

Regional HIV/AIDS-Gender Workshop Newsletter



THE INTEGRATION OF HIV/AIDS IN PROGRAMMES (LESSONS LEARNT)

Many of our organisations do not carry out health programmes. Therefore, HIV/AIDS has not been integrated and there are no policies on HIV/AIDS yet staff continue to facing the effect of the pandemic. This proves that the integration on HIV/AIDS is a must.

This does not necessary make our organisations HIV/AIDS organisations. If simply means that HIV/AIDS is a major factor in the environment we work in, and therefore, our vision, mission and values must reflect this fact. The PELUM HIV/AIDS Gender workshop in Lusaka has availed us an opportunity for integrating HIV/AIDS and Gender issues in our development work.

This calls for political commitment at all levels of our organisations and nations. The role of leadership in the fight against HIV/AIDS has been one of the major factors of success in Uganda. Organisations and governments should provide for HIV/AIDS programmes.

An HIV/AIDS or Health Policy is very important for all our organisations as a major entry point in mitigating the impacts of the HIV/AIDS pandemic in our organisations.

In this we should remember to return the dignity of infected men and women.

Kasanda Josephine
Environment and Sustainable Agriculture Programme and SATNET Fort-Portal
UGANDA

HIV/AIDS IN KENYA

The first case was recorded in 1984 and after this case it spread like a bushfire.

In 1999, when it was declared a National Disaster, it remained a 'Silent Epidemic' and nobody was discussing it. In 1999, the prevalence rate was 15 percent. It was clear that commitment to contain the fire.

In response to the pandemic, the government came up with a policy to protect both the infected and affected. Some of the key elements of the government strategy are:

- a) It is a crime to discriminate those who have the disease or one affected.
- b) All testing should be voluntary unless for medical reasons.
- c) Nobody has a right to disclose another's status without their consent.
- d) All patients have a right to disclose their status to significant others i.e. family, spouses, lovers etc
- e) It is a crime to deliberately infect others.

It is controversial where it is a crime to deliberately infect others yet the counselor cannot disclose one spouses' status to another. These are just a few key elements that have been controversial.

Elizabeth Ng'ang'a-RODI, Kenya

Mainstreaming ARVs and Herbal Medicines
By Njira Mtonga, Women for Change

HIV/AIDS is a resource depleting pandemic which affects the female gender more violently. This is because HIV/AIDS is more of a gender issue because it affects men and women differently. Women are denied the right to inherit properties, and they are easily affected and infected due to biological and social cultural conditions. However, with the introduction Anti-Retroviral Drugs (ARVs), a lot of women who are mostly economically disadvantaged are unable to acquire the drugs let alone access them, have continued to die and increasing the number of orphans and female headed households. Women for Change (WFC) works in remote rural communities where most developmental efforts and agencies do not reach. These are communities which lack clean drinking water, enough food, shelter, health services and other basic needs and yet these communities harbor HIV/AIDS related cases. To improve the quality of life for such communities, there is need to mainstream conventional medicines as well as herbal medicines just like has been the case in Uganda. In the recent past, Uganda has recorded low infection rates due to the incorporation of traditional herbs in the care and treatment of HIV/AIDS. The same should happen to Zambia. We need concerted efforts from both conventional and traditional medicines to boost the immunities of our people affected by the pandemic. As much as we encourage people to go for voluntary counseling and testing (VCT), there has to be a policy in place that whoever tests positive must be provided with ARVs and herbals (moringos) when need arises.

GETTING IT RIGHT

By Mukamba Mwangala

Men and women differ from each other physically and socially. A person is born particular sex, but has to learn gender roles appropriate to sex in his or her particular individual inhibits are at times influenced by some outlinning cultural norms and different myths may impact positively or negatively on any one individual.

In the rural town of Uganda a bride is being prepared for marriage. In this part of the world it is a traditional obligation that the father in-law of the bride has to 'sample' her sexually to determine a more appropriate bride price. After marriage this woman becomes the clan's wife. All the male's immediate kinsmen of her husband are under cultural laws free to be served sexually any time her husband is away. A spear stuck on the entrance of the man's hut will be a sign of such a favour being implemented.

On another account a woman in some Zambian circles is supposed to be dry in her inner virginal linings. This, in one way, is to make it ready for her husband to have good sex. This is itself is called dry sex. Women use herbs and all sorts of insertions to remove the virginal fluids. Dry sex practices are mainly perpetuated by some sections of the society who include parents and peers to these women who regard the practice as a marriage security measure.

