

From Vulnerability to Sustainability:

FOOD SECURITY

in a World of HIV & AIDS

VSO-RAISA Regional Conference
Pretoria, South Africa
1-3 November 2006





From Vulnerability to Sustainability: Food Security in a World of HIV & AIDS

Regional conference | 1 - 3 November 2006 | Report back

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Report back

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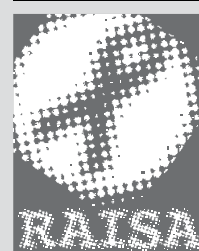
Photo on back cover from Dadirayi Chiwara's presentation

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Acknowledgements



Many people contributed to the success of the conference on Food Security and HIV & AIDS. VSO-RAISA would like to express its deep gratitude to all of them.

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A number of people contributed towards the technical information required, making comments that ensured that the conference took fully into account both the latest scientific thinking and the experience of those working in the field of Food Security and HIV & AIDS. For these contributions, we are particularly indebted to: VSO-RAISA UK Coordinator Tamsin Langford; Food and Agriculture Organization representative Margaret McEwan; World Food Programme nutritionist Mutinta Hambayi; GART Executive Director Dr Stephen Muliokela; Director of the Centre Lynde Francis; Dr Bruce Frayne of RENEWAL; UNAIDS Mark Stirling; SADC HIV & AIDS Project Manager Innocent Modisaotile; VSO South Africa Country Director Roberto Pinauin; Oxfam team Maren Lieberum, Angela Abrahams and Craig Castro; and Food Security Programme Managers Steve Morris, Glenda Mulenga and Fidel O' Donovan.

Special thanks go to Alan Smith VSO Regional Programme Manager, Southern Africa for his guidance throughout the conference.

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A big thanks to Pierre Brouard for compiling the conference report. Ellen Papciak-Rose who has always provided professional services in photography, design and illustration of the conference report. Our thanks go to her as well.

We hope that as you read this report, you will find it useful and it will help you design new and improved Food Security and HIV & AIDS interventions. We also hope that it motivates you to become even more involved in Food Security and HIV & AIDS activities.

Your opinions are important to us, so we invite you, as you read this report, to send us your comments on its contents and make suggestions for improving future versions.

Last, but not least, a big thank you to the VSO-RAISA donors: Big Lottery Fund (UK); PSO (The Netherlands); TMF (The Netherlands); Merck and Co Inc (USA); and Comic Relief (UK). We are particularly grateful to Anita Sandstrom for making provision for additional conference funds from Swedish International Development Cooperation Agency (SIDA).

Thank you

Bongai Mundeta
Regional Director
VSO-RAISA



Acronyms

AIDS

Acquired Immune Deficiency Syndrome

ARASA

AIDS and Rights Alliance for Southern Africa

ART

Antiretroviral therapy

ARVs

Antiretrovirals

ASO

AIDS service organisation

CBO

community based organisation

CIDA

Canadian International Development Agency

DFID

Department for International Development

EU

European Union

FAO

Food and Agriculture Organization

FBO

faith based organisation

GART

Golden Valley Agricultural Research Trust

GIPA

Greater involvement of people living with HIV & AIDS

HBC

home based care

HIV

Human Immunodeficiency Virus

IAP

Integrated AIDS Programme

IGAs

income-generating activities

KATC

Kasisi Agricultural Training Centre

LIG

low-input garden

MACO

Midlands AIDS Caring Organisation

M&E

monitoring and evaluation

MOE

Ministry of Education

MONASO

Mozambican Network of AIDS Service Organisations

MOU

memorandum of understanding

MSF

Medicins Sans Frontieres

NAC

National AIDS Council/Commission

NANASO

Namibian Network of AIDS Service Organisations

NAPHAM

National Association of People Living with HIV & AIDS in Malawi

NGO

non-governmental organisation

Oxfam

Oxford Committee for Famine Relief

PEPFAR

The U.S. President's Emergency Plan for AIDS Relief

PMTCT

prevention of mother to child transmission

RAISA

Regional AIDS Initiative of Southern Africa

SADC

Southern African Development Community

SAfAIDS

Southern Africa HIV & AIDS Information Dissemination Service

SCC

Swedish Co-operative Centre

SIDA

Swedish International Development Agency

STI

sexually transmitted infection

TB

Tuberculosis

UN

United Nations

VCT

voluntary counselling and testing

VSO

Voluntary Service Overseas

WFP

World Food Programme

WHO

World Health Organization

ZARAN

Zambian AIDS Law Research and Advocacy Network





VSO-RAISA publications on display at the conference resource table.

