utiliser des condoms par exemple. L'Afrique doit échapper la pauvreté le plus vite possible.

Question by Hessavi Adrien: We are talking about decentralisation and a lot of work needs to be done with the rural population. How do we face the lack of equipment to give ARV to patients living with HIV/AIDS?

Answer : If you don't have capacity to administer ARV in rural communities because there is no doctor, it is always possible to train a health officer or clinic nurse to be able to identify symptoms. These can refer patients to bigger health institutions. What is important is to improve the referral system at the rural clinic.

There are different types of health centers:

1. a small center with a nurse
2. a bigger one that has a doctor
3. a third one more equipped with a team of doctors and who can conduct medical examinations.

Question by Prof Rosemary Okoh: Rural linkage is already working in line with UN provisions for OVC interventions. Do you have any suggestions for scaling up for such kinds of organizations?

Answer: Congratulations if your organization is adhering to UN provisions for OVC interventions. I have developed a power-point presentation for scaling up and this will be sent to the organizers so that it can be distributed to participants.

Day 3: October 3, 2007

Site visit

A site visit was organized to Songhai Center (Porto Novo, Benin) with the objective of learning easy to use production technologies that can help people leaving with HIV to be active and generate incomes.



Making compost

Songhai is a center for training, for production, research and development of sustainable agricultural practices. The movement seeks to augment the standard of living of Africa's populations using:

- local resources, traditional and modern methods;
- hybridization of traditional and modern agricultural practices;
- instruction and implementation of effective management;
- encouragement of individual and communal responsibility and initiatives

The main activities discussed were poultry raising, snail culture, mushroom

production, compost production and food processing. Participants were also interested in low cost machinery developed by the Center to produce *gari* (from cassava) and palm oil. The manual/motorized Palm Nut Remover, the steam cooker, the manual/motorized "Dekanme" press (palm oil press), and the purifier are examples of machines developed locally by Songhai and its technical partners for the processing and resource maximization of palm nuts in Benin and West Africa. These machines are efficient and considerably increase the production output.



Easy way of making Palm oil

Day 4: October 4, 2007

Session 4: Policies and Transafrican Perspectives

Chair: Ousmane Coulibaly

Rapporteurs: Blaise Sedoh and Jackson Tumwine

Four main activities were scheduled for Day 4: 1. Presentation and discussions; 2. Reports from the working groups; 3. Testimonies from people living with HIV and discussion of perspectives; and 4. Presentation of recommendations. SWIHA issues were also discussed and participants evaluated the conference.

Topic 1: Bridging the Science-Policy Interface in Southern and Eastern Africa: The Experience of the Regional Network on AIDS, Livelihoods and Food Security (Scott Drimie/ RENEWAL)

This theme was developed by Scott Drimie, a scientist from RENEWAL/IFPRI. He showed the relevance of an interface between political strategies and practical research (researchers). He also explained how to integrate actions in an overall program.

Policies and Transafrican Perspectives: Enhanced Learning and Innovation

- There are lags between HIV and AIDS, as there are lags between policy change and results.
- There is an urgent need to establish appropriate policies and programs that can cushion the blow by the time the long-wave impacts of AIDS are in full force.
- Pro-activity, not reactivity, is required to ensure that policy gets ahead of the epidemic curve.
- Research should be linked to action - research informing action, while implementation generates questions for operational research.

The need for boundary organizations

The following are some of the advantages of a boundary organization:

- Boundary organizations exist at the frontier of the relatively different social worlds of politics (policy) and sciences (research) but they need to have distinct lines of accountability to each other.

- They involve the participation of actors from different sides of the boundary, as well as professionals who serve a mediating role.
- Boundary organizations perform tasks that are useful to both, and involve people from both communities in their work, but play a distinctive role that would be difficult or impossible for organizations in either community to play.
- A boundary organization must have credibility through strategies of engagement and inclusion of interested parties - rather than insulation from them.
- By appealing to and balancing between multiple principals, a boundary organization may become an arbiter of the quality of policy-relevant research.
- A boundary organization facilitates the more effective flow of information by augmenting the creation and transfer of usable knowledge and coordinating science and decision making across boundaries.

Dr. Drimie then presented the RENEWAL Network with its specificities before stressing on the vision of the future RENEWAL as follows:

- Self governing and sustainable networks led by NAPs (IFPRI key partner)
- Responsive to priorities of stakeholders and partners
- Links to West Africa (through WARDA and others)
- Interactions of HIV with other stressors (different sources of vulnerability)

- RENEWAL as an example of “excellent practice” in terms of working as a boundary organization
- A trusted “broker” between science and policy
- Strengthened institutions and partnerships
- An array of valuable “boundary objects”..

Questions and answers

Question 1 from Rosemary Okoh (Rural Linkages Network): What examples do you have of boundary organizations and how can they be made more proactive in West Africa?

Answer: RENEWAL is focused in southern and eastern Africa and it will expand its efforts to include West Africa. RENEWAL therefore wishes to link strategically to processes already under way in different regions. In this regard, there might be opportunities through SWIHA and the Africa Network on HIV and AIDS and Agriculture (ANEHA).

Question 2 from Sam Page (organisation CABI):

Does RENEWAL have any experiences of research outputs that have been transferred into policies anywhere in Africa and which can be transferred to West Africa?

Answer: In South Africa, the Department of Land Affairs has adopted the methodology from a RENEWAL research project focused on HIV and AIDS, land reform and land-based livelihoods. The methodology has enforced their M&E strategy.

Question 3 from Dr Lagu Charles (NARO Uganda): What is the role of IFPRI in bridging the gap caused by the inadequate policy making process in African Countries?

Answer: The focus of RENEWAL is policy research and pushing it on the policy agenda. National network organizations are

encouraged to respond to national policies and programs.

Question 4: How do we ensure that national stakeholders and not the boundary organization have ownership of programs?

