

**HIV/AIDS Policy Development Workshop  
Held At Hotel Triangle-Annex (Jinja)  
20<sup>th</sup> – 24<sup>th</sup> October 2003**

## **List of Acronyms**

ACORD	: Agency for Cooperation and Research in Development
AIDS	: Acquired Immunal Deficiency Syndrome
ARV	: Anti Retro Viros
CBO	: Community Based Organisation
CDRN	: Community Development Resource Network
CSO	: Civil Society Organisation
FGD	: Focus Group Discussion
HIV	: Human Immunal Virus
IEC	: Information Education and Communication
IGA	: Income Generating Activities
INGONET	: Iringa NGO Network
MFI	: Micro Finance Institutions
MTCT	: Mother To Child Transmission
MTN	: Mobile Telecommunications
NACP	: National AIDS Control Programme
NGO	: Non Government Organisation
NPO	: Non Profit Organisation
PELUM	: Participatory Ecological Land-Use Management
PHAs	: Persons Having AIDS
PHASO	: Partnership in HIV/AIDS Support Organisations
PLWAs	: Persons Living With AIDS
PMTCT plus	: Prevention of Mother To Child Transmission
SACMA	: South African Civil Military Alliance
SATF	: Social Action Trust Fund
STD	: Sexually Transmitted Diseases
TACAIDS	: Tanzania Commission for AIDS
UN	: United Nations
UNAIDS	:
UNITRA	: University of Transkei
VCT	: Voluntary Counselling and Testing
VETA	: Vocational Education and Training Authority
WHO	: World Health Organisation

## **1.0 Introduction:**

The PELUM association organised a five-day workshop to develop a PELUM policy in order to mitigate the impacts of HIV/AIDS in the countries of operation. Participants who attended the workshop came from Zimbabwe, Netherlands, Kenya, Uganda, South Africa, Lesotho and Tanzania working on different PELUM programmes including HIV/AIDS back in their countries<sup>1</sup>.

## **1.1 Opening remarks:**

On behalf of the PELUM association, Mr. Bert Lof welcomed all participants from the different corners of the world. Thanked them for making time available to attend the workshop. He wished everyone a happy stay in Uganda and fruitful deliberations through out the workshop.

## **1.2 Objectives of the workshop:**

The regional workshop had the following objectives:

1. To improve the understanding about the relationship between HIV/AIDS and different programmes such as nutrition, and food security and its impact on rural communities
2. To assess the impact of HIV/AIDS on participating institutions
3. To assess the impact of HIV/AIDS on rural communities
4. To develop a PELUM policy in order to mitigate the impacts of HIV/AIDS in the countries of operation
5. To formulate a plan of action related to HIV/AIDS, food security and Nutrition

## **1.3 Expected outputs:**

- An improved understanding about the relation between HIV/AIDS, nutrition and food security and its impact on rural communities
- A shared understanding to mitigate the impact of HIV/AIDS on the nutritional status, and food security
- A draft policy paper for the PELUM on HIV/AIDS mitigation strategy
- A proposal for an integrated programme of action in the PELUM countries, an operation plan for the first year of implementation per country
- Stronger links with related initiatives in the various countries.

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<sup>1</sup> See appendix 2 for the full list of participants.

## **2.0 Experiences from Participating Organisations.**

### **2.1 “Overview of the HIV/AIDS epidemic in Africa” by Dr. Cissy Kityo**

The overview highlighted the following points:

- Africa has 10% of the world population (36.1 million worldwide and 25.3 million of the HIV/AIDS cases most of them in sub Saharan Africa)
- AIDS in South Africa is increasing more than in any other country
- There is any increasing number of orphans.
- Hospital bed utilization has increased and most of them are HIV/AIDS though they exhibit opportunistic infestations
- In Uganda the budget offers \$10 per year and HIV/AIDS is increasing spending and reducing the labour force.
- The impact of HIV/AIDS has brought about discrimination, creation of orphans, negative impact on the health systems, education and training negative economic impacts all leading to a negative impact on agriculture
- Countries are at different levels of implementation and prevention of the spread against HIV/AIDS. Senegal has the lowest prevalence rates currently below 1% because they realized the epidemic much earlier. Uganda had the highest rates in 1990s the surveillance reports from anti natal clinic indicate a stagnation at 6.2%
- 25 million Africans are already infected with HIV/AIDS.. Both treatment and prevention are priorities.
- Treatment can be used as a preventive tool to bring down mother to child transmission, general transmission, promotion VCT, creation of better opportunities for surveillance and to stop children from becoming orphans.
- Justification for treatment (ARV)s will help to bring down the huge numbers of people , moral outrage, the new initiatives that are coming on board such as world bank, WHO setting up centres of excellence, the Bush initiative, and WHO wants to have treated 3million people by 2005.
- Some people are giving the excuses to ARV by saying that they are too expensive, there is lack of infrastructure for safe and effective treatment and that Africans are illiterate and will not comply, Africans are too poor to afford ARVs, while some donors think that there is no political commitment. The cost of monitoring tests is too high.
- The costs of ARVs drugs have been coming down because of market pressures, activism and generic competition. At one time drugs costs \$ 800 a month but now the cheapest is \$26 and as costs come down more people are accessing them
- Rwanda started programmes to support the soldiers, S.A. to support the miners, and MSF is providing free treatment in Arua. And employ sponsorship initiatives in some banks. Senegal has set off several research projects and there others in Ivory cost and Botswana.
- Policies should take into consideration employers treatment initiatives, insurances etc.
- Advocacy for prevention and treatment should be enhanced though there are challenges that include poverty, resource constraints and pricing. Employees

should be treated before they develop full-blown HIV/AIDS that is more expensive to treat.

- Africa will become the largest user of ARVs. There is need to operationalize research to identify good practices

### **Plenary discussion:**

During the plenary discussions it was noted that,

- AIDS cannot be cured. The drugs only prevent the HIV from multiplying.
- There is no effective vaccine and such a vaccine will not be ready in next 5 years. People given the vaccines do not make them positive. The intensity of behavioural change should be emphasized and intensified.
- There are side effects to some of the drugs. While some are mild, others can be severe and some drugs may even have to be substituted for some patients. Studies are being done to find out which drugs can be interrupted to reduce the issue of side effects.
- Political commitment and openness about the problem have greatly helped Uganda to mobilize funds to set up surveillance programmes in STD managements, use of condoms, increasing awareness etc. in the meantime many NGOs have come up because of the enabling environment.
- Studies have shown that students in secondary schools are delaying sex. It was also noted that behaviour change is difficult to sustain.
- Witchdoctors and traditional healers in Zimbabwe have mis-advised HIV/AIDS patients to sleep with babies to cure the disease. However, Uganda has targeted them in different programmes. They have also formed associations to promote the traditional herbal drugs that have helped to treat opportunistic infections. The pastors have also helped in counselling the patients and this should be encouraged.
- There are now two main ARVs i.e. Brands and generics. Brands are those from pharmaceutical companies that have the patents and have participated in the researches leading to production of the drugs while generics only produce the drugs without the patent rights. While the substances are the same, they may be packaged differently.
- It was reported that a study carried out by WHO found that the Kemron drug that was manufactured in Kenya in the 1990s was ineffective.

### **2.2 Presentation about the PELUM Association:**

The presentation highlighted the following PELUM achievements:

- PELUM aims to build the capacity of members to fight .....
- There are six Working Groups and six country desks coordinating PELUM activities
- PELUM as an association has grown five-fold over the past few years
- Over 5000 resource materials have developed
- Zimbabwe has a PELUM college which is already accredited to higher institutions of learning
- PELUM has up to date produced 11 issues of Ground ups and at the same time produced and distributed over 6,000 copies of the PELUM bulletin

- The gender policy has been developed and implemented
- PELUM contributed 4 papers to the UN summit in 2002
- The PELUM network is growing and recently the association received applications from Rwanda and Cameroon; this therefore necessitates a need for a working policy to use within the PELUM network.

Discussions:

- PELUM started advocating for a policy on HIV/AIDS in 1999. A study was commissioned in Uganda to see what was being done and the involvement of the stakeholders as an effort to prepare for the development of the policy that will guide the association.
- It was suggested that that policies of member organisations from the different countries should have been looked to inform the broader policy. However it was noted that the document produced catered for these.
- HIV trainings should be incorporated in the PELUM College.
- There are a lot of opportunities on HIV/AIDS that PELUM can tap to learn what other people are doing. There are international conferences/workshops especially those held at African conferences that are focussed on communities.
- HIV/AIDS is accompanied by a lot of stigma. ACORD however developed a policy called a policy on critical illness that encompasses HIV/AIDS, TB etc, that takes into consideration the confidentiality of the diseases

## **2.3 Presentation from Kenya**

### **HIV/AIDS Project Kima ICBP (Kenya)**

KIMA Integrated Community Based Programme (ICBP) is a small CBO based in Emuhaya Constituency, Emuhaya division, Vihiga District, Western Province of Kenya. It deals in sustainable agriculture, protection of water sources and also handles HIV/AIDS targeting a population of 98,000 people. The presentation highlighted the following issues:

- Kenya has a population of 30 million and nearly half of them are sexually active
- HIV/AIDS activities are handled at different levels and these are: National AIDS Control Council (NACC) which handles the HIV/AIDS issues from the president's office, the Provincial AIDS committee (PAC) which works together links with the NACC, the DAC i.e. the District AIDS committee, which handles HIV/AIDS issues at the district level and also links with the PAC and the CACC (the Constituency AIDS Control Committee) which has representations from the district, CBOs, respected leaders in the community, religious leaders, youth leaders, Persons Living with AIDS (PHAs). This committee works at the grassroots to ensure that HIV/AIDS activities are addressed with fairness. It also helps communities with proposal writings and identifying active CBOs in the areas of operation.