About VSO-RAISA

VSO is an international development organisation that works primarily through volunteer development workers. VSO works in 34 countries towards a set of development goals identified in country strategic plans, linking the priorities of our partner organisations, international development targets and VSO's distinctive competencies. HIV & AIDS is one of the six corporate goals of VSO. VSO aims to combat stigma, support prevention and increase the availability of treatment, care and support for those infected and affected by the HIV & AIDS pandemic.

In 2000, VSO started its four-year Regional AIDS Initiative of Southern Africa (RAISA) in six southern African countries: Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe.

The purpose of the RAISA initiative is to support existing efforts in southern Africa to respond to the HIV & AIDS pandemic, by strengthening the capacity of civil society and government to develop and work with partners in the implementation of a sustainable and effective multi-sectoral response to HIV & AIDS. The initiative works primarily (although not exclusively) on issues of prevention, care, access to treatment, and voluntary counselling and testing (VCT). The initiative has a particular focus on the reduction of stigma, gender issues, people living with HIV, and orphans and other vulnerable children. This first phase of RAISA ended in 2004 with the second phase, 2005-08, now in implementation. RAISA II will continue to build the capacity of partners, by strengthening service delivery systems, strategic planning, networks and supporting the development of national policy. Capacity building in partner

organisations is supported through: placements of volunteer development workers; small grants; and facilitating horizontal learning including networking between partner organisations in exchanges, workshops and conferences. The main sponsors of this project are DFID, The Big Lottery Fund (BLF), Comic Relief, and PSO of the Netherlands.

Executive summary

The conference provided a platform for improved linkages between food security analysis and HIV & AIDS work in southern Africa. In setting the scene for the conference Professor Kelly highlighted the complex relationship between food security and HIV & AIDS and suggested that: we strengthen the capacity of families; mobilise, support and advocate for community initiatives; ensure access to essential services for vulnerable people; aim to keep mothers alive; ensure that governments protect the most vulnerable; teach about food in schools; and advocate for food security and fair trade in international debates and forums.

Michaela Clayton's address from a rights perspective noted that it was important to respond with policies and programmes which addressed labour scarcity; promoted agricultural diversity; and mainstreamed HIV & AIDS in agricultural-extension programmes; extended micro-finance schemes; and that we should advocate for food rights and hold governments accountable.

Mark Stirling's overview on HIV & AIDS in the region stressed the need for a comprehensive response which

combines treatment and prevention and which focuses on clear targets for treatment (access and survival rates), prevention (for example condom access and use, PMTCT and VCT), care and national commitments.

Craig Castro's model was a useful approach to sustainable livelihoods: the model shows how a livelihood is sustainable when 'it can cope with and recover from shocks, maintain itself over time and provide the same or better opportunities for all, now and in the future'. Principles that should inform this approach include being people-centred and partnership-focused, participatory, holistic, dynamic and multi-level. Steve Morris showed how the market approach to secure livelihoods allows people to gain more food, more money and more control.

The SADC presentation on its work stressed the need for common approaches in the region. A SADC seven-country case study showed that households and communities in the region are increasingly vulnerable as they experience illness and death of skilled and productive individuals due to HIV & AIDS. It has developed a Household Vulnerability Index to measure the impact of HIV & AIDS, a best-practice tool to scale-up the response to HIV & AIDS in the region and a database of best practices.

In the conference there was a comprehensive focus on interventions at the community level: these need to focus on education and training of community members, for example in savings and credit schemes as well as on advocacy techniques, and should try to reimburse caregivers in a way which sustains them. Food assistance should focus on households rather than individuals and should target all vulnerable people in a community, not just those affected by HIV & AIDS. Low-input gardens can be developed in households, schools, clinics and community centres and should be supported by demonstration gardens where appropriate techniques can be learnt. The role of teachers in schools is crucial and food issues should be in the curriculum.