Answer: RENEWAL community networks are encouraged to link up with national bodies of people living with HIV. In addition, RENEWAL research work involves linking communities in terms of disseminating research findings and validating recommendations. The research process engages all groups involved in research.

Question 5 from Kenton Kayira (FANTA Project): On the issue of policy, do we need to discuss policy from the alignment or adoption points of view?

Answer: It should be both.

Question 6: What does the presenter mean by “autonomy of the Renewal organisation by 2010”?

Answer: National networks are expected to be autonomous by 2010. It is our hope that they should be able to be independent, have their own national program priorities and funding arrangements.

Topic 2: Repositioning Research – Extension – Farmer-Inputs Linkage System (REFILS) for mitigation of HIV/AIDS impacts on Agriculture in Southeastern Nigeria (Ekwe Kenneth, National Root Crop Research Institute, Umudike, Nigeria)

REFILS is a concept developed in Nigeria to mitigate the impacts of HIV/AIDS on agriculture. This concept was presented as follows:

In Nigeria, Research Extension-Farmer-Input-Linkage system (REFILS) galvanizes and integrates the effort of research and extension in collaboration with input agencies to develop sustainable, technically feasible, economically viable and socio-culturally acceptable production technologies which meet the felt need of the farmers.

For efficient coordination of REFILS activities in Nigeria, the country was delineated into five agro-ecological zones. Also, in each zone, a National Agricultural Research Institute (NARI) has the statutory mandate of coordinating REFILS activities.

In Southeastern Nigeria, REFILS is being coordinated by the National Root Crops Research Institute, Umudike. REFILS is a continuum consisting of ten stages or activities.

- Activity 1. Target and Research Area Selection.
- Activity 2. Diagnostic Survey.
- Activity 3. On farm Applied Research.
- Activity 4. On Farm Adaptive Research (OFAR).
- Activity 5: Zonal Workshops and Committee Meetings (TCM & SCM).
- Activity 6: Monthly Technology Review Meetings (MTRM).
- Activity 7. Forthrightly Training.
- Activity 8. Trainings at Target Communities.
- Activity 9. Stabilization of Farmers' Technology Adoption Process.
- Activity 10. Monitoring & Evaluation of System.

In implementing the system, each of the four actors involved (Research, Farmers, Extension, Input dealers) has an

important role to play and is an active participant in the system.

The Zonal Technical Committee and Zonal Steering Committee oversee the system.

It was concluded that:

- Although, REFILS was put in place to facilitate an increase in agricultural production and farm income, it has been restructured in Southeastern Nigeria to confront the invasion of HIV/AIDS on the agricultural sector.

- The results include the forging of a common front by major agricultural stakeholders against the disease, mobilization of the farm communities as well as generation, transfer/dissemination of new improved farm technologies to both affected and non-affected households in the zone.

It is believed that REFILS will yet break fallow grounds in preventing and mitigating HIV/AIDS impacts on agriculture in Southeastern Nigeria.

Topic 3: Livestock-based interventions to mitigate aids impacts on farming communities in Africa (Saeed Bancie, Heifer International)

After presenting the vision, mission and strategy of Heifer International, Dr. Bancie explained the vicious circle of malnutrition and HIV/AIDS and also the linkages between food security, malnutrition and HIV/AIDS. Heifer International works with communities to end hunger and poverty and to care for the earth. The strategy is **To “Pass on the Gift”**. As people share their resources with others – along with knowledge, resources, and skills - an expanding network of hope, dignity and self-reliance is created that reaches around the globe.

How an animal can help break the cycle

- Macro and micronutrients are necessary for proper immune function and ARV treatment.
- Animal waste products are used as fertilizer to increase plant and vegetable production.
- Sale of excess animal products for supplementary food and medication.
- Livestock constitute a hope for a dignified future and is a source of livelihood for those destitute or orphaned.

Methodology

- Selected Countries: Kenya, Tanzania, Uganda, Zambia and Zimbabwe.
- A descriptive study involving data collection.
- Qualitative interview techniques using semi-structured interview guides.
- On-site observations using a checklist and taking of photographs.
- Review of project documents including strategic plans.

Lessons learned

- Economic empowerment through animal donation promotes health, welfare, disclosure of HIV status and reduction of stigma.
- Potential negative effects of POG procedures on very poor families - where animals are passed on too young, taking too long to confer benefits.
- Too rigid animal shelter standards are a barrier to early flow of assistance for very needy families.
- Working with children is involving, requiring more time and resources.
- Complementary partnerships are critical to addressing the multi-

faceted needs of AIDS-impacted families.

- Capacity and resourcefulness of project holders are critical factors to effectiveness of Heifer assistance and to creation of sustainable impacts.

Emerging recommendations

• Targeting

- Sustainable package for OVC and youth which addresses multiple needs
- Focus on youth-engaging-youth in food production and income generation
- Strengthen coordination of gender awareness activities and practices including promotion of girls' education, women empowerment and income generation activities.

• Partnership

- Focus on selection and building capacity of project holders
- Identify suitable microfinance partners to support enterprises that can reduce vulnerability and reverse impacts of AIDS

• Program modification

- Need to understand and overcome barriers to timely provision of assistance to HIV/AIDS impacted groups, e.g. animal shelters
- Need to review program practices including POG, project cycle, ... in the context of needs of HIV/AIDS impacted groups
- Need to complete process of internal mainstreaming including establishment of a Heifer-wide WPP

Working group reports, testimonies from PLWHA, conference evaluation

The reports of the following four working groups were presented:

1. Information management systems.
2. Preservation of indigenous knowledge.
3. Targeting, up-scaling and out-scaling of successful interventions.
4. Identification, integration of action research and development, and building resilience.