The removal of pubic hair by a surviving spouse on a dead partner are some other humiliating practices which are cross cutting in both sexes. All the practices and beliefs that drive them are social evils that promote gender imbalances and the vulnerability to the spread of HIV/AIDS. This enhances the chances of contracting HIV/AIDS.

To ignore roles of both women and men in development is more like ignoring the managers and resource users in communities. Women use and manage almost half of the resources in Southern Africa. They do certain primary roles such as keeping of small livestock, collection of fire wood for cooking and collection of plants and herbs for food and medication respectively. Men on the other hand utilize resources mainly for income gain and are prominently destructive to these resources.

Development of any area is all about full participation of both men and women in development. To incorporate the myths/beliefs of the people, good working suggestions from the community will need to be sourced. HIV/AIDS war requires participation of men and women whole in reducing its impact and effects.

CONASA, Zambia

“COMMUNITY EMPOWERMENT”

For so long, the term community empowerment has been talked about. I would like us to analyse and understand this term in a practical way. Community empowerment is the ability to equip the communities with necessary technologies and the application of these technologies despite the change agent being present or not.

Community empowerment is an intervention which involves a guide, men, women and the youths. All these 4 parties have to be involved from the beginning up to the end, i.e. problem identification, prioritizing, analysis and action planning. Therefore, any training that is done in the community should be done in a participatory manner, meaning that the approach should be friendly to both sexes.

If a change agent excludes a participatory approach, both sexes and an environmental friendly approaches. There are slim chances of the community being empowered. Men, women and the youth need to feel ownership of any intervention that comes in their community.

For instance, in the time of HIV/AIDS, men and women need to be involved at all stages because all of them influences change at a household and community level. The involvement of both sexes will eradicate the element of power over and power within.

We will always be preaching about attitude change but if we don't change on our approaches, we will not attain our goals.

By Dran Ndeleki

Field worker – Kaluli Development Foundation-Sinazongwe, ZAMBIA

IMPACT OF HIV/AIDS

By Chilufya Chileshe

Somewhere in the remote area of Lilete district, a boy struggles to manage a farm. Kabilo Kapesa (15) wakes up every morning at 04:00 hours and instead of going to school, he has to do the weeding, ploughing and all other farm chores.

"I want to continue going to school, but there is no one else to look after my brother and grandmother, there is also no one to pay my school fees," Kabilo said.

Kabilo like many other children has lost both his parents to HIV/AIDS. He is now living with his grandmother and brother aged nine. Since its advent HIV/AIDS has been considered as a health crisis, a concern of the health sector.

Today HIV/AIDS affects all sectors of economic development throughout the world. The scourge has no status, nationality or gender. It continues to take lives of the most productive age group of 15-50 years.

However, in the agriculture sector, farmers especially those living in rural areas have been adversely hit by the scourge. Some of the adverse impacts of the pandemic include increase in child headed households, female headed households, loss of skills and manpower.

In addition, high death rates, low food production, few productive households these increase poverty levels which enhances food insecurity in the country.

Families in rural areas have lost the ability to work and be productive, most of their time is lost to trying to look after the sick.

The income that is earned through the little that is grain to sale is used to pay funeral expenses and medical bills. The pandemic also changes the work structure in agriculture, bringing on more young people and women engaging in farming with few or no older men in the farming system.

Many youths left to do the farming have little or no knowledge and skills on farming. Others have practically no interest in farming hence migrate to urban areas in search of jobs but end up being street kids.

As for most of the girls, prostitution becomes the daily routine. It is because of the above reasons and more that we have seen emerging networks such as PELUM (Participatory Ecological Land-Use Management). PELUM is an association that tries to mitigate the impacts of the HIV/AIDS pandemic in rural communities in East and Southern Africa.

NAIS- Lusaka, ZAMBIA

CONDOM USE, ABSTINENCE AND HIV/AIDS

Lucky Dube's track, "If you stand by the truth you always stand alone" sometimes drives us into giving vent to hope as no one would like to stand alone and discriminated. It is, however, only a bitter quinine to swallow whose reward is a hundredfold.