On HIV/AIDS impact on health, education and agriculture it was noted that:

- More than 2.2 million people were infected by HIV/AIDS by 2000 and 75% of HIV/AIDS infections occur through sexual intercourse.
- HIV/AIDS has affected so many departments in Kenya. To date there is increased demand of health services due to HIV/AIDS and hospital beds occupancy has gone up leading to congestion.
- According to Daily Nation of August 2001, p. 22, it was reported that Kenya is losing 18 teachers daily and a total of 6,750 per year! It was further reported that about 14.5% males and 18.5% females aged between 10-24 are infected with HIV/AIDS and this is affecting the agricultural sector because this is the productive age group
- There is an increase in school drop out due to HIV/AIDS

On the activities of KIMA it was noted that

- Mobilization of health care volunteers
- Training of the Home Based Care volunteers
- Mobilisation of people infected with HIV/AIDS
- IGA income generating activities to infected affected people
- Formation of support groups
- Holding of FGDs on topics related to health, video shows on HIV/AIDS
- Treatment of opportunistic infections
- Carrying out VCTs
- Updating members on IEC
- Registration of groups with the ministry of Culture and Social Services and helping them to open up bank accounts
- Networking with the relevant bodies doing with HIV/AIDS activities

On what has been done, it was noted that

- 552 infected and affected persons have accessed IGAs credit facility and are doing business
- 80 members of the groups have been tested VCT
- 312 families of Home Based Care Volunteers were able to become sustainable
- 512 orphans have been supported
- 6 groups with 1350 families have been formed
- Six clinics a month are held a month as well as one outreach clinic
- Nutrition classes and demonstration to groups were carried out

On realised outputs the following points were noted:

- There is behaviour change among people living with HIV/AIDS
- Many people are openly testifying that they have HIV/AIDS
- The feeling of revenge for persons living with HIV/AIDS is declining
- The infected and affected are supported
- Social stigma discrimination the infected has reduced
- Established linkages with other actors
- The level of information sharing to discuss sexuality among community members has increased
- There is increased willingness by people to know their status
- There is increased sensitisation of community on importance of home based care services

The recommendation was that now emphasis should be put on orphans to help them not to fall victims of HIV/AIDS

### **Plenary discussions:**

During the discussions it was noted that

- The sensitisation on management of IGAs targets the whole family IGA such that they can take over from persons living with HIV/AIDS in case of death.
- There is treatment gap by this CBO and it was suggested that families running the IGAs could be encouraged to buy drugs for their patients
- Home Based Care volunteers have been given some IGAs in order to enable them sustain themselves while others have been linked to MFIs such as Life link.
- While the project used to recommend people to undertake VCT, the nurses in the main hospital did not know how to handle the HIV/AIDS patients. Today the organisation has brought VCT services nearer.
- There is a demonstration garden at the project centre to help the persons living with HIV/AIDS to replicate what they learn in order to help them improve their nutrition.
- While loan are difficult to manage, it has also been found that persons living with HIV/AIDS get a lot more stigmatised by receiving loan i.e. loans are referred to as money for the sick. There are also institutions that deny them funds because they are sick. Banks have in many cases seized property for persons living with HIV to pay back the loans. Today ACORD prefers simply to give them start up money and not loans.
- It was also suggested that PELUM members should consider partnering with people and big corporations that can take risks and support communities even when they don't expect much out of it. E.g. MTN
- There is need for more advocacy against stigma. It was noted that development workers should desist from stigmatising their people further by changing the language they use when referring to the people they work with. Referring to our people using such terms as 'the poor', 'the marginalized', 'the sick' etc, should be discouraged
- It was emphasized that when persons living with HIV/AIDS come out to declare their sero status it does help to reduce stigmatisation.

## **Day 2**

### **2.4 Presentation from Zimbabwe:**

A study done in Zimbabwe on the National HIV/AIDS estimates by UNAIDS, WHO C.D.C. using the epidemic projections and using samples from urban, rural areas, commercial farms, mines, growth centres, army camps and border towns indicated the following findings:

- The estimated number of people living with HIV/AIDS is 1.8 million. Of these 1.5m are adults. Of these 56.5% are women.

- There are an estimated 138,000 new HIV/AIDS cases in 2003 and 36,000 in children. Over half (56.5%) of the estimated new adult AIDS cases in 2003 are women
- The estimated number of orphans is 761,000 by end of 2003
- The estimated adults aged between 15-49 infected is 28.1% in urban areas, 20.9% in rural areas and 34.9% in mines, growth points, army camps and boarder towns
- Trends in the estimated number of adults aged 15-49 living with HIV/AIDS shows an increase in incidence of AIDS prevalence in women

### **The FAMBIDZANAI Permaculture Programme (Zimbabwe):**

FAMBIDZANAI Permaculture Programme is a Non Government institution established in 1985. It promotes a concept called Permaculture, which refers to permanent agriculture. This is a term coined in the 1970s, propagated in 1980s and it originated by a gentleman known as Bill.

The institute offers some courses and also carries out outreaches some of which are sponsored

- The target groups are rural communities, urban and semi urban communities, NGOs in related fields and researchers. There is also a new emerging group of NGOs promoting HIV/AIDS programmes.

Why are more NGOs coming to FAMBIDZANAI?

- Because of the promotion of nutrition gardens, diversified gardens, organic gardens and homestead gardens
- Permaculture promotes organically produced foods (no fertilizers and no pesticides)
- It promotes intercropping of perennials, annuals and indigenous plants to assure food throughout the year
- Permaculture promotes integration of herbs that have multiple uses. These herbs could be used as repellents, to increase soil fertility, to control pests, for medicinal purposes and aroma from herbs
- Maximum use of land space for subsistence and income generation.

Plenary discussion:

During the plenary discussions the following points were noted:

- While the rates of HIV/AIDS infection in rural areas of Zimbabwe are at 21%, the rates in other countries are higher in urban areas
- It was noted that plans are underway to promote the concept of Permaculture at the regional level. Permaculture can also be promoted through PELUM and funding for Permacultural activities could be sourced through PELUM.
- There are 200 NGOs in Zimbabwe working on HIV/AIDS related activities and FAMBIZANAI networks with them.
- A question was raised regarding how realistic the data on HIV/AIDS in Zimbabwe is. In response the presenter noted that this particular research project in Zimbabwe came up with a range and also took into consideration

other studies and new developments. The EPP package was used to come up with realistic data.

- It was noted that HIV/AIDS tests are done anonymously for the mothers who go for pre natal care.
- There is need to train more people to carry forward the Permaculture concept in order to meet the growing demand. FAMBIZANAI is also intending to go out to farms of their former trainees to promote the concept more.

## **2.5 Temba Community Development Services (South Africa).**

This organisation was formed in 1999 and registered under the new NPO act, which was involved in poverty alleviation.

It was noted that the Temba Community Development services is involved in the following activities:

- Training women in projects such as baking, piggery, chicken farming, sewing and bead making
- Tender advisory services to women, writing of proposals, writing of business plans, filling tender documents, offering women book keeping skills, and giving them information and referral services.
- Prioritised the fight against HIV/AIDS and to train people.

What is the organisation doing?

- It carries out a lot of awareness campaigns in training workshops for the affected and infected people on a range of issues such as counselling, TB treatment, home based care etc
- Formation of community support groups and training on health issues including IGAs such as food gardens, bead making, sewing and arranging of disability grants
- Does home visits and follow up on medical care, arranges food parcels and provides support to the affected and infected.
- Provides a shelter home for the chronic/terminal and rejected cases. Offers VCT services and a soup kitchen to the destitutes from the streets
- Identifies orphans and vulnerable children and registers them with government system to qualify for foster care grants. It also with places orphans with the department of Social Development/Justice

Why is the organisation involved?

- The organisation originally had a target of 9 districts with a population of 1.2 million people in the Eastern Cape province. In 1997 10.7% of the people in the area were migrants, by 1999 they increased to 17.5% and by 2000 to 23%. And at the same time 60% of the hospital beds were filled with patients with HIV/AIDS related infections
- By 2000 the population of South Africa was 40 million and 4.74 million were HIV positive. It was also reported that 40% of the teachers in 2002 were found to be HIV positive. In 2003 the National minister reported that 5.5

million people were HIV positive (i.e. one out of every nine people is HIV positive).

Partners in the work:

- It was also noted that the organisation is networking with a number of organisations that include Action Group for CINDI, Eastern Cape NGO coalition, PELUM association, community groups, UNTRA, Umtata, general hospital, government departments, local government etc.

Achievements.

Achievements of the organisation include the following:

- Setting up an HIV/AIDS clinic in Umtata general hospital
- Launching the SAGMA organisation to help the affected and infected soldiers and policemen.
- Training of NGOs and CBOs on health issues
- Setting up the PHASO/UNTRA HIV/AIDS centre of excellency
- Training of communities for every family to have a counsellor. To date 3000 counsellors have been trained
- Having many people disclosing their sero status
- Training parents on good parenting 'ubuntu'
- Traditional leaders, healers, religious leaders, NGOs, government departments participating in HIV/AIDS campaigns
- Offering VCT in most clinics
- ARVs therapy training started by NGOs
- Orphans and vulnerable children are getting grants
- Training teachers to be counsellors and to date 400 teachers have been trained and are going out to communities.
- Training men on circumcision issues
- There is a noted behaviour change especially manifested in the promotion of virginity and abstinence

Plenary discussion:

- It was noted that HIV/AIDS and TB patients get a disability grant of \$78 per month
- There are problems of Children being abused on the foster grants but measure are in place to fight it and whenever abuses are found, the grants are stopped.
- The food parcel support to destitutes is a temporary arrangement and there is some politics around the whole idea.
- People in the shelter homes are referred by their relatives, and for the destitutes with no relatives, the organisation works closes with the department of Social Development

## **2.6 Presentation from Tanzania**

- The first case was reported in Tanzania in 1988 and to date over 3 million people are affected by HIV/AIDS and thousands have died
- Over 70% of the affected people are aged 20-49

- HIV/AIDS has increased the burden to care for orphans, reduced the labour force especially in agriculture and increased spending on medication.
- There is increased number of absenteeism at work places, reduced life expectancy, increased numbers of dependants, and burden of care on the already overburdened at community level
- At the national level, the GDP is reducing due to reduction of productivity and mortality and morbidity have gone up
- HIV/AIDS was initially considered a normal health problem under the ministry of health. But since 1991 it was declared a national crisis and \$ 8 million was set aside for HIV/AIDS related activities. A commission for AIDS was also put in place to fight AIDS in a multisectoral way.

### **Tanzania Home Economics Association (TAHEA) Iringa**

It is a national NGO established in 1983 involved in health nutrition, agriculture, and community development and has branches from national to ward levels.

It was noted that

- The main targets are women, orphans, youth; HIV/AIDS infected and affected families, PLWAs.
- The major activities include counselling, home based care support, orphans programs, IGAs para legal training, use of groups in education and food processing. The organisation also networks with other stakeholders and established information centres where people can access information on HIV/AIDS.