Issues from Group 1: Information management systems

1. There is a need to put in place a Monitoring and Evaluation system with uniform indicators for providing feedback on HIV/AIDS projects and programs in agriculture at various levels within and across countries.
2. There is a need to establish a system for regular collection of information on the direct and indirect costs of HIV/AIDS intervention projects and programs at all levels.

Details on how these recommendations can be achieved:

- A database should be established and updated regularly at different levels.
- Databases should be made available to stakeholders at all levels.
- HIV/AIDS issues should be integrated into agricultural sectoral planning.
- A network should be developed within and across countries on food security and HIV/AIDS.
- Specific information and intervention programs in favor of

target groups should be developed on HIV/AIDS and agriculture.

- Local languages should be used for education on HIV/AIDS issues.
- Baseline indicators should be extracted from the baseline study for Monitoring & Evaluation.
- Internal audit should be carried out on a regular basis.
- Effective and cross-cutting nutritional issues on HIV/AIDS should be formulated.

Group 2 Issue: Safeguarding agricultural knowledge systems

Recommendations

- Institutional memory should be maintained and staff need to be trained
- Extension should be adapted to impact of HIV/AIDS
- Information transfer within and between generations should be encouraged
- A rural knowledge base on prevention/mitigation of HIV/AIDS, human rights and access to ARVs needs to be built.

Questions for Groups 1 & 2

1. What is the impact of policy makers not using M&E results?
2. Access to ARV drugs is an MDG goal. How do we broaden access to ARV?

Answer: We need to find a way to more widely advertise these drugs.

3. As a group, did you think of including food security and nutrition to keep away infection?
4. Would you consider adding advocacy for eco-health approach?
5. Are all men aware of how to use the condom?

Answer: Many men do not use condom while others do not know how to use them properly.

6. Could Group 2 consider research in natural resources management?
7. Did Group 1 consider ethics and risks important in for information management?
8. What is the position of the Panel of Experts regarding condom use as a HIV prevention strategy? We were told that condom might not be the competent domain of agriculture - for mainstreaming, where do we position condom use?

Answer to Question 8 (provided by Dr. Omua Oikeh, WARDA): Condom use has been proven clinically to be effective. Condoms made from latex or polyurethane are very efficient while those made from animal skin are not efficient.

Group 3 Issue: Targeting and up/out-scaling of successful interventions

Recommended strategies for targeting

- Resource mobilization
- Work with & through existing structures at all levels
- Needs assessments (participatory)
- Joint planning with all stakeholders
- Baseline assessment
- Joint/integrated implementation
- M&E System needed at all levels

Recommended Strategies to follow up on emerging issues on targeting and scaling up

- The existing network (ANEHA) should be strengthened.
- Institutions should be committed to trying out ideas generated at this conference.

- A panel of experts need to be established.
- A website and online chat room to provide technical backstopping and sharing of ideas should be developed.
- Relationship between SWIHA and other networks e.g. RENEWAL, AfNet, FANRPAN, IFI etc. should be formalized.
- All activities need to be coordinated by SWIHA.

Issue from Group 4: Identification and integration of action research and development

Recommendations

- Action research and development should be multidisciplinary involving agriculture, nutrition education and health.
- HIV/AIDS and nutrition education should be integrated into the curriculum.
- Planning should be decentralized and the target communities should be involved in planning and implementation.
- Target communities should be trained to become less dependent on external aid.
- Gender disaggregated baseline data should be collected through sentinel surveys across West and Central Africa and used to develop strategic interventions
- There is a need to establish how HIV/AIDS affects poverty and *vice versa*
- Appropriate action should be taken to ensure the treatment preparedness of the target community (network of PLWA, good nutritional status,

counseling by medical staff, traditional treatment initiatives, etc)

General recommendations to follow up the conference outcome

- The list of participants should be used as a resource.
- A concept paper should be written for further discussion.
- The uses of indigenous seed, medicinal/nutritious wild plants, cropping systems, grain storage methods, coping strategies re: droughts, plagues, also indigenous livestock should be documented.
- “Champion communities” in terms of conservation of indigenous resources should be promoted.
- Identification and linkage with NGOs already involved in this work should be ensured.
- Impact assessments should be conducted on participatory methods, in terms of behavior change, VCT attendance, treatment preparedness and access to ARVs.

Questions for Groups 3 and 4

1. Are there some successful innovations in eastern and southern Africa that have worked well for scaling up in West Africa?
2. The presenter of M&E mentioned creating a monitoring and evaluation framework for HIV and AIDS interventions. Can he tell us whether to have it at national or regional levels?
3. How should targeting as presented by Group 4 be done?
4. In what specific ways can poor communities co-finance interventions?

Testimonies from people living with HIV/AIDS (PLWH)



Three PLWHIV (2 men and a woman) gave live testimonies to the participants.

First Testimony by Mr Gnolofum Benjamim

After a long period of illness, he was advised to go for HIV testing which he did under the IFAD project. He received counselling before being tested. He tested positive but found it difficult initially to communicate his status to his wife. When he eventually told her about it, she was also tested but she tested negative. They received instructions from doctors on how the wife could remain negative and take care of the children in case the husband died.

He joined an association which the IFAD project assisted to establish a poultry business. Unfortunately the initiative has declined due to a lack of support from other sources.

He wishes to go around giving testimonies to those who are not yet infected and those living with AIDS on how to take good care of themselves. However, he lacks sufficient funds for this.

Participants were informed that IFAD had helped his association with equipment to start an income generating activity since they have land where they can grow some crops. The hope was that other donors would also help them.

Questions for the first testimony

Question 1: Why do you think you were infected? Where do you think the infection came from?

Answer: I have no idea. Since I had more than two causal sex partners, it is difficult to know exactly from where I got infected. What is clear is that I got it through sexual intercourse.

Question 2: Up to when would you like to be assisted? Could you identify some income generating activities according to your serological status?