Over the years in the bid to fight HIV/AIDS, the churches, the President and the First Lady stood alone for abstinence and faithfulness over and against condom use. The churches in particular faced humiliating opposition and even denied access to funds to further their abstinence and faithful promotion for obstinately refusing to incorporate condom promotion in their programmes. Sooner or later however, time put falsehood and truth to the test.

At time advances, and amidst intensification of condom promotion in both rural and urban settings, tertiary, secondary and primary schools, HIV/AIDS commensurately continued to make both headways and headlines. The level of promiscuity alarmed as many youths replaced fear with condom and by reason of the same, compromised their cultural and faith values.

Time continued to unearth the truth and falsehood with the advent of the open secret campaign, many people started to give breath holding testimonies of how after their eyes were opened by the condom literature fell prey to the myth amidst consistent use of condoms. The prevalence rate no wonder, at one moment of the story had risen to about 16%, it was then quickly realised that condom offered a vain hope and a deceptive security and that it was and is more of a snare into which many people are getting trapped. So, conscious promotion of condom is equally a promotion of promiscuitious behavior in the country and as well a deliberate effort although unwilfully, to wipe away the nation, let alone other negative impacts that public promotion of HIV/AIDS has on the infants.

A fresh bell was sounded inviting every national to join the state family and the churches in prioritizing Abstinence (A) and Being faithful (B) over and against Condom use (C) in the fight against the scourge.

Take the above, to choose to go by C is to choose the risk the grave since what comes after C is D is death. Consequently, the advent "Always use a condom" came to be replaced by "use a condom if you must". This however, generates A and B promotion questions such as, "must one have sex?", "is there emergency sex anyway?" etc. The "must" Statement now is "Have sex with your one and only

partner if you must, (B), otherwise the best and unchangeable alternative in Abstinence (A).

With the incarnation of the above concepts in practical life, and as many more people ascribe to stand by the truth, the Uganda HIV/AIDS prevalence has dropped to and remained 7% for the last two years.

To conclude, if you are in a class of 4 students, which position would you prefer to take? Surely, no one would like to take the last position. Sequentially, of the A, B, C and D we shall be called rational if we choose A and B then what if we choose C and D? Guess.

**BY FR. JOVENALE AYELANGOM
CARITAS – NEBBI, NEBBI, UGANDA**

PROGRAMME AGAINST MALNUTRITION WORKS WITH VULNERABLE COMMUNITIES

The challenges brought about by the liberalization of the economy in Zambia include poverty to the farming communities. This, coupled with the effects of the HIV/AIDS pandemic on productivity, has worsened the food insecurity of the farming communities.

In line with the government's policy on poverty alleviation and mitigation of HIV/AIDS, the Programme Against Malnutrition has attempted to address this problem by empowering the vulnerable but viable farmers, with inputs and technical know-how. The empowering Food Security Pack (FSP) Programme started in November 2000 in all nine provinces of Zambia targeting 200,000 vulnerable but viable farmers. The farmers selection criteria included people living with HIV/AIDS.

The FSP delivers inputs and training in crop diversification conservation farming, Seed/Cereal Bank Development Food Processing, Nutrition, Storage and Utilization. The inputs include a cereal, root and tuber, a legume fertilizer and Agriculture lime.

To reinforce the food security pack, PAM in 2003 introduced the Emergency Drought Recovery Project in drought and flood prone provinces with the overall objective of improving crop productivity and household food security thereby contributing to poverty reduction.

Hence the two programmes FSP/EDRP have contributed to the reduction of poverty and the fight of HIV? AIDS continues.

Rosemary V. Ng'oma
Food Processing Specialist
PAM, Lusaka, ZAMBIA

WE CAN DO IT

PELUM members, we can make a big difference in fighting the pandemic. Let us make use of what we learnt during the Gender and HIV/AIDS held in Lusaka, Zambia for the betterment of our region.

Let us emulate some of the strategies we got from Umoyo Training Centre in Lusaka, like involving the communities we are serving from the start, let them be part and parcel of the decision making process. If we leave them out of all the Gender/HIV/AIDS programmes we will be dealing with they we be regarded as PELUM's and not theirs.

Zambia, let us come out in the open, talk about HIV/AIDS and achieve results. From the experience sharing session, I notices that a country, we are still behind from our brother and sisters in the region in the positive fight against HIV/AIDS.

All PELUM members are successful in the programmes they are involved in. We can do it in Gender/HIV/AIDS programmes.