Achievements:

- The organisation is a member of INGONET and collaborates with government through the councils, TACAIDS, VETA and schools. It networks with other NGOs such as UNICEF, DANIDA, PELUM and SATF
- Mama mkubwa program has been adapted
- About 2800 orphans from primary to universities have been assisted
- Helped in improving nutrition and food security among the community members
- Increased the life span of PLWAs by provision of food supplements
- Offers support to different drama groups that engage in HIV/AIDS activities

Discussions:

During the plenary discussions the following points were raised:

- The Mama mkubwa is always aged from 35-50 years. The children in the villages select this mama, she is not paid but is motivated by Income Generating Activities
- It was noted that a village could have 2-3 Mama mkubwa depending on need
- All orphans who are supported are identified by the community

## **2.7 HIV/AIDS And Its Impact On Food Security; The Understanding Of Relationships And Challenges.**

It was noted that regarding HIV/AIDS and rural communities the following changes have taken place:

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- HIV/AIDS was originally perceived to be an urban problem and even a problem of the well to do. In the 1990s it was progressively perceived as a rural problem.
- The first interventions were on prevention but in the 1990s people started focussing on mitigation and multidimensional approaches including in the agricultural sector have been designed.
- In the early 1990s there were many studies on the impact of HIV/AIDS in the rural areas. Today there are field projects bringing home based care closer to the people
- In the early 1990s it was mainly government making big campaigns but during the last 5-10 years many CSOs have taken up the challenge while government handles initiatives at the national level
- There are more linkages with the grassroots

The impact on rural livelihoods that have taken place include the following:

- Soil fertility degradation
- The labour constraints are enormous. Women provide more than 70% of the total labour force. When they fall ill production is reduced, as there is less labour. Time spent by women caring for the ill also reduces their productivity.
- There is enormous loss income. There is less income from cash crops
- People are not able to buy agricultural inputs e.g. fertilisers and seeds
- People are obliged to sell agricultural assets such as land in order to care for the sick leaving widows and orphans with very little land

The direct HIV/AIDS impact on agriculture include the following:

- There is less food agricultural production levels
- There is a change in food production e.g. more production of tubers such as cassava and less of bananas which are more demanding
- Not enough time for land tillage, weeding which is 99% a female task and pest management, thus lowering the production
- Certain crops e.g. millet and sorghum are being reduced greatly and in certain instances the seeds are lost leading to losses in the adaptation process of seeds in a certain area. ( viz. threat of losing certain crops)
- Death of animals due to poor management (loss of capital assets)
- The sale of animals leads to less manure for soil fertility
- There is less time for marketing and less opportunities for income generation

The HIV/AIDS vis a vis social impacts include:

- Impact on the most active segment of the population working on agriculture (25-45)

- The loss of local knowledge and skills passed on from generations (parents and grand parents). Agriculture has always been an adaptation process and when knowledge invested in local communities is lost there is big problem.

The ecological impacts of HIV/AIDS include the following:

- Erosions and depletion of soil fertility, over use of resources nearby and under utilisation of those that are far away and an increased dependence on fuel wood
- Less attention to crops, increases pest incidences and poor soil fertility
- Cultivable land is turned into fallow/bush and or grazing land
- Pressure on forests due to increased demand of fuel wood and coffins

HIV/AIDS has affected agriculture, increased food insecurity, affected the nutritional status and increased poverty

Developmental challenges

On the developmental challenges, the presenter posed the following question: “Do our activities in our organisations help to do the following?”

- Improve food security
- Improve nutritional status
- Increase IGAs
- Consider labour saving techniques
- Respond to changes in cropping patterns
- Respond to the management of indigenous knowledge
- Empower women in their control over productive assets
- Link up with agricultural research, health and nutrition institutions
- Mainstream HIV/AIDS issues in our regular work

Plenary discussions:

The following points were raised during the discussions:

- The need for networking with different organisations is very critical
- With all the ARVs on the market, food security is needed because they cannot be taken without food.
- Poor land management could be sensitive in some countries such as Lesotho that has little arable land and a mountainous terrain. Today the government wants to get rid of animals because it has failed to get rid of animal thefts. The first HIV/AIDS case in Lesotho was reported in the rural areas while now it is more rampant in urban areas.
- It was reported that more HIV/AIDS surveillance is done in urban areas than in rural areas and this may not be giving a balanced picture.

Mobility/migration is seen as one of the biggest causes of the HIV/AIDS. In South Africa, Zimbabwe, Zambia, Lesotho many people are moving to find work in the mines.

## **2.8 HIV/AIDS: Relationships to Nutrition**

Role of nutrition. Why is it important?

It was noted that nutrition is important because:

- It is a co factor for the optimal function of the body
- It protects body from infections
- It helps to fight disease when it occurs in addition to the drugs
- Provides a well balanced diet and nutritional supplements

The history of HIV/AIDS in Uganda

It was noted that the first 2 HIV/AIDS (known as siliimu locally) were reported in 1982. 17 more cases were reported in 1983 and the prevalence of HIV/AIDS was confirmed in 1984.

The following points on malnutrition were articulated:

- The majority of persons with HIV have problems of malnutrition
- The vast majority of HIV patients are malnourished before they develop AIDS
- HIV patients malnourished even before development of AIDS.
- Many HIV negative adults (farmers) and children are malnourished and do not know what to take or are poor

Outcomes of malnutrition

- There is poor immune functions associated with higher risk of AIDS events which result in prolonged hospitalisation and disease complications
- There is also greater risk of death e.g selenium significant predictor of HIV mortality
- Directly cause some symptoms of HIV e.g malaise, skin problems, neuropathy, wasting
- Associated with increased morbidity in both adults and children for HIV negative people

What causes malnutrition?

The following causes of malnutrition were identified:

- Poor nutritional intake
- Mal absorption
- Increased body requirements
- Ignorance of right foods to take
- Poverty
- Concurrent infections especially at the AIDS stage e.g. loss of appetite and vomiting
- Loss of taste and smell senses due to oral infections

Altered metabolism

- Studies have shown that with HIV energy expenditures are higher by 10%, and there is increased body protein turn over and increased fat metabolism

#### Mal absorption

- Poor absorption due to destruction of virii
- Chronic diarrhoea due to HIV and associated infections leading to 20% of protein and fat. Other causes of diarrhoea include unclean water, poor hygiene and waste disposal

#### MTCT prevention

- There is need for mothers to be given sufficient antiretroviral regimens that have been proven to be effective in the prevention of MTCT of HIV. It has also be established that implementation of MTCT prevention programmes is an effective method of protecting the next generation of children against HIV.

#### Interventions that we can think about for policy development

- Nutritional counselling
- Promotion of adequate and appropriate low cost food sources
- Identify local rich food sources for essential vitamins and minerals
- Promote growth of these foods (high yield seed)
- Nutritional support including supplements
- Correction of malnutrition in HIV positive and negative people and hyper protein diet for HIV positive patients

#### Conclusion

- Given its high frequency, malnutrition should be prevented, detected monitored and treated in early stages of infection
- Recommend health cheap dietary practices
- Improve survival and quality of life
- Interventional nutrition education to the community is beneficial and this will maintain quality of life
- A balanced diet is important for everybody but it is critical for the HIV positive persons.

#### **Plenary discussion:**

- The PELUM association could take the opportunity to popularising some crops such as millet that are drought resistant and are easy to grow and are rich in proteins at the same time.
- There is need to work on attitudes such that people do not give up rich foods in proteins in preference for status foods that are not
- The development agencies have a role to make the people appreciate their indigenous foods
- Countries should contribute articles on a website and distribute them as part of the advocacy.

### **2.9 HIV/AIDS and Civil Society; implications and challenges for community support organisations**

AIDS affects people and organisations. HIV goes to the individual who plays a role in a household and community. It impacts on organisation and institutions where the individual is working and enormous impact on the sector.

- Indirect costs include more absenteeism, lower productivity and burden on colleagues. It causes loss of experience, skills and institutional memory vested in the dead person
- The direct costs include medical care, additional recruitment, training, documenting and reporting costs. Overall there is lower quality of work due to loss of experienced staff, efficiency is lowered, and sometimes the survival of the organisation is threatened.
- The indirect impact may include the change of clientele, family structure with whom the organisation is dealing is changing and there are more destitute families that are more difficult to integrate in our work
- Services do not respond to the primary needs of the clientele; food security and nutrition instead of cash crops, and low inputs instead of chemical fertilizer,
- Need to contribute to prevention, care and mitigation of HIV/AIDS
- Quality of services provided is declining
- Being drawn into non-core activities e.g. prevention and distribution of condoms prevention/safe messages which were not their core activities.

#### Challenges to CSOs

- Retain core business and objectives and make them relevant to HIV/AIDS
- Involve actively infected/affected/ at risk people in activities
- Establish partnerships with HIV/AIDS specialists
- Address HIV in all programmes and activities
- Address HIV inside the organisation

Using cards participants individually answered the following questions:

- a) What has changed within your organisation?
- b) What has changed in terms of priority settings/programmes
- c) What do you know about rural communities responses?
- d) What changes have you observed within rural communities in relation to food security?