Answer: We have a problem of choice because you do not know who is going to assist you and the form of assistance. We also need guidance on such IGAs which are favorable to our conditions. Those that need a lot of labor we find difficult for us. What we need are activities like poultry which gives us food and income and there are several IGAs. What we lack is funding.

Question 3: We know that PLWAs are the front line fighters against HIV and AIDS. When you do these testimonies, do you encourage others living with AIDS to follow your examples?

Answer: We have been going around hospitals and in several communities in Benin, giving testimonies on HIV and AIDS and encouraging other people who are sick to come out openly and be helped and help others.

Question 4: What kind of testimonies do you give to people?

Answer: We tell them to be faithful and avoid causal sex outside marriage, to use condoms, and go for VCT services.

Question 5: When you went for testing and your wife was negative, what did you do to ensure that she is not infected?

Answer: We were advised to leave sex or use the condom. We use the condom because we do not want to infect each other

and one partner should stay safe and take care of the children.

Second Testimony by Mrs Zossoungbo Gilberte

The 29 years old mother of three trades between Benin and Nigeria. She knew that she was HIV-positive in the third pregnancy when she became sick all the time. She informed her husband also tested positive.

She received support from a PTMCT project and gave birth normally with the help of medicine and doctors' guidance.

A certain organization has been taking them to different hospitals to give testimonies, but the project is now over.

The couple have sold almost all their land in order to take care of the child. She appealed for assistance from organisations to help them farm because they need food and income generating activities in order to survive.

They hope that science will be able to get a cure for AIDS.

Questions for the second testimony

Question 1: When you were trading in Nigeria, did you have a partner there in Lagos?

Answer: I did not have another man in Nigeria. I was there for business only.

Question 2: Did you talk to your husband on how this problem of HIV entered into your marriage?

Question 3: This question is addressed to all those who testified today. There was a rumour that many people rush to traditional healers once they find out that they are positive. Did any of you visit these traditional healers? What messages do you have for the participants attending this workshop concerning traditional medicine?

Answer: I went to the hospital and got tested. I have never come across any person who was treated for AIDS by traditional healers. So I would not encourage any person to go for their services. There is no proof that they heal AIDS. So I do not believe in traditional healers.

Third Testimony by Mr Francois Dubal Kounou

After a short illness, this 37 years old man went to a priest for prayers. The priest referred him to a professor of HIV and AIDS for testing and he tested positive in November 1996. He was advised to either abstain from sex or have protected sex.

After battling with his illness for 11 years, he has now come to terms with his situation and is living positively with the disease. However, his capacity for work is much lower than before. He hopes that science will eventually find a cure.

He called on people to work together to overcome stigma and discrimination and to accept HIV/AIDS-affected persons as members of the society.

He has formed a counselling center with support from an integrated initiative with multi-sectoral approach to HIV and AIDS. The center helps many people and advises them to go for testing. He is also involved in farming.

His advice for preventing HIV includes: abstinence, being faithful to each other, use of condom in case of causal sex, voluntary testing to know one's status, and counseling on how to behave. According to him, more than 1000 people in Benin are on ARV; the struggle continues but begins with their individuals deciding to change behavior.

Questions for the third testimony

Question 1: You have said that you are single, were you married before? Do you have an idea of how you got infected?

Answer: I had a relationship before but the lady left me when she discovered that I was positive. I did not go after her. I understand that she is living with her relations in Nigeria.

SWIHA Issues

Dr. Shellemiah Keya, WARDA's Assistant Director General for Research and Development, announced that WARDA's 5th External Program and Management Review (EPMR) recommended that WARDA should not continue to host SWIHA. The reason given by the EPMR was that WARDA does not have the capacity to host SWIHA and that the network should be hosted by another CG centre or organization like FAO, UNAIDS, etc. Participants were then given a questionnaire to fill and indicate which organization should host SWIHA.

The survey revealed that

- 65 participants took part in the survey;
- 95% of the respondents expressed a very good (53%) and a good view (42%) about SWIHA;
- 100% of respondents believed that SWIHA is relevant and useful to Africa;
- 90% recommended that WARDA should be the convener of SWIHA;
- 90% supported the idea of a CG center convening SWIHA.

The participants were clearly disappointed by the new development. Many of them raised the following questions:

- 1) What were the reasons for the EPMR/Science Council to recommending that SWIHA, which is a system-wide initiative of CGIAR, should not be hosted by a CG center?
- 2) What is the relationship between SWIHA, other CGIAR centers and partners?

- 3) Capacity is a big term - what kind of capacity does the EPMR/Science Council mean?
- 4) If WARDA managed to initiate and manage SWIHA up to this level, why is it said that it does not have the capacity?

It was agreed that the issue could not be settled at the plenary session but that responses/comments/suggestions should be sent via e-mail to the SWIHA coordinator within a period of two weeks after the conference.

Appendix 1: Working groups Terms of Reference and deliberations

Groupe 1: Système De Gestion de l'information

Présidente: Pascaline GBAGUIDI.
Rapporteurs : 1. Marie-Josée SANON ;
2. Ibrahim ABDON

A la lecture du thème, plus d'un n'avait
pensé que cela se limiterait aux suivi-
évaluation, aux coûts des programmes et
à l'appui aux systèmes, mais les TDR
nous ont mieux situé par rapport aux
vœux des commanditaires.

*Ce qui nous a permis de développer les
questions de la manière suivante :*

Suivi-Evaluation

Question 1 fait appel à:

- Evaluation d'impact
- Evaluation des effets-résultats
- Evaluation du processus

Question 2 fait appel à:

Intégration au système de suivi
évaluation de programmes sectoriels
agricoles concernés: objectifs ou chaînes
des résultats (*Acteurs : medias, écoles,
enseignants, associations agents
multisectoriels et communauté*)

Question 3 fait appel à:

- indicateurs de changement de
comportement
- indicateurs de complément nutritionnel
- indicateurs de gestion des ressources
(*humaines, financières et matérielles et
logistiques*)

Au vue de ces réflexions les questions
que l'on peut se poser peuvent être
résumées en ces termes

1. Qui s'occupera du suivi?
2. Qui s'occupera de l'évaluation?
3. Quelles seraient les groupes cibles à
suivre et à évaluer ?
4. Qui fait le suivi?
5. Qui fait l'évaluation?
6. Que faut-il suivre et évaluer ?