Wish you all the best of luck

Umoyo Training Centre is an institution training OVCs especially girls in life skills and began as a pilot project in 1996. Currently there are 45 girls undergoing training.

By Josephat Kanjolo
Kaluli Development Foundation, SINAZONGWE
ZAMBIA

**SARA GOMA SIKOTA
MONZE DIOCESE, MONZE**

ABOUT THE WORKSHOP

The PELUM HIV/AIDS and Gender workshop as many of you the participants I am sure will agree, has been an inspiring, eye opener experience building. I am glad to share my feelings through this article. I am sure that much of what I will say my fellow participants will agree with me.

When we started the workshop, I thought that it would be just like any of those Gender and HIV/AIDS workshops I have at what time attended from other places, I was even wondering as to why we should spend six days talking about Gender/HIV/AIDS as I thought there was very little to talk about since most of the information is known already. To tell you the truth I was mistaken as I had a lot of new information to learn from fellow participants and the facilitators.

I should start by congratulating the facilitators for the work well done. They performed their duties with prudence, diplomacy and art. They helped us respect each other and each other's opinion by respecting our own contributions. The stories, the questions and the remarks were easy to understood, yet provocative enough to induce active participation.

The summaries at the end of each discussion helped participants to weigh our opinion against the opinion of others. This made it easy to come to a compromise or make up our minds depending on the different situations in our countries.

Participants deserve praise for the openness displayed during the workshop. The contributions were concrete, practical, critical and straight from degree of maturity evident in the participants. We were able of meet and yet to know each other and even to grow into friends. We shared through the friendship the values of our cultures.

The workshop highlighted our role in our respective societies to help people become aware of what gender is, power relations and how they linked to HIV/AIDS i.e. the impact of Gender imbalance on HIV/AIDS, the complexity of sex work and the need to help the society to be aware of their role in HIV/AIDS by looking through myths which are so retrogressive on development.

We had a n experience of what has been done in Uganda which was a leading country on cases of HIV/AIDS few years ago and has now managed to bring down the prevalence to 7% from 14%. I salute Ugandans because they are working very much on moral behavior i.e. to those that are not married to abstain and those that already have partners to be faithful, no wonder such a positive result. I would also want to thank in particular our friend Dorothy from Uganda who openly discussed her HIV/AIDS experience and how God changed her status, may God be glorified.

Lastly I would want to remind all participants that the training must move us into action. We have to speak encourage and preach if possible on issues of Gender/HIV/AIDS in our areas of operations and we can make a difference.

STIGMA AND DISCRIMINATION

In many communities people living with HIV/AIDS are seen to be a disgrace to the society. In peri – urban and rural areas people think that HIV/AIDS infects only people in urban areas which is associated with minority groups or behaviors.

The important thing that people forget is that HIV/AIDS can infect any age group, race and status of people in the society. In this case rural people discriminate their relatives who are infected with HIV/AIDS which leads to high death rate at the beginning of the illness. They believe that Aids is for rich people who indulge themselves into sexual activities. They don't know that there are other ways in which Aids can be transmitted to others. However, PELUM conducted an HIV/AIDS and Gender workshop to share experiences within the African region and find the way forward to the problems that development workers face during their field work.

By Esther Chikanga

Field Officer for Sustainable Agriculture-KDF, Sinazongwe, ZAMBIA

WE CAN DO SOMETHING

While assessing the susceptibility and vulnerability of various classes of people to HIV/AIDS one thing came up strongly. The people attending the sick are exposed to the dangers of contracting the disease in the course of their work. This is quiet unlucky taking courageous steps to assist their ailing relatives and friends.

The need to have HIV/AIDS patients attended at home is growing by the day, as health providers in hospitals find themselves overstretched with many patients. In Kenya, by 2003, 50% of bed occupancy was mostly HIV/AIDS related cases. By the time the patients reach the full blown Aids stage, the hospitals find themselves in very stressful situations where they are unable to retain the patients. This is what has actually led to the very popular concept now known as home based care. This has led to the next challenge – the susceptibility/vulnerability of home based caretakers.

Pathfinder international has started something to address this challenge. A training programme is in place for those attending the sick. A training manual and guide book is provided to the caretakers. They are also advised on ways to substitute for such basic tools as gloves in order to ensure their safety as they wash, dress and feed the sick persons. They are in short enabled to have a professional approach as health care providers.