The responses are summarized in the following matrix:

Question	Responses
a) What has changed within your organisation?	Development of policy on HIV/AIDS <ul style="list-style-type: none"> <li>▪ A health policy guideline for HIV/AIDS being developed</li> <li>▪ More involvement of PHAs in management</li> <li>▪ Training of project staff on VCT</li> </ul> Insurance policy: <ul style="list-style-type: none"> <li>▪ Appointment of HIV/AIDS Focal person</li> </ul> Attitudes: <ul style="list-style-type: none"> <li>▪ Open discussion about HIV/AIDS unlike before</li> <li>▪ Decline in stigma towards PLHAs</li> <li>▪ Perceptions about HIV/AIDS</li> </ul> Others: <ul style="list-style-type: none"> <li>▪ More incidences of attending funerals</li> <li>▪ Improve quality of life of PHAs through counselling etc</li> <li>▪ Loss of skills due to death of workers, implementers</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Increased permission to attend to sick relatives, treatment and funerals</li> <li>▪ Increasing medical costs for staff</li> <li>▪ Participation in training of PHAs</li> </ul>
<p>b) What has changed in terms of priority settings/programmes</p>	<p>Community involvement/targeting:</p> <ul style="list-style-type: none"> <li>▪ Shift from IGAs support to orphan support</li> <li>▪ Incorporation of HIV/AIDS mitigation in all programmes</li> <li>▪ Need for recognising HIV/AIDS as a crosscutting issue</li> </ul> <p>Advocacy:</p> <ul style="list-style-type: none"> <li>▪ Advocacy of PLWA, widows, orphans</li> </ul> <p>Methodology:</p> <ul style="list-style-type: none"> <li>▪ Focus on community involvement</li> <li>▪ Change from service provision to strengthening CSOs</li> <li>▪ Emergency of new groups for training i.e. NGOs promoting HIV/AIDS</li> </ul> <p>Establishing linkages:</p> <ul style="list-style-type: none"> <li>▪</li> </ul>
<p>c) What do you know about rural communities responses?</p>	<p>Coping</p> <ul style="list-style-type: none"> <li>▪ Developing coping mechanisms</li> <li>▪ Designing alternative livelihoods</li> <li>▪ From cultivating cash crops to farms for food for orphans</li> <li>▪ Putting up a chief's granary</li> <li>▪ Communities willing to volunteer and care for the affected</li> <li>▪ Concern about the man hours lost due to burials and rituals</li> </ul> <p>Awareness</p> <ul style="list-style-type: none"> <li>▪ Communities know that there is no cure of HIV/AIDS</li> <li>▪ The use of African indigenous knowledge in treatment of HIV/AIDS</li> </ul> <p>Having higher expectations from NGOs</p>
<p>d) What changes have you observed within rural communities in relation to food security?</p>	<p>Negative changes: decline in food security and nutrition status</p> <ul style="list-style-type: none"> <li>▪ Decline in food security and more families having one meal a day</li> <li>▪ Increased need to purchase food</li> <li>▪ Under utilisation of land by orphans</li> <li>▪ Shift from cash to food crops</li> <li>▪ Loss of seed security</li> </ul> <p>Positive changes</p> <ul style="list-style-type: none"> <li>▪ More food gardens are coming up because of mobilisation</li> <li>▪ Administration giving a hand in community meetings about poverty, planting of indigenous vegetables e.g judi plants and using co</li> <li>▪ Farmer groups have taken up intercropping</li> <li>▪ Integration of crop and livestock e.g Rearing of goats, rabbits etc, on the rise</li> <li>▪ MFIs as a poverty eradication programme to help people buy farm in puts</li> <li>▪ Demonstration gardens at resources centres for people to replicate and use their small farms</li> <li>▪ Nutrition classes conducted every six months for the infected persons</li> <li>▪ People are stimulated to be innovative in IGAs</li> <li>▪ Improvement of food processing, storage and marketing</li> </ul>

In the plenary discussion it was noted that

- TASO gives six months salary to a bedridden staff and in the event of death his/her dependants can continue collecting that person's salary for six months
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## **Day 3**

### **Mitigation of HIV/AIDS At Family And Community Level**

ACORD is an international NGO that works in conflict areas in seven district of northern Uganda. The NGOs has been working in Uganda since 1979. Working in Uganda, Tanzania, Ethiopia, Somalia, Sierra Leone, Eritrea, Burundi, Rwanda Democratic Republic of Congo, Burkina Faso, Mozambique, Angola.

What is mitigation of HIV/AIDS?

Mitigation is reducing the causes and effects of HIV/AIDS to a level that is less alarming and less threatening to the social economic development potentials of a community.

Factors that fuel the causes of HIV/AIDS

- Biological- poor STD management, poor infection control measures and unsafe sexual practices
- Social- alcoholism, substance abuse, inappropriate IEC, immorality, poor health care service delivery
- Cultural – rigid gender norms and attitudes, polygamy, wife inheritance, Female Genital Mutilation and circumcision
- Economic- poverty, low household income, sex trade and employment
- Political- armed conflict, child abduction, internally displaced persons

Indicators of effects of HIV/AIDS (to be mitigated) at individual level

- Stigma and discrimination, isolation, stress, and being emotional, ill health leading to death, loss of jobs and friends, reduced life expectancy, poor household income, saving and investment

Indicators of effects at family level

- Poor parental guide, child neglect, early pregnancy, early/forced marriage, Disruption of education, decrease in food availability and promotion, increased dependency ratio, increased domestic violence, separation, divorce, suicide, alcoholism, anti social behaviours

Effects of HIV/AIDS to mitigate at community level

- Low school enrolment and increase in drop out, increase in numbers of single and child headed families, depressed economic development potentials, burden on health care facilities, conflict over norms and values, increase in substance abuse/sex trade, increase in infant/child maternity and mortality rate.

How do we mitigate?

It was noted that we can mitigate by doing the following:

- Strengthening behavioural Change Communication (BCC) using appropriate mechanism, tools, IEC and channels
- Improve care and support to the infected families thru VCT, HBC, PMTCT, ARV therapy, palliative care, improve household income and knowledge base of service providers
- Strengthen the capacity of HIV/AIDS service organisations, development partners, community groups to respond to the epidemic
- Improve accessibility and utilization of services, provision of supplies
- Improve mobilisation and participation of people
- Improve political commitment
- Promote cultural coping mechanism
- Tap local resources and expertise
- Rehabilitation and reconstruction

Appropriate intervention and best practices

- Conduct research and social studies
- Improve appropriate technology
- Encourage community base intervention
- Mainstreaming HIV/AIDS in programmes
- Greater involvement of PLWHAs

Advocacy strategy

- Promote supportive policies and management systems
- Affordable ARV at community level
- Protecting rights of PLWAs
- Workplace policy
- Child abduction defilement and rape

Plenary discussion:

During the plenary discussion the following issues were raised

- One participant raised a concern whether by targeting at reducing the incidence of HIV/AIDS and not stopping we are doing enough. It was clarified that stopping HIV/AIDS is very difficult so all policies in Uganda are geared towards reducing by involving all sectors.
- It was also suggested that governments should actively support those institutions that are involved in the management and eventually curing the epidemic
- Even if the cure of HIV/AIDS was found, its effects will go on for many more years
- HIV/AIDS is a viral infection and there are no cures for viral infections today.
- ACORD has changed from service provision to strengthening CSOs that are involved in service provision. It helps groups in the private sector e.g. those offering MFI services and ACORD only monitors them. ACORD works in three districts in West Nile, three in Acholi region, and two districts in the Karamojong pastoralists in the eastern sub region.

## **Background To Policy Development Of HIV/AIDS Policy In ACORD**

It was noted that ACORD developed an HIV/AIDS policy. The policy development process took a period of 18 months and involved all the staff with the organisation. The policy considers prevention and education, care and support, recruitment, employment and promotion, HIV/AIDS related hazards, confidentiality and shared confidentiality, human resource planning and grievances and disciplinary procedures:

- The policy's goal is to enhance the ability of ACORD Northern Uganda and its staff to anticipate, minimize and cope with illness and death associated with the pandemic.
- The objective of the policy is to minimize the possibility of HIV infection among staff and dependants and to assure a supportive work environment for staff infected and affected by HIV/AIDS. It also aims at managing and mitigating the impact of HIV/AIDS on the work of the staff and eliminating stigma and discrimination in the workplace on the basis of real or perceived HIV/AIDS status.

### **Prevention and education**

- Under prevention and education the policy ensures that staff and their families access up to date and relevant information on HIV/AIDS in acceptable formats in order to facilitate behaviour change.

### **Care and support**

- Under care and support the policy ensures support to the infected and affected staffs to cope with the physical, social, psycho-social, emotional and economic effects of HIV/AIDS (redeployment, sick leave, compassionate leave, termination and medical benefits including subsidies for ARV drugs)

### **Recruitment, employment and promotion**

- Under recruitment, employment and promotion the policy ensures that there is equal and fair chances given to candidates at the time of recruitment, employment or promotion irrespective of their HIV/AIDS status

### **HIV/AIDS related occupational hazards**

- Under HIV/AIDS related occupational hazards, the policy ensures that employees are protected from infections or post exposure effects while at work

### **Confidentiality and share confidentiality**

- Under this strategy, the policy ensures an environment where employees HIV status is treated as confidential and in situation where it is known they are protected against stigma and discrimination. Disclosure of status is voluntary

### **Grievances and disciplinary procedures:**

- The policy ensures that employees who declare their status are protected from stigma and discrimination. Disciplinary actions are taken on non-adherence

## **Plenary discussion**

- It was noted that PELUM needs to design a policy caters for the PELUM employees who regularly move away from the work stations and home for long not to be tempted by putting in place favouring conditions such as moving with spouses at times.

- There should be communications strategies for entrepreneurs to be sensitised to balance between profit maximization and people working for their enterprises.
- For ACORD funds for critical illness are also used to cater for things such as death.

### **The AIDS Support Organisation –TASO (Uganda).**

TASO was founded 16 years ago to promote positive attitudes for people living with HIV/AIDS.

- 65% of TASOs clients are female and only 35% are males
- TASOs mission to contribute to a process of restoring hope and improving the quality of life of person's communities affected by HIV infection
- Those who come to TASO are encouraged to accept the diagnosis, to live positively with HIV/AIDS, to seek prompt medical attention, practice safer sex, seek counselling, eat a balanced diet, have adequate sleep, avoid alcohol and smoking and to continue with their normal activities.

#### TASO's activities

- Counselling is the core activity. Counselling is offered to individuals, families, communities and at national level. Counselling is provided at all the Counselling centres, clients' homes during home visits, outreach clinics, and hospital wards. There are trained volunteers who mobilise the communities.
- The counselling package contains information about HIV/AIDS, dangers of STDs, family planning options, safer sex practices, pre-test counselling situations, post-test counselling situations, on going support counselling, crisis counselling, couple counselling, bereavement counselling, spiritual counselling, group session, counselling for special clients such as discordant couples etc

#### Medical service package:

- Treatment of opportunistic infections such as TB, fevers, diarrhoea, vomiting cryptococcal meningitis, herpes sozter etc., it is also involved in Home based care to the bedridden, out reach clinics. However, the organisation is not fully involved in treatment with Anti Retro Viral Therapy.

#### Social support

- Over 90% of TASO clients are very poor.
- TASO provides Day care centres where they get skills, fellowshiping; engage in drama group activities and community education.
- It also provides material assistance such as nutritional food supplements.

#### Educational support to orphans and vulnerable children

- 200,000 needy children identified by 1999. Today 1700 are receiving support for scholastic materials and the cost of the uniform for those in primary schools. Tuition is paid for those in secondary schools and apprenticeship training.