Quelles seraient les groupes cibles à
suivre et à évaluer ?

Communautés rurales :

- Femmes
- Hommes
- Enfants
- Jeunes (filles et garçons), etc.

Qui fait le suivi?

- ONG
- Média
- Focus-group
- Agents socio sanitaires
- Systèmes scolaires etc.

Qui fait l'évaluation?

- ONG
- Média
- Focus-group
- Agents socio-sanitaires
- Systèmes scolaires etc.

Que faut-il suivre et évaluer ?

Toute stratégie pour CCC pouvant
permettre d'avoir une connaissance sur :

- VIH/SIDA (prévention, prise en
charge globale)
- Alimentation et Nutrition
- Meilleures techniques agricoles
et culturelles
 - Meilleures techniques de
stockage et de
conservation

Coûts des Programmes

Intégrer les coûts directs et indirects
de la problématique VIH/SIDA dans
les programmes sectoriels agricoles
déjà existants:

- Planification

- Exécution
- Suivi Evaluation
- INDIRECT
- ❖ Coût spécifique:
 - Prévention
 - Jeunes
 - femmes
 - hommes...
 - prise en charge nutritionnelle
- DIRECT
- ❖ Ressources:
 - humaines
 - financières
 - matérielles
 - logistiques

Appui aux systèmes

- Bases de données :
 - District
 - Province
 - National
- Etude la situation de base
 - Confère Plan stratégique National de l'Agriculture
 - Confère Plan stratégique National de Lutte contre le VIH/SIDA
 - Document de Stratégie de Réduction de la Pauvreté

Recommandations:

- Bases de données à actualiser en permanence aux différents niveaux ;
- Vulgarisation des bases de données, des stratégies et des résultats obtenus à tous les niveaux
- Planification intégrée des programmes sectoriels agricoles sur la problématique VIH/SIDA;

- Développer un réseau inter pays sur la sécurité alimentaire et la problématique VIH/SIDA;
- Développer les programmes spécifiques d'information, d'intervention au profit des groupes cibles sur la problématique VIH/SIDA et Agriculture
- Développer les programmes spécifiques d'information, d'intervention au profit des groupes cibles sur la problématique VIH/SIDA et Agriculture
- Développer l'usage des langues nationales et l'alphabétisation en langues locales sur la problématique VIH/SIDA et Agriculture
- Développer une méthodologie standard pour les études de bases
- Extraire de l'étude de base des indicateurs de bases pour le Suivi/Evaluation;
- Réaliser des audits internes sur une base régulière
- Mettre en place des commissariats aux comptes ou les rendre fonctionnels quand ils existent
- Rendre performantes et transversales les politiques nutritionnelles sur **la problématique VIH/SIDA et Agriculture**

Group II: Safeguarding Agricultural Knowledge Systems

Alexia Krug
 Bakary Abdel-Wahab
 Kenton Kayira
 Ruth Nyirandikumwami
 Sedoh Blaise
 Sossou Jannier
 Sam Page

Samwell Otieno
Zossoungbo Gilberte

Identify interactive ways in which ministries of agriculture could do the following:

a) Maintain institutional memory and trained staff

- New ministerial policies needed
- Provide prevention training, condoms, reduce mobility, enable families to live together
- Improve working conditions to retain staff

b) Adapt extension to impact of HIV/AIDS

- Mainstream HIV/AIDS mitigation training in training institutions
- Extend compassionate technologies
- NGOs could involve EAs in participatory training with farmers

Suggestions on support for resource management and community safety nets:

- Support social networks, farmers' groups
- Strengthen community institutions and social networks, especially those caring for OVC
- Reduce stigma by taking away the fear of HIV by providing awareness (positive living) training and improving access to ARVs
- Create community-based knowledge clusters that are based on partnerships of groups that use the same resources

Encouraging information transfer between generations:

- Involve elderly farmers in farmer-to-farmer extension, junior FFS, young farmers clubs, radio programmes

- Make videos of elderly farmers describing indigenous farming practises
- Ensure agriculture is taught in school; revise curriculum
- Set up farmer training centres
- Use Christian education groups and other faith-based organisations

Building a rural knowledge base on prevention/mitigation of HIV/AIDS, human rights and access to ARVs:

- Implement participatory training, FLSs; also involve traditional healers
- Validate positive traditions re: informing young people on sexual matters
- Empower men as household heads to take responsibility for keeping families HIV-free
- Promote women's' support groups
- Train peer educators, community health workers, home-based carers
- Empower PLWHIV to disseminate information
- Use drama, songs, stories, radio

Recommendations and strategies to follow-up conference outcomes:

- Use participants list as a resource
- Committee and network needed
- Write a concept paper for further discussion
- Document uses of indigenous seed, medicinal/nutritious wild plants, cropping systems, grain storage methods, coping strategies re: droughts, plagues, also indigenous livestock
- Promote "champion communities" in terms of conservation of indigenous resources
- Identify and link with NGOs already involved in this work
- Conduct impact assessments on participatory methods, in terms of behaviour change, VCT attendance,

treatment preparedness and access to ARVs

Group III: targeting & up/out scaling Of successful interventions

Definition of Target Group for HIV/AIDS Interventions

Interventions

1. Preventive Measures
2. Impact Mitigation
3. Treatment and Care
4. Psychosocial Support
5. Home-based Care
- 6.

Target Groups identified

1. Infected & affected person (widows & widowers)
2. Youths at risk
3. Children
4. Women
5. Pregnant women

Preventive Measures with focus on agriculture:

1. Target group under the preventive measure:
2. Children and Youths
3. Men and Women
4. Mobil population (extension workers)
5. Traditional & religious leaders

Impact Mitigation

1. Infected persons
2. Affected persons e.g. widows, orphans, widowers, caregivers & the elderly.

Care & Treatment

Infected persons

Psychosocial Support

Infected and affected persons

Home-based Care

1. Infected persons

2. Caregivers

Criteria for Identifying Target Groups

Level of Susceptibility and Vulnerability

1. Level of poverty
2. Access & utilization of resources
3. Level of mobility
4. Socio-cultural structure (or power relationship)
5. Physiological, etc

Recommended Strategies for Targeting

1. Resource mobilization
2. Work with & through existing structures at all levels
3. Needs assessments (participatory)
4. Joint planning with all stakeholders
5. Baseline assessment
6. Joint/integrated implementation
7. M&E System needed at all levels

Criteria for Scaling up Best Practices

1. Cost effectiveness/benefits
2. Contextualize the best practice to fit the local situation
3. Policy and political environment
4. Sustainability
5. Commitment & ownership of beneficiaries
6. Adaptability

Indicators for Successful Targeted Scale-up of Best Practices

1. Indicators
2. Geographical coverage
3. Increased numbers
4. Quality of Services – Determined through M&E
 - a. Level of satisfaction of beneficiaries
 - b. Level of resources
 - c. Entry and exit strategy

d. Weaned off participants

Recommended Strategies to Follow up on Emerging Issues on Targeting and Scaling up

1. Strengthen the existing network (ANEHA)
2. Institutions should be committed to trying out ideas generated at this conference
3. Establish a panel of experts
4. Develop a website and online chat room to provide technical backstopping and sharing of ideas
5. Formalization of relationship between SWIHA and other networks, e.g. RENEWAL, AfNet, FANRPAN, IFI, etc.
6. SWIHA to coordinate all activities
7. Issues identified need to be captured in the minutes

Group IV: identification and integration of action research and development

Chairman: Dr George Muluh

Rapporteurs

1. Dr Olabisi Olasehinde-Williams
2. Dr Zarafi Marou Assane

Facilitator: Mme Diana Tempelman

Question 1: How can –action research-links between agriculture, nutrition and health be strengthened?

There is a need for multi-disciplinary action research (agriculture, nutrition and health) to determine, together with the communities involved, the constraints in agricultural production as a result of the HIV/AIDS epidemic; the resources the communities' environment may have to reinforce nutrition that are not or sub-optimally used; and what it is

that prevents the communities from using these resources to enhance their nutritional and health status.

Such research could be implemented in each agro-ecological zone, with the results feeding into policy formulation of the three sectors.

Question 2: What are the workable solutions to behavioral changes in men, women and youths that would counter the spread of HIV infections?

There is a need for baseline data generated through sentinel survey (Possibly across the region) to provide gender disaggregated and objective data relating to specific behaviors requiring modification. For instance, further research on people's beliefs on:

- what causes HIV/AIDS, what behavior increases risks of infections and how to prevent HIV/AIDS.

- identify vulnerable situations and risky behaviors;
- learn about reasons why people are unable to avoid risky behavior.
- Based on this knowledge there is need for action research to develop appropriate intervention techniques for men, women and children.

Question 3: How does HIV/AIDS lead to poverty and how does poverty fuel the spread of HIV/AIDS?

Possible studies include:

Survey on impact of financial management level of poverty among PLWA in communities;

There is a need to study the level of income loss because of HIV/AIDS; and

Case studies leading to commonalities in economic status and HIV infection across socio-economic classes.

Question 4: How can gender best be mainstreamed in HIV/AIDS intervention projects and programs?

There is need for gender specific research, which may be best obtained through participatory action research, setting up:

- focus group discussions, allowing men, women and youths to speak freely about their risks to HIV/AIDS infections and how the epidemic influences them;
- training community leaders in organizing community discussions looking at the results from the focus groups discussions and what can be done about the issues raised by men, women and the youth.

Question 5: How do we assess livelihood changes due to HIV and AIDS in smallholder communities? How can we identify drivers of these changes? What type of policies ought to be informed by the results of such research?

Question 6: How can communities and smallholder farm households be made more resilient to the impact of HIV/AIDS?

Question 7: What type of partnership needs to be harnessed for the mitigation of the impact of HIV/AIDS on the livelihoods of smallholder farming communities?

Main results of HIV/AIDS epidemic on rural farm communities and

households: loss of income, loss of labor, loss of competencies – knowledge & skills and the psychologically aspect of loss of hope, which may lead to the break down of family support systems and contributes to apathy and aid-dependency.

Driving forces:

- lack of entertainment for youth, contributing to rural exodus;
- limited income generating opportunities; (see response on fisher folk and the need for diversification)
- break down of sense of community belonging and
- breakdown of traditional values on appropriate behavior as individuals and as a group / community

Farming communities will experience greater resilience if they are put in the driving seat of how they want to cope with the changing circumstances. Hereto there is need for:

- greater decentralization of development planning, whereby communities themselves will be responsible for prioritization of actions needed;
- decentralization and “self-governance” will only work if there is a complete understanding of the (financial) support a community can expect from the government / development program. Transparency of the support that can be expected is crucial to priority setting and mobilization communities’ responsibilities - own contributions;
- support and training to allow community-based counseling and support networks to come up;

- support and training of community groups in group organisation and joint decision-making, involving village leaders in these community groups support and
- external aid should be seen as a temporary solution. Any such aid should include assistance for the development of the community and its households, to bring out hope and to reduce aid dependency and making community members passive recipients of aid.
- extensive counseling by medical staff (and/or faith-based organizations?) on what to expect when going on ARVs;
- try to install a future perspective and a sense of self-responsibility into person going on treatment;
- Exploration of traditional treatment initiatives