This has made the exercise less risky and even facilitated in mitigation against HIV/AIDS impact as the sick are less stigmatized. The infected persons are able to come out as they realize there are people who care and can actually extend a helping hand.

In other words, we can protect the persons attending to the sick even at their homes by equipping them with proper skills thereby the hopelessness and despair that usually goes with the pandemic.

By Mary Kamau- SACDEP - Kenya

EXTENDED FAMILY

HIV/AIDS has so many social and economic impact in all African communities. Extended family being one amongst the impacts. What is important therefore, is children need to know where their family/parents originate from, who are members of their family and where do they live. We as parents, we should make sure that children know early who are their relatives; parents should plan if possible every after 1 or 2 years spare 1-2 weeks go and visit their relatives, if the plan can not work, may be because of financial constraints and other reasons, the parents therefore have to build a habit of telling their children the history of their clan, where do they come/originate from, the name of the clan, how many children were born in that family and all issues related to know/understand very well the family history from both mother and father. We Africans, the extended family is in our legs, we can not reject it, we have the responsibility for the welfare of the children.

So when parents died, other members of the family should help to take care and protect the children from being in the streets, because in the street they are in trouble. So in order to reduce the number of street children, you and me and the community at large we really need to agree that the children are everyone's responsibility just as HIV/AIDS is for everybody (all human beings)

By Grace Mketto-INADES Formation, Dodoma, TANZANIA

TRADITIONAL MEDICINE AND HIV/AIDS

With the advent of HIV/AIDS I feel it is time we stopped pretending that only Western medicines are a solution to the scourge. The evidence coming from countries like Uganda and Kenya are testimony enough to prove to us that African traditional medicine can go a long way in the fight against HIV/AIDS.

To say we should not use traditional medicine because it is not scientifically tested is rather myopic as even the orthodox medicine we use have side effects despite their undergoing rigorous tests.

In my opinion, the only way we can fight this problem is by prescribing traditional medicine side by side with orthodox medicine, and for as long as we wait for the core to come from USA, UK or Japan, we will realize one day that it will be too late for us to use traditional medicine which we now feel is inferior.

By Godwin Banda-Lusaka, ZAMBIA

FACTS ABOUT THE KILLER DISEASE

HIV/AIDS is a painful disease. It is a disease which can confuse you. When I was sick, I tried all sorts of medication including witch doctors, but the bottom line is I had to accept that it was HIV/AIDS.

Started with ARVs of course which had its side effects but helped me to gain my CD4 count from 8 – 400. Started with local herbs too which are very bitter for sometime of course it was ok, but for how long?

Like the Bible states that come to me you who are weary, I decided to recommit my life to God and surely God is faithful. I continued going to church and surely my life has changed and I have constantly seen the hand of God in my life.

I based my trust in God for the healing because God had already saved my life after saving me from blood clot to the heart.

As of now what I can say is that I was once positive, but now I am negative. The how, when and what is left to Jesus. I am happy and I wonder how I can praise God.

A WORLD WITHOUT LIGHT

Born as a girl in a world full of problems where there is crime, diseases, wars, hunger, child defilement, I am an orphan, a destitute because my parents died from one or two of the above. I can not go to school because no one supports me. I have got no home/shelter, no food, no clan, no clean water, decent clothing, no friends, they have all run away from because they fear that if I socialize with them I will pass on the disease both my parents died from to my peers.

Last week, my uncle in the extended family system defiled me before I saw a plate of food. He is HIV positive and he told me that if I reported, he would have me killed. I am worried because I contracted the virus the time he defiled me.

Since I have no relatives, no clan, no one to take me to the hospital for ARVs, no food, no shelter, no clean and safe drinking water and no support of any kind, I will die anytime. I was not socialized in church by my parents who did not believe in Christianity. They led sinful lives, lives of promiscuity, unfaithfulness to each other. I am not educated, I am worthless in society. Please help me to identify the link

between gender, HIV/AIDS and the church because one among the three will offer some encouragement and might serve as a source of inspiration to me.

Given a chance to choose, what would be your choice between condom use and abstinence? Remember there are always rapists who know their status and are looking for someone to infect in search for their selfish desire fulfillment when you are not ready for them and who is the victim. IT IS ALWAYS A GIRL/WOMAN.

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