#### Other TASO indirect services

- Advocacy and mobilisation for the rights of people for HIV/AIDS and drugs
- Collaboration
- Net working with influential leaders

#### Capacity building

- Training of counsellors for CBOs at a cost

- Training community volunteers and community nurses to undertake home visits
- Peer educators particularly for the youth
- Training CBOs/NGOs in basic counselling skills

Resource mobilisation

- From external donors, DANIDA/CDC, SIDA, DFID, EU, and Uganda government that has exempted TASO from taxes.
- Monitoring and evaluation department
- Management information system data

**HIV/AIDS in relation to Nutrition and Food Security**

- Nutrition is part of positive living and in TASO clients are encouraged to eat energy giving foods (matooke, cassava, posho, bread,), body building foods (ground nuts, beans, peas, fish meat, eggs, milk etc), disease fighting foods and skin toning foods (vegetables and fruits).
- Foods such as rice, beans, posho, sugar and skimmed milk are sometimes given to the needy clients of TASO
- In 2002 USAID through ACIDI/VOCA approved a five-year food support project to cater for 7,000 primary beneficiaries and 35,000 secondary distributed to them on a monthly basis. Soya blend and fortified oil is provided to the clients
- On the uses of foods to HIV/AIDS clients it was noted that foods control the body temperature, provide enzymes and antioxidants. The HIV/AIDS patients are also encouraged to take power foods such as garlic, yoghurt and lemons. They are also advised to avoid processed food, refined foods, canned food, foods with preservatives, artificial flavour and colorants, foods grown with pesticides and alcohol.

Guidelines to vomiting and nausea

- HIV/AIDS are advised to drink small amounts of liquid, drink fresh lemon juice in hot water to cleanse the digestive organs, use spices that help relieve nausea, eat frequent small meals, eat pineapples and other food sour food and to avoid eating fatty and sweet foods.

Guidelines to avoid diarrhoea

- It was noted that diarrhoea in HIV/AIDS patients causes weight loss. Patients are advised to aid their digestion by squeezing lemon juice over fatty foods, increase their appetite and digestion by using spices. They are also encouraged to eat meat, paw paws, and fermented foods. They are also told to eat many small meals and to drink between and not with meals.

Sore mouth

- It was noted that sore mouth is a result of infections such as candida/thrush in order to treat it patients are advised to drink nutrient rich foods such as vegetable and fruit juices, eat soft or mashed foods, and to avoid over spiced, fatty and acid foods.

Lack of appetite

- It was noted that lack of appetite is manifested in different ways that include a person not feeling hunger, feeling of hunger but easily getting satisfied

### **Plenary discussion**

- One participant wondered how we can manage all these rich experiences and knowledge. This is about sharing
- In Zimbabwe everybody contributes 3% of their salary to what they call AIDS levy. However, whereas that money is collected for a noble cause, access management and accountability of that money would be a big problem.
- TB drugs are now available in hospitals in Uganda free of charge.
- The longest surviving client for TASO joined the organisation in 1988 and her CD count is still 500. And today TASO has a cumulative figure of 90,000 registered clients. TASO staff today comprises of 304 for the seven centres and soon 47 are soon being recruited for the new centres soon to be opened.
- The volunteers only receive allowances
- Children being supported by TASO and not tested as a requirement for support. However many of them are children of TASO clients. There is a 16 year old girl who is HIV positive being supported since age 5 and now is in S.2.
- There is the PMTCT plus that is targeting both mother, father and children
- One participants wanted to know how they manage donors with their conditions on funding: in response it was noted that TASO developed a basket funding strategy where all donations are put in one basket and shared among the centres according to need. But there was a lot of lobbying and there are strict accountability measures.
- One participant wanted to know the challenges met by TASO such as dealing couples, illiterate people, under utilisation of services by NGOs such as VCT in the rural areas and other challenges for programming etc. In response it was noted that disclosure by the women to husband is very difficult because it is accompanied with violence, abandonment, etc.. However, often men will often find their spouses in TASO already. It was also noted that some of the problems of working with people remain unsolved e.g people who believe they are positive and on testing they prove negative and fail to handle their situations.

### **HIV/AIDS And Agriculture; Elements For A Strategy Of Prevention Care And Mitigation.**

Elements for the strategy:

These are options that can be used in the strategy.

- The first challenge has to do with improving soil fertility and management. This includes cover, crops, rotation with legume, intercropping, practicing conservation agriculture including zero tillage, and Permaculture.
- Focussing on seed security and improvement
- Small livestock promotion e.g compost manure promotion
- Natural pest and weed management
- Crop livestock integration
- Using traditional, neglected and under utilised crops
- Stimulate local food processing

Enhancing Nutritional and Health Status. The following could be done for the strategy

- Home gardens
- Using wild food plants
- Promoting medicinal plants
- Promoting herbal treatment and remedies
- Disseminate recipe for a healthy diet using recipes that combat diarrhoea, nausea, vomiting, assist gaining weight etc..
- Low-cost water purification measures
- Improved hygiene and waste disposal

Labour saving technologies and practices

- Labour-saving technologies and practices could focus on labour demanding crops such as root and tuber crop,, and animals such as goats. There is need to focus on cover crops to reduce weeding and to practice inter cropping to make better use of space
- Zero tillage
- Conservation agriculture

Cash Saving:

Cash saving possibilities could be:

- Low-external input agriculture, making use of agro ecological process
- Organic agriculture
- Natural pest management
- Zero-tillage
- Local seed multiplication and storage

Income Generating Activities

- Small livestock for selling
- Food processing
- Vegetable, spices and other crops with high demand

### **Strategies**

At organisational level:

- Mainstream HIV/AIDS issues in the regular work. Assess activities on their relevance to HIV/AIDS impacts
- Participatory learning and action; principles of FFS applied to health system-Rural Life Schools
- Community participation and priority setting
- Focus on vulnerable and affected communities
- Empower women in their access and control over productive assets
- Training families and communities on the importance of on nutrition and health
- Use of indigenous and local knowledge
- Role of Micro-credit e.g. small livestock restocking

Support strategies

At a national level (e.g. PELUM Uganda, Lesotho etc.)

- Training of trainers

- Networking with other organisation working in the field of HIV/AIDS, food security, and nutrition
- Link up with agricultural research
- Link up with specialized health and nutrition institutions
- Documentation of good practices in HIV/AIDS, food security, and nutrition and we need mechanisms to share them.

#### Conservation agriculture:

There is need to introduce the following agricultural technologies

- No ploughing or soil cultivation i.e. no disturbing the fields
- Crop and cover crop residues stay in the field
- No burning of crop residues
- Residue mulch protects the soil from erosion and improves the soil.
- Closed-nutrient cycle
- Continuous cropland use
- Specialised equipment needed in some cases.
- Crop rotations and cover crops to maximize diversity and hence control pest and diseases.

#### Rural Life Schools

Link principles of Farmer Field Schools (FFS) to health situation as well

- FFS is based on discovery learning process in the farmer field, joint problem analysis, learning to observe, start to experiment at farmer field and do a joint assessment and evaluation. FFS are also based on regular gathering, there in teaching, but creating opportunities for learning and understanding.
- Discussing the health situation; discussing the root causes of chronic diseases including HIV/AIDS, learning and understanding the impacts and developing coping mechanisms to mitigate
- Link up with the idea of community support group concept
- Restore traditional ways of self-help and communal support e.g ‘ubuntu’

Preserve and use of indigenous knowledge

- Indigenous knowledge vested with the elderly people
- Local knowledge on wild fruits, wild food, medicinal plants, treatments, uses etc.
- Provide opportunities for elderly people to share their knowledge, validate and document and feed back to the community
- Bring community elders together with young members e.g. in communal fields, traditional practices in crop and animal management
- Document at organisational, national and international levels

‘Any programme that does not address HIV/AIDS concerns is pointless’

What are the elements for the PELUM strategy?

What is needed at organisational level, national level and

## DAY 4

### Experiences from Lesotho

#### Profile

- Lesotho Africa's mountainous kingdom is ranked as one of the poorest countries. It is a landlocked country heavily dependant on S.A and other neighbours for its economy It has a population of 2 million 80% living in rural areas. Most of the country is mountainous and less than 10% of the land is arable.
- Until the 1990s a lot of people left the country to look for work in the S.A mines. Many of them left their woen as household heads and never returned home even after retrenchment.
- HIV/AIDS prevalence in Lesotho is at 31% and the country is rated the 4<sup>th</sup> in the world after Botswana, Swaziland and Zimbabwe.
- Lack of income in rural households, the impact of HIV/AIDS and inadequate land security have impacted heavily on land management practices, depletion of natural resources and food security
- The government of Lesotho formed the Lesotho AIDS programme-coordinating agency (LAPCA) under the office of the first lady to coordinate all HIV/AIDS related activities. There also 10 district coordinating committees composed of chiefs, traditional leaders, women, youths, disabled etc. these committees have mobilised over 400 support groups involved in counselling, home based care, training of trainers and awareness raising.
- The Lesotho country desk was launched in September 2003. But PELUM Lesotho has completed a 2 year contract with the Ministry of Agriculture to undertake on farm research, on station research and awareness raising

#### Plenary discussion

- PELUM Lesotho established a country-working desk in September 2003.
- The farmers in Lesotho have identified HIV/AIDS as impacting heavily on agriculture in the country. A proposal has been developed focussing on the NGO staff, availability of condoms, and training of trainers in order to address the problem.
- There are four PELUM partner organisations involved in HIV/AIDS that included general awareness, counselling, home gardens and home based care distribution of condoms etc.
- There were a number of achievements by PELUM even before the country desk was established. These included organising the farmers groups, contributed to the farmers conventions, contributed to the E-technology workshop on how e-technology can be used in sustainable development.