Information and Communication support services should be available at community level

Recommendations

For the development partners

Set up action research network on HIV/AIDS in agriculture in its largest sense (including animal production, fisheries, forestry)

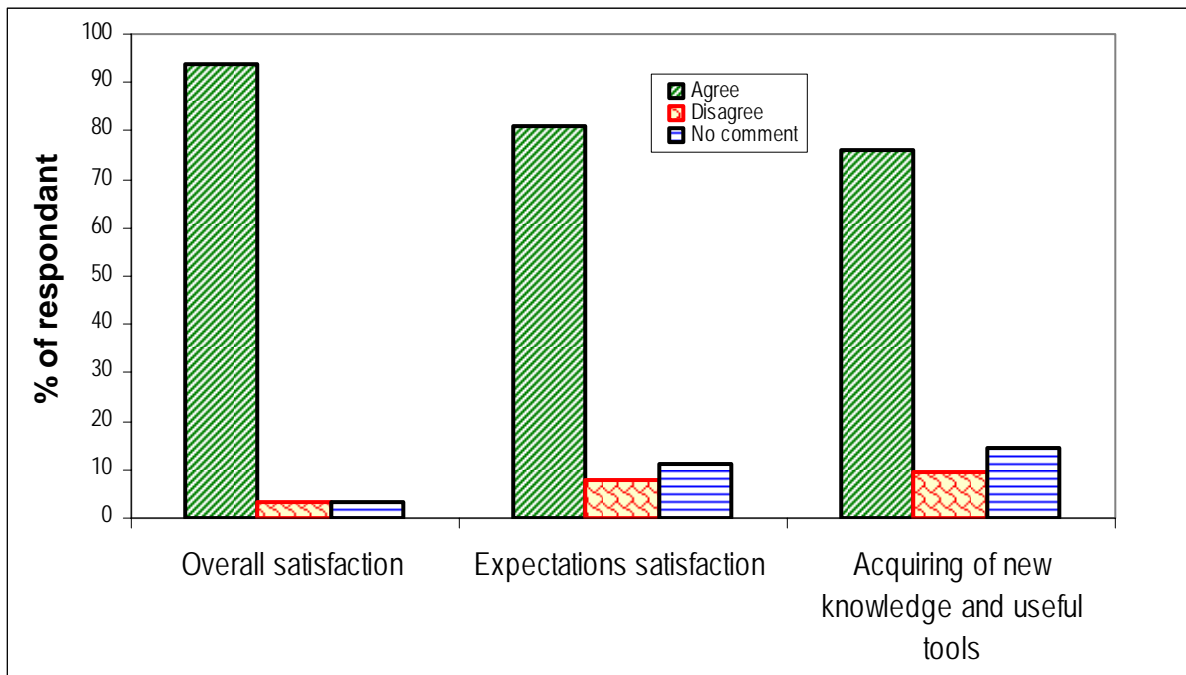
For the political authorities and donors

Reduce the influence of politics on the development aid and the fight against HIV/AIDS in Africa

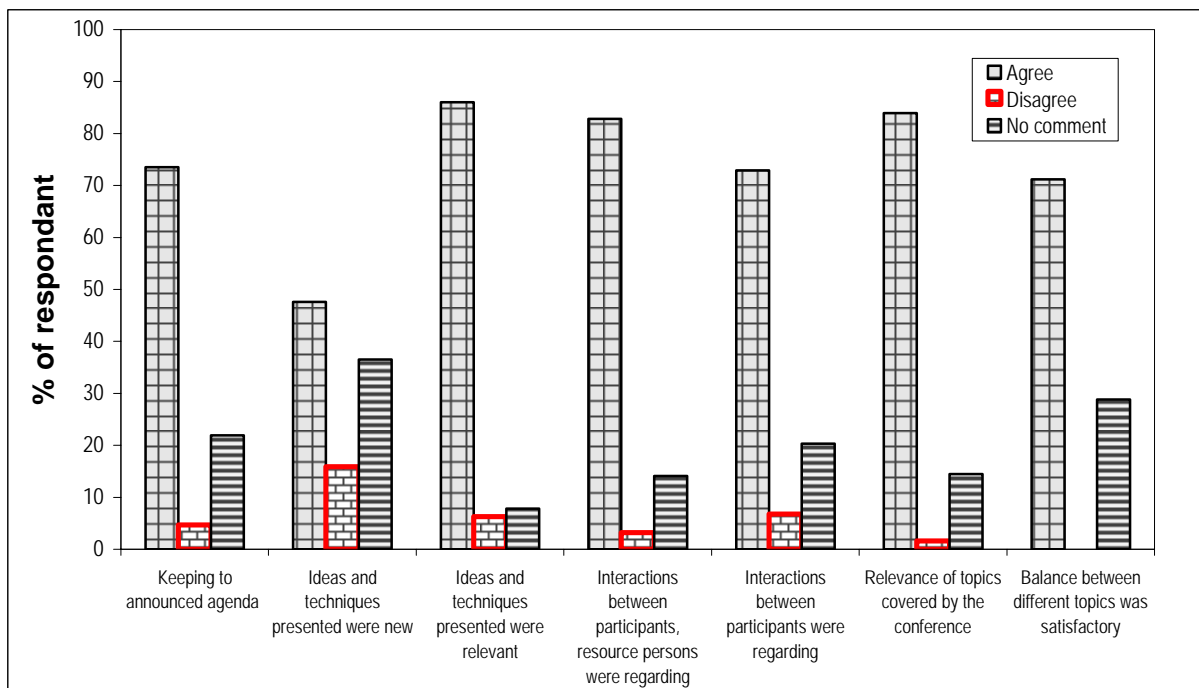
Question 9: What are the necessary conditions for treatment preparedness by infected individuals to improve access to ARVs?

- need for a support network of People Living With HIV/AIDS;
- have a good nutritional status for the body to be able to absorb the ARVs

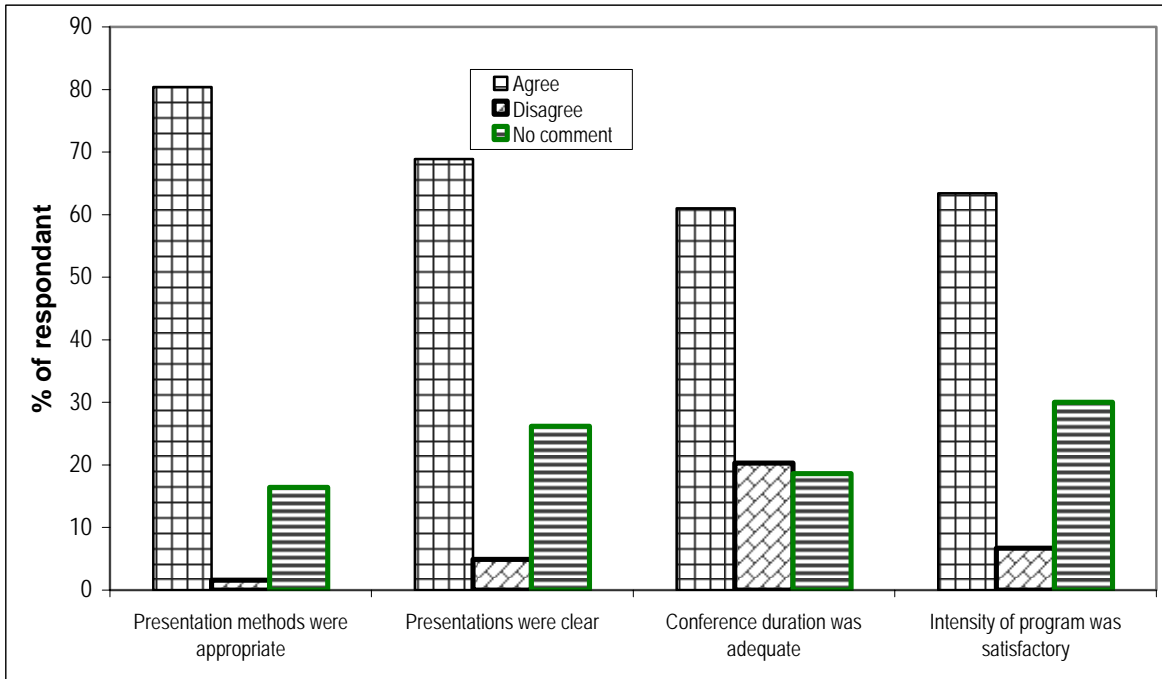
Appendix 2: Evaluation Survey of SWIHA October 1-4/2007 conference



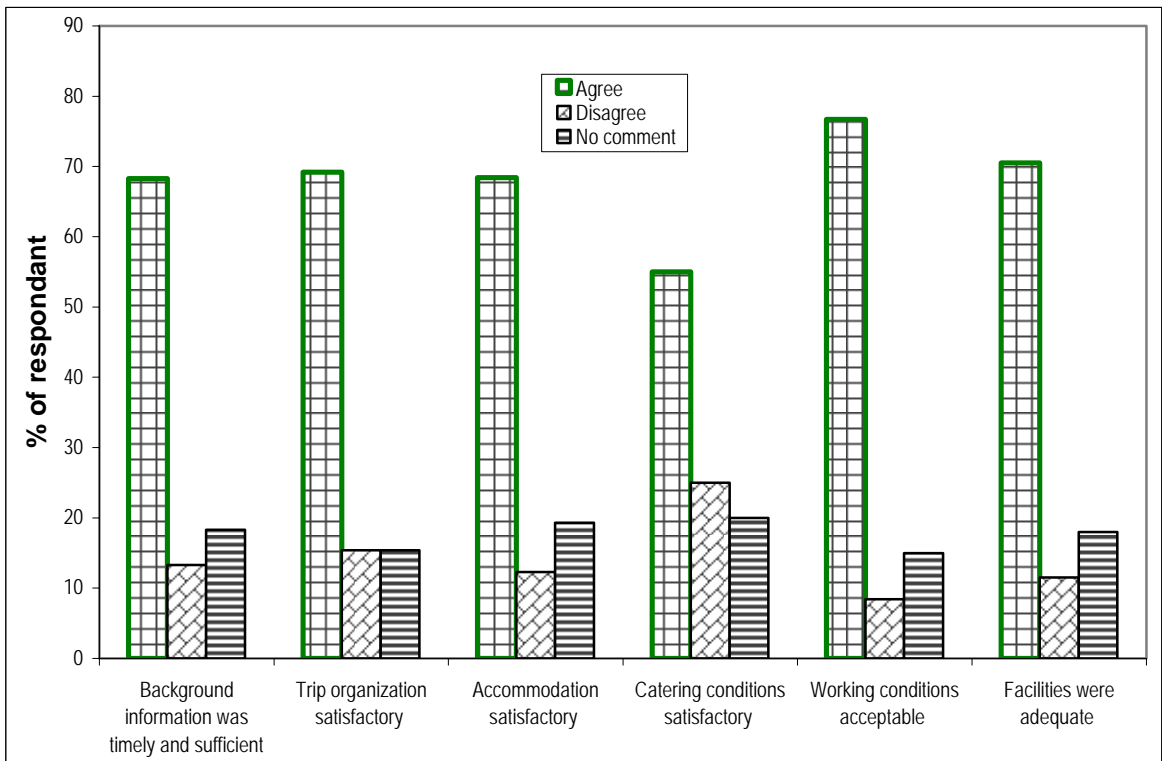
1. Overall observation



2. Conference Agenda



3. Methodology



4. Logistics

Appendix 3: List of participants

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