#### The SWOT evaluation:

Participants undertook a SWOT evaluation about PELUM and the responses are presented in the following matrix:

Issues	Analysis
Strength	<ul style="list-style-type: none"><li>▪ PELUM operates regionally and can access more</li></ul>

	<ul style="list-style-type: none"> <li>farmers in the region</li> <li>▪ There are member organisations involved in HIV/AIDS programmes</li> <li>▪ Good at resource mobilisation</li> <li>▪ Good collaborators/net workers</li> <li>▪ Recognised and respected e.g. in Lesotho where the PELUM is asked by Min. of Agriculture to do certain things</li> <li>▪ There are structures at regional and national levels</li> <li>▪ There are publications and workshop reports</li> </ul>
Weaknesses	<ul style="list-style-type: none"> <li>▪ Sometimes undertakes ambitious plans</li> <li>▪ Weak coordination strategies from the Regional desk to country desks</li> <li>▪ Limited distribution logistics especially for publications</li> <li>▪ There are some weak country working groups especially where there are no full time country desks</li> </ul>
Opportunities	<ul style="list-style-type: none"> <li>▪ PELUM works with a needy group of farmers</li> <li>▪ Addressing universal concerns</li> <li>▪ Has willing partners</li> <li>▪ Increasing active country desks</li> <li>▪ More organisations are getting to know what PELUM is and want to join</li> <li>▪ PELUM is flexible and abreast with new developments in the world</li> </ul>
Threats/limitations	<ul style="list-style-type: none"> <li>▪ Lack of human resource especially in HIV/AIDS at the regional desk</li> <li>▪ Limited funds at country desks to implement activities</li> <li>▪</li> </ul>

It was suggested that PELUM may have to take up extra activities that are not its core activities in order to mainstream HIV/AIDS activities such as distributing condoms.

### Framework for policy

Participants were divided into 3 groups to look at Care, Prevention and Mitigation and identify principle concerns and areas of intervention that could be taken into formulation and development of the PELUM HIV/AIDS policy. The responses are presented below as follows:

#### Care:

Regarding care the following concerns and areas of concern were pointed out:

Response Area	Principles concerns	Areas of intervention
Care	Healthcare 1) Malnutrition 2) Psychosocial support -Stigma and	Malnutrition <ul style="list-style-type: none"> <li>▪ Promote nutritional awareness</li> <li>▪ Correction of malnutrition including supplements</li> <li>▪ Provision of interim relief</li> </ul>

	<p>Discrimination          3) Immune-suppression          4) Proper management of Opportunistic infections</p>	<ul style="list-style-type: none"> <li>▪ Promote cultivation of appropriate indigenous foods</li> </ul> <p>Psychosocial support (stigma &amp; discrimination)</p> <ul style="list-style-type: none"> <li>▪ Promote community support networks</li> <li>▪ Sensitisation of communities on HIV care</li> </ul> <p>Immune-suppression</p> <ul style="list-style-type: none"> <li>▪ Sensitisation of communities on available treatment</li> <li>▪ Provision of ARVs</li> <li>▪ Promote related services</li> </ul> <p>Proper management of Opportunistic infections</p> <ul style="list-style-type: none"> <li>▪ Prevention (ARVs, prophylaxis)</li> <li>▪ Promotion of Home Based Care</li> <li>▪ Promotion of use of medicinal plants</li> <li>▪ Strengthen referral systems to HIV service organizations</li> </ul>
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### Considerations for Implementation Strategy

#### Malnutrition

- Nutrition component of HIV/AIDS campaigns
- Incorporation in Pelum/partner NGO activities
- Food parcels (not sustainable)
- Promote Demonstration and individual food gardens at country level (District, Sub-county)
- Involve community support groups and Home Based Care groups
- Train people in sustainable agriculture

#### Psychosocial support

- Train community volunteer counsellors
- Advocacy campaigns for care (Churches, schools)

#### Immune-suppression

- Advocacy campaigns on availability of treatment (Target TBAs, THs)
- Contribution from Corporate companies (e.g Celtel)
- Treatment Action Campaigns (e.g South Africa)
- Fundraising for Treatment
- NGOs e-g MSF
- Health plans and Health insurance policies for rural communities (co-payments by Corporate Companies, International Initiatives like GAF, Bush Initiative)

- Improved agriculture methods to generate funds for buying ARVs

Opportunistic Infections

- Train Home Based Care givers

Overall

- Strengthen country Pelum desks
- Strengthen partnership and networking with NGOs and farmer organizations at country level.
- Lobbying to obtain political commitment
- Widely disseminate simple guidelines (nutritional, farming techniques, etc)
- Develop Training materials I selected areas
- Training of Trainers
- Linkage with research institutions in HIV care and treatment

Monitoring and Evaluation

Suggested indicators at country level

- Sensitisation meetings
- Awareness campaigns
- Training workshops and numbers trained
- Food gardens and demonstration gardens
- External Evaluation (consultancy)

**Prevention:**

Regarding preventions the following concerns and areas of concern were pointed out:

Principle concerns	Areas of intervention
Education and awareness	<p>Facilitation of member organisations to implement programmes that will lead to education and awareness of the HIV/AIDS pandemic.</p> <ul style="list-style-type: none"> <li>a) Information being disseminated through farmers' forums</li> <li>b) Information being disseminated during exhibitions</li> <li>c) Farmer to farmer</li> <li>d) Exchange visits of support groups</li> <li>e) Theatre, drama and song</li> <li>f) Formalized curriculum including HIV/AIDS and Gender in all workshops and seminars</li> <li>g) Production of documentaries that are shared regionally</li> <li>h) Radio and TV programs on agriculture where HIV/AIDS Gender issues are mainstreamed.</li> <li>i) Source and disseminate HIV/AIDS and Gender related information in PELUM publications like Ground Up, Bulletin, posters and the website.</li> </ul>
Behaviour change	<p>PELUM should facilitate and encourage member organisations to in turn emphasise the importance of indigenous knowledge and values to communities they work</p>

	<p>in. PELUM should scale out best practices from indigenous knowledge and values.</p> <p>Encourage a paradigm shift for smallholder farmers, from being subsistence farmers to being entrepreneurs running farm businesses who are generating income throughout the year and have a potential to grow.</p> <p>Encourage, through awareness programmes, the taking on of responsibility for oneself and the whole community by farmers regarding HIV/AIDS and Gender.</p> <p>PELUM to encourage participation of all stakeholders like faith based organisations, government, political parties, NGOs and others in changing behaviour in order to mitigate effects of HIV/AIDS.</p>
<p>Healthy Lifestyle Management</p>	<p>PELUM should source and disseminate information on healthy life style which includes sustainable development and disseminate it through its publications and website.</p> <p>Low external input agriculture should be encouraged and the health hazards of fertilizers and chemicals highlighted. Permaculture should be encouraged.</p> <p>Encourage establishment of home gardens to ensure healthy and balanced eating even where there is no HIV/AIDS.</p> <p>Encourage production and consumption of indigenous foods.</p> <p>Encourage use of traditional medicinal plants such as herbal remedies.</p>
<p>Voluntary Counseling and Testing</p>	<p>PELUM, through its members can facilitate and lobby for VCT centres which are easily accessible to the target group of small holder farmers and through dissemination channels encourage the smallholder farmers to take advantage of those facilities.</p> <p>Encourage formation of support groups in the communities and equip them through training and provision of basic material resources.</p> <p>PELUM can use its campaign, advocacy and lobbying to access condoms and ARVs for distribution to farmers through member organisations that work directly with HIV/AIDS issues.</p> <p>Encourage training of counsellors in VCT and nutrition.</p>

It is important to recognise what is to be done by PELUM as an association and what will be done at other lower levels.

Dissemination of information by use of bulletin, websites are assessed by the country desks. There is need to devise ways of disseminating that same information to the target group of poor farmers. It could be done by translating materials into the local languages.

There is need to give more emphasis on sustainable agriculture in PELUM countries in Eastern African countries. There is also need to build linkages between countries for training of trainers and exchange of expertise.

### **Mitigation:**

Regarding mitigation the following concerns and areas of concern were pointed out:

#### Principal Concerns

#### SOCIAL

##### Distorted Family structures

- One-person households, female headed households, child headed households
- Increase of dependency ratio
- Orphans, neglected children
- Poor socialization of youngsters
- Anti-social behaviour
- Loss of indigenous knowledge
- Increased domestic violence
- Separation and divorce
- Low school enrolment, increased drop-outs

##### Increased role of care-givers

- Reduced labour availability
- Mental burden
- Role of extended family is changing

Health facilities are over-stretched

#### ECONOMIC

##### Reduced labour availability

- Loss of skilled labour

##### Loss of income

- Less inputs being purchased
- No supplementary food purchased
- Inability to meet basic needs, eg clothing, shelter, food, education, health

##### Low agricultural productivity

- Under-utilised and unused land
- Poor soil fertility maintenance
- Poor pest management

- Loss of seed security
- Food insecurity
- Less balanced food availability
- Increased malnutrition

#### Cultural

##### Eroding values & norms

- Neglect of widows and children
- Land and asset grabbing
- Neglect of traditional responsibilities
- Poverty leading to prostitution
- Phenomenon of “sugar daddies” and “sugar mummies”
- Sexual harassment and abuse
- Trust within families is eroded

#### Political

##### Inadequate commitment

- Poor transparency of funds available for HIV/AIDS mitigation
- Corruption
- Slow response to impact on various sectors, eg agriculture
- Poor dissemination of information
- Govt personnel (eg. Soldiers teachers) not punished for misbehaviour
- Policies are not made operational/ applied

#### Mitigation/ coping strategies

##### SOCIAL

1. Distorted Family structures
2. Increased role of care-givers

##### At national level:

#### Linkages and networking with NGO/ Service providers (eg about VCT & HBC concepts)

- Participate in fora for information sharing
- Capacity building of member organisations
- Awareness raising beyond traditional messages on HIV/AIDS to a more comprehensive package (re: use of jargon, stigma, discrimination)

#### Health facilities are over-stretched

##### ECONOMIC

##### Reduced labour availability

national

regional

- Promotion of appropriate technology, including: *Conservation Agriculture, Permaculture, Zero-tillage, cover crops, labour saving crops and animals*
- Sourcing and dissemination of information on appropriate technology
- Linking up with research institutions at national and regional levels
- Promote regional and national workshop to share experiences and best practices in labour saving technologies and practices
- Develop a strategy for scaling-up good practices and scaling out to member organisations

## Loss of income **national**

Identify and promote Income Generating Activities, including: herbs, spices, medicinal plants, seeds, crafts, vegetables, compost, natural pesticides, organic fertilizers, Permaculture, small livestock (chickens rabbits, goats, etc.)

- Document good practices of IGAs
- Linking to Micro-finance institutions (including micro-credit in kind)
- Promote relevant workshops
- Assist in creation of marketing opportunities (eg. Greenet)
- Advocacy role to empower women and children/ youth from losing productive assets

## Low agricultural productivity national regional

- Promote Integrated Soil Fertility Management
- Promote Low-external input Agriculture
- Promote Natural Pest Management
- Promote Seed security (including seed multiplication, seed storage, information etc)
- Promotion of nursery techniques
- Promotion of agro-forestry
- Promote water harvesting and management
- Promote conservation agriculture/ Permaculture/ organic farming
- Linking up with research institutions at national and regional levels
- Promote regional and national workshop to share experiences and best practices in sustainable agriculture technologies and practices
- Develop a strategy for scaling-up good practices and scaling out to member organisations
- Use Ground-up Magazine and other publications

## Loss of indigenous knowledge

national

regional

- Documentation of indigenous knowledge
- Propagation of “Mama Mkubwa” concept for transfer of indigenous knowledge from one generation to another (“Mama Kilimo”)
- Linking to research on indigenous knowledge of local herbs, medicines, spices
- Utilisation of traditional neglected and under-utilised crops.

## Cultural

### Eroding values & norms

- Developing training materials for workshops
- Linking to cultural institutions and line-ministries
- Responding to specific needs of women and youth

### Political

### Inadequate commitment

- Contribute to formulation of HIV/AIDS related policies
- Contribute to the practical implementation of HIV/AIDS
- Critically review policies, analyse and identify gaps
- Lobbying for HIV/AIDS relevant policies
- Advocating accountable and transparent implementation

## **Implementation Strategy**

### **Responsibilities**

Role of PELUM Regional Desk is to:

- Identify and develop expertise/ resource people/
- Establish a resource centre on HIV/AIDS, Food security and Nutrition
- Develop training material
- Documenting, sharing and dissemination of information (including web-based)
- Ground-up magazine and other publications (eg. electronic newsletter) for information dissemination
- Assist in fund-raising
- Networking, partnering/ liasing with other organisations

Implementation strategies:

PELUM Regional HIV/AIDS focal point

PELUM National HIV/AIDS focal point.

### Funding

Funding at Regional Desk

- Establish a resource centre
- Develop training material
- Documentation etc. of best practices
- Workshops for capacity building
- Salary and operational fund for HIV/AIDS focal point

Funding at National levels

- Workshops
- Training
- Training material adaptation and dissemination
- Backstopping
- Operational funds for national HIV/AIDS focal point

### **Methodologies**

- Promote the concept of Rural Life Schools
- Networking
- Exchange visits
- Workshops
- Documentation of good practices

### **Monitoring and Evaluation**

- Development of an integrated M&E system for the various levels (org./ nat./ reg.) ==> MIS-system (implementation indicators, impact indicators, formats for yearly planning and reporting, etc.)

### **Roles of caretakers:**

- Linkages and networking with NGO/service producers (VCT, HBC services)
- Participate in for a for information sharing
- Capacity building of member organisations
- Awareness raising beyond traditional messages on HIV/AIDS to a more comprehensive package

Economic:

- Promotion of appropriate technology
- Sourcing and dissemination of information on appropriate technology (conservation agriculture, Permaculture, zero tillage, labour saving crops and animals)
- Promote regional and national workshops to share experiences and best practices
- Establish pilot demonstrations sites
- Scaling up and scaling out strategies

**Day 5**

**PELUM HIV/AIDS POLICY Implementation Strategy:**

**Implementation guidelines by Dr. Cissy.**

- Intended to assist Pelum in incorporating HIV/AIDS in it's program and activities
- Provide guidance in process of planning and implementation
- Should outline steps that will enable setting up setting up and implementation of interventions under the HIV/AIDS policy

Objectives of the guidelines:

- propose a model for integrating HIV/AIDS activities in the PELUM program
- outline steps to be followed in this process
- describe mechanisms for the management for the and coordination
- outlines mechanisms for monitoring and evaluation

Target audience of guidelines (who is to use the implementation guidelines?)

- Regional desk
- Country desk
- NGOs
- Rural communities

Who is to oversee the implementation?

- Working groups?
- Regional level?
- Country level?
- Are country desks equipped with the necessary capacity and expertise?
- What are the Terms of Reference of working groups?

Coordination mechanisms and linkages

- Establish effective coordination mechanisms and linkages from regional, country, district, county/subcounty, community
- Focal persons at each level, luse existing NGOs
- Roles and responsibilities at the different levels
- Network provides a bigger impact but expensive
- Link with the ministries of agriculture and see how to contribute to existing programmes

Monitoring

- We need to collect data on indicators: But collects data and at what level
- Additional data on the process markers

The implementation Log-Frame:

There is need to think about the implementation log frame as summarised below:

Area of intervention	Specific activities	Target/responsible org	Time frame up 5 yr plan	Budget	Indicators

**Diagram showing model of service delivery**

**Hospital / HCIV**

Patient referred to doctor by health centre or OPD

- (Re-) assessed
- Counselling and psychosocial support
- Revised treatment plan
- Referred back to health centre

HOSPITAL/HCIV OPD  
Tx plan – Doctor  
Counsel/care – Nurse/CO

Nearest Health centre Nurse

**Health centre:**

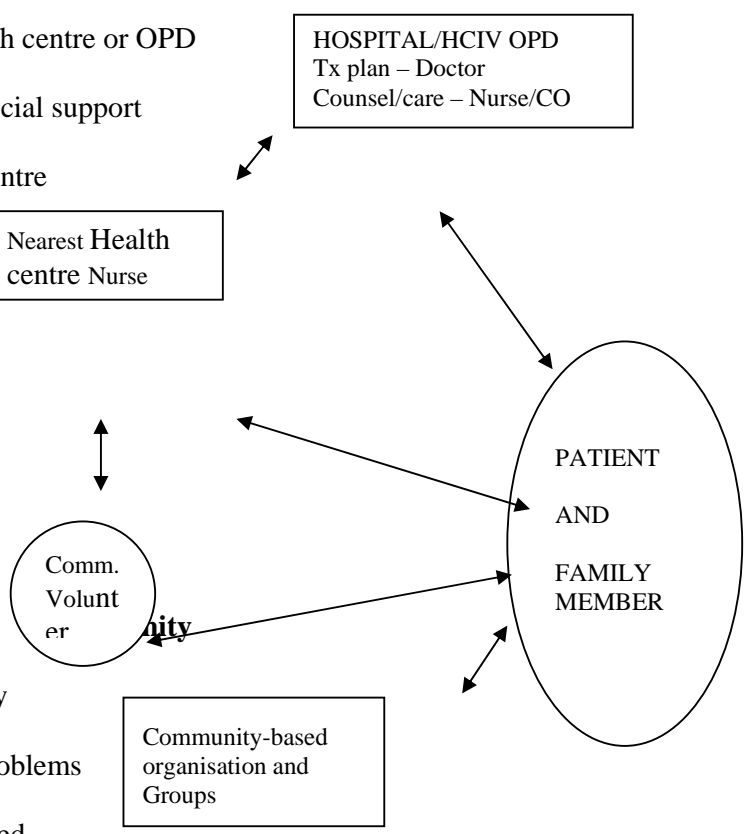
Follow-up patients:

- supply drugs monthly
- Check ups, e.g. BP,
- On going counselling
- Encourage
- Identify problems
- refer to hospital OPD
  
- Motivate
- Educate patient and family
- TB DOT
- Inform health centre of problems
  
- Link with community-based organizations and groups for social and material support

Comm. Volunteer

Community-based organisation and Groups

PATIENT AND FAMILY MEMBER



**Presentation of implementation Strategies:**

Presentation about Prevention:

<b>Principle area</b>	<b>Member</b>	<b>CWG</b>	<b>RD</b>
<p><b>Education and Awareness</b> Facilitation of member organisations to implement programmes</p> <p>a) information being disseminated through farmers' forums</p> <p>b) information being disseminated during exhibitions</p> <p>c) farmer to farmer</p> <p>d) exchange visits of support groups</p> <p>e) theatre, drama and song</p> <p>f) formalized curriculum including HIV/AIDS and Gender in all workshops and seminars</p> <p>g) Production of documentaries that are shared regionally</p> <p>h) Radio and TV programs on agriculture where HIV/AIDS Gender issues are mainstreamed.</p> <p>i) Source and disseminate HIV/AIDS and Gender related information in PELUM publications like Ground Up, Bulletin, posters and the website.</p>		X	X
	X	X	
	X	X	
	X	X	
	X	X	
	X	X	X
	X	X	X
	X	X	X
<p><b>Behaviour change</b></p> <p>a) PELUM should facilitate and encourage member organisations to in turn emphasise the importance of indigenous knowledge and values to communities they work in.</p> <p>b) PELUM should scale out best practices from indigenous knowledge and values.</p> <p>c) Encourage a paradigm shift for small holder farmers, from being subsistence farmers to being entrepreneurs running farm businesses who are generating income throughout the year and have a potential to grow.</p> <p>d) Encourage , through awareness programmes, the taking on of responsibility for oneself and the whole community by farmers regarding HIV/AIDS and Gender.</p> <p>e) PELUM to encourage participation of all stakeholders like faith based organisations, government, political parties, NGOs and others in changing behaviour in order to mitigate effects of HIV/AIDS.</p>	X	X	X
			X
	X	X	X
	X	X	X
	X	X	X
<p><b>Healthy Lifestyle Management</b></p> <p>a) PELUM should source and disseminate information on healthy life style which includes sustainable development and disseminate it through its publications and website.</p> <p>b) Low external input agriculture should be encouraged and the health hazards of fertilizers and chemicals highlighted.</p>	X	X	X
	X	X	X

Permaculture should be encouraged.			
c) Encourage establishment of home gardens to ensure healthy and balanced eating even where there is no HIV/AIDS.	X	X	
d) Encourage production and consumption of indigenous foods.	X	X	
e) Encourage use of traditional medicinal plants such as herbal remedies.	X	X	
<b>Voluntary Counselling and Testing</b>			
a) PELUM, through its members can facilitate and lobby for VCT centres which are easily accessible to the target group of small holder farmers and through dissemination channels encourage the smallholder farmers to take advantage of those facilities.	X	X	X
b) Encourage formation of support groups in the communities and equip them through training and provision of basic material resources.	X	X	X
c) PELUM can use its campaign, advocacy and lobbying to access condoms and ARVs for distribution to farmers through member organisations that work directly with HIV/AIDS issues.	X	X	X
d) Encourage training of counselors in VCT and nutrition.	X	X	

### Financing and Capacity Building

Principle area	Member	CWG	RD
<b>Education and Awareness</b>			
Facilitation of member organisations to implement programmes			
a) information being disseminated through farmers' forums	X		
b) information being disseminated during exhibitions	X	X	
c) farmer to farmer	X		
d) exchange visits of support groups	X	X	
e) theatre, drama and song	X		
f) formalized curriculum including HIV/AIDS and Gender in all workshops and seminars		X	X
g) Production of documentaries that are shared regionally		X	X
h) Radio and TV programs on agriculture where HIV/AIDS Gender issues are mainstreamed.	X	X	X
i) Source and disseminate HIV/AIDS and Gender related information in PELUM publications like Ground Up, Bulletin, posters and the website.	X	X	X
<b>Behaviour change</b>			
a) PELUM should facilitate and encourage member organisations to in turn emphasise the importance of indigenous knowledge and values to communities they work in.		X	X
b) PELUM should scale out best practices from indigenous knowledge and values.	X	X	X
c) Encourage a paradigm shift for small holder farmers, from being subsistence farmers to being entrepreneurs running farm businesses	X	X	X

<p>who are generating income throughout the year and have a potential to grow.</p> <p>d) Encourage , through awareness programmes, the taking on of responsibility for oneself and the whole community by farmers regarding HIV/AIDS and Gender.</p> <p>e) PELUM to encourage participation of all stakeholders like faith based organisations, government, political parties, NGOs and others in changing behaviour in order to mitigate effects of HIV/AIDS.</p>	X	X	X
<p>e) PELUM to encourage participation of all stakeholders like faith based organisations, government, political parties, NGOs and others in changing behaviour in order to mitigate effects of HIV/AIDS.</p>	X	X	X
<b>Healthy Lifestyle Management</b>			
<p>a) PELUM should source and disseminate information on healthy life style which includes sustainable development and disseminate it through its publications and website.</p>	X	X	X
<p>b) Low external input agriculture should be encouraged and the health hazards of fertilizers and chemicals highlighted. Permaculture should be encouraged.</p>	X	X	X
<p>c) Encourage establishment of home gardens to ensure healthy and balanced eating even where there is no HIV/AIDS.</p>	X	X	X
<p>d) Encourage production and consumption of indigenous foods.</p>	X	X	
<p>e) Encourage use of traditional medicinal plants such as herbal remedies.</p>	X	X	
<b>Voluntary Counseling and Testing</b>			
<p>a) PELUM, through its members can facilitate and lobby for VCT centres which are easily accessible to the target group of small holder farmers and through dissemination channels encourage the smallholder farmers to take advantage of those facilities.</p>	X	X	X
<p>b) Encourage formation of support groups in the communities and equip them through training and provision of basic material resources.</p>	X	X	
<p>c) PELUM can use its campaign, advocacy and lobbying to access condoms and ARVs for distribution to farmers through member organisations that work directly with HIV/AIDS issues.</p>	X	X	X
<p>d) Encourage training of counselors in VCT and nutrition.</p>	X	X	

**Monitoring and evaluation** must be inbuilt at all levels starting with the activity itself. Funding and technical partners are free to engage outside consultants to monitor and evaluate.

Develop feed back mechanism.

### **Advocacy and lobbying**

To be done at all levels. CWGs must lobby national governments and the RD at policy level, regional and international level.

**Information management: documenting, sharing and dissemination**

The RD will develop knowledge management systems in conjunction with Country Working Groups. Communication systems will ensure dissemination of information among all stakeholders.

N.B. it was noted that the suggested activities are not definite. It would be better to spell out definite activities.

Implementation Strategy about Care

Areas of Intervention	Responsibilities	Activities	Organisation	National level	Regional
Malnutrition	Coordinator	<ul style="list-style-type: none"> <li>▪ Nutrition HIV/AIDS campaigns</li> <li>▪ Incorporation in PELUM partner NGO Activities</li> <li>▪ Food parcels</li> <li>▪ Promote demonstration and individual food gardens at country level</li> <li>▪ Involve community &amp; support groups &amp; Home Based Care groups</li> <li>▪ Train people in sustainable agriculture</li> </ul>	Member org	CWG	RD
	Financing			MGT	RD
	Capacity & training		Member org	CWG	RD
	M & E		Member org	MGT	RD
	Backstopping		Member org	MGT	RD
	Advocating & Lobbying		Member org	MGT	RD
	Information Mgt Documenting Sharing Dissemination		Member org	CWG	RD
Psychological Support	Coordination	<ul style="list-style-type: none"> <li>▪ Training of community volunteer counsellors</li> <li>▪ Advocacy campaigns for care</li> </ul>	Member org	CWG	RD
	Financing		Member org	MGT	RD
	Capacity building		Member org	CWG	
	M & E		Member org	CWG	
	Backstopping		Member org	CWG	

	Advocacy & Lobbying		Member org	CWG	RD
	Information Mgt.		Member org	CWG	RD
Immune Suppression	Coordination	<ul style="list-style-type: none"> <li>▪ Sensitisation of Community on available treatment</li> <li>▪ Provision of ARVs</li> <li>▪ Promotion of related services</li> </ul>	Member org	CWG AIDS service Orgs. e.g. JCRC, TASO AIC	RD
	Financing		Founders of individual org.	Corporate bodies & NGOs	RD
	Capacity building/training M & E, Backstopping Advocacy/lobbying  Information mgt		Member org	CWG	RD
Opportunistic infections	Coordination	<ul style="list-style-type: none"> <li>▪ Train Home based care givers</li> <li>▪ Medicinal plants, strengthening referral systems to HIV service organisations</li> </ul>	Member org	CWG	
	Financing, capacity building/training, M & E, Backstopping, Advocacy/Lobbying Information mgt		Member org	CWG	RD

Implementation Strategy about Mitigation:

Mitigation/ coping strategies

SOCIAL

1. Distorted Family structures
2. Increased role of care-givers

At national level:





- Documentation etc. of best practices
- Workshops for capacity building
- Salary and operational fund for HIV/AIDS focal point

Funding at National levels

- Workshops
- Training
- Training material adaptation and dissemination
- Backstopping
- Operational funds for national HIV/AIDS focal point

Methodologies

- Promote the concept of Rural Life Schools
- Networking
- Exchange visits
- Workshops
- Documentation of good practices

Monitoring and Evaluation

- Development of an integrated M&E system for the various levels (org./ nat./ reg.) ==> MIS-system (implementation indicators, impact indicators, formats for yearly planning and reporting, etc.)

N.B.

- It was noted that there are a lot of training materials that have been developed. It would be a matter of adapting them to suit the respective situations
- The importance of the target audience for the implementation strategy was emphasized.
- Organic manure is another area that could be exploited and promoted in the implementation strategy.
- The market for our traditional herbs could also be another issues that the strategy could take up.
- Micro credit in kind has registered successes in some parts of the world. Farmers could be given seeds and they could return seeds to be given to other farmers in the next season. It applies to other agricultural products
- It was noted that there is need to set priorities in terms of effectiveness in the short term and in the long term.

After the development of the PELUM HIV/

Workshop Evaluation:

- Good contributions and sharing from participants
- Workshop venue and environment were very good
- Workshop time was good
- The theme was very relevant
- The food and meals were very good
- The whole association was here to learn
- Amazing knowledge learnt from the workshop
- Facilitation was wonderful and participatory.



### Appendix 1: Workshop programme

Time	Activity
<b>Day 1:</b> Monday: 20 <sup>th</sup> October 9.00 –10.00 a.m	Introduction of participants
10.00 –10.30 a.m	Programmes & Workshop objectives
10.30 – 11.00 a.m	Break
11.00 –11.30 a.m	“Overview of the HIV/AIDS epidemic in Africa” by Dr. Cissy Kityo
11.30 – 12.00 p.m	Discussions
12.00 –13.00 p.m	PELUM presentations
1.00 - 2.00 p.m	Lunch Break
2.00 – 5.00 p.m	PELUM presentations continued
3.30 – 4.00 p.m	Tea Break
<b>Day 2:</b> Tuesday: 21st October	Introducing and analysing HIV/AIDS, Food Security, nutrition implications for CSOs
8.30	Recap
8.45	Presentation from Zimbabwe
9.20	Presentation from South Africa
10.00	Presentation from Tanzania
10.40	Break
11.00	Impact on Food security
11.40	HIV/AIDS and nutrition
12.20	HIV/AIDS and CSOs
13.00	Break
2.00 p.m	Analysis
<b>Day 3:</b> Wednesday: 22 <sup>nd</sup> October	Experiences; introducing concepts to consider when developing a strategy by ACORD, TASO, Conservation agriculture, participatory learning and action etc.
<b>Day 4:</b> Thursday: 23 <sup>rd</sup> October	Presentation from Lesotho Presentation of strategies about Care, prevention and mitigation.
<b>Day 5:</b> Friday: 24 <sup>th</sup> October	Presentation of implementation Strategies

## Appendix 2: List of participants

No	Name	Organisation/Designation	Tel. Contact	Email
1	Abwola Sunday	ACORD-Ug	077-452172	<a href="mailto:acordgulu@africanline.co.ug">acordgulu@africanline.co.ug</a> <a href="mailto:accord@uol.co.ug">accord@uol.co.ug</a>
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4	Kabelele Mary	RD	266391363536	<a href="mailto:mary@pelum.co.zw">mary@pelum.co.zw</a>
5	Kityo Cissy (Dr.)	JCRC	075-769168	<a href="mailto:ckityo@jrcr.co.ug">ckityo@jrcr.co.ug</a>
6	Lulu Judith Boxoza	Temba Comm. Dev't services	+27 825660998 + 47 5314497	<a href="mailto:lulutemba@worldonline.co.za">lulutemba@worldonline.co.za</a>
7	Moshe Tsehlo	PELUM coordinator Lesotho	266-316435 58931212	<a href="mailto:tsehlo@yahoo.com">tsehlo@yahoo.com</a> pelum- lesotho@webmail.co.za
8	Msora Bertha	Fambidzanai Permaculture Centre	263-4-307557 263-4-336151 263-4-303188	<a href="mailto:fambidzanai@manago.co.zw">fambidzanai@manago.co.zw</a>
9	Mulima Christine Loice	Kima ICBP	0733-849073	Kima icbp@mastatafricanline.com
10	Nsubuga Charles Henry	Rapporteur	077-595991	<a href="mailto:nsubugacharleshenry@yahoo.com">nsubugacharleshenry@yahoo.com</a>
11	Owori Esther	CDRN	071-515077	<a href="mailto:cdrn@cdrn.co.ug">cdrn@cdrn.co.ug</a>
12	Staki Rosemary	TAHEA	0741-123641 026-2700808	<a href="mailto:rostaki@yahoo.co.uk">rostaki@yahoo.co.uk</a>