It is critical to assess the cultural acceptability of certain foods and to challenge mindsets: what is food of 'the poor' or 'woman's food'? Community ownership of these interventions is important, as is local knowledge and locally-relevant responses. It is vital to intervene at the appropriate level of vulnerability and in a way which is sustainable. In addition, the energy needs of people should be considered: for cooking, lighting and heating.

Throughout the conference there was a significant focus on young people, not only from the perspective of interventions for orphans and other vulnerable children, but on young people as food producers of the future. Young people have a range of vulnerabilities based on gender, location and opportunities. Ideas presented at the conference include junior farmer field schools, teaching young people in schools and school gardens.

The theme of scale up dominated the conference – but there is need for diversity in food security approaches

and these should include income-generating activities. However, there are challenges of scaling up in the context of diversity and scale up should be based on solid monitoring and evaluation. And a significant number of delegates challenged the idea of 'simply' scaling up, saying that some programmes worked because of unique circumstances. Others asked if we should be focusing on and talking about 'replicating' rather than 'scaling up'.

A number of presentations stressed the importance of strategies to raise nutritional levels in individuals and communities, focussing on: indigenous food; more efficient crop production; understanding the soil; finding and making better use of water in drought-affected countries; adding plants, trees and animals which conserve and contribute; adopting a mixed-planting approach; building linkages and information-sharing; improving local chicken production; and improving smallholder dairy production. There was some discussion on goat production as this has been shown to be viable and nutritious. Food variety was seen as important even if there is disagreement on exactly which foods are better for people living with HIV. Not enough attention has been paid to preparing the ground for ARVs with good nutrition.

It was recommended that programmes on food, nutrition, health, the environment, livelihoods and education should integrate with HIV & AIDS programmes for sustainability, effective community empowerment and to maximise the use of limited resources. So we should mainstream HIV & AIDS into food security work and food security into HIV & AIDS work. We should work with partner institutions who are experts in the livelihoods field and be wary of AIDS exceptionalism. Networking and coordination should be the focus of all organisations.

Finally, the presentations highlighted the need for short and long-term funding and to link research with action, both ways. Ultimately, the power of story telling and personal testimony was revealed in Lynde Francis's story of living with HIV – exemplifying the power of determination, advocacy, good nutrition and a holistic approach.

Summary of key recommendations:

- ✘ Analyse and highlight the links, and complex relationship, between HIV & AIDS and food insecurity;
- ✘ Focus on vulnerable groups;
- ✘ Advocate for food rights and hold governments accountable;
- ✘ Ensure a comprehensive, coordinated response;
- ✘ Interventions should empower communities and individuals;
- ✘ Mainstream HIV & AIDS into food security work and food security into HIV & AIDS work;
- ✘ Raise nutritional levels in individuals and communities;
- ✘ Find out, and document, what works and 'scale up'.



Timetable

**VSO-RAISA
Regional
Conference**

Pretoria
South Africa

1-3 November
2006

From Vulnerability to Sustainability:

**FOOD
SECURITY**
in a World of HIV & AIDS



Sharing skills
Changing lives



OPENING EVENING: *Tuesday, 31 October 2006*

FACILITATOR	TIME	SESSION	ACTIVITY	KEY PERSON (DESIGNATION)	ORGANISATION
Alan Smith	1830	Plenary	Opening remarks Introductions and objectives	Bongai Mundeta (Regional Director)	VSO-RAISA
	1845	Plenary	Opening address Food security challenges among vulnerable groups	Professor Michael Kelly (Member)	VSO-RAISA Board
	1940	Plenary	Welcome address Food security and human rights	Michaela Clayton (Chairperson)	VSO-RAISA Board
	2000		DINNER	All	All

Overall Conference Facilitators:

Bongai Mundeta (VSO-RAISA) and Angela Abrahams (Oxfam GB)

Poster Presentation:

Mandy Gonsalves (Vital Camel Milk South Africa)
Available for discussion throughout the conference



DAY ONE: Wednesday, 1 November 2006

FACILITATOR	TIME	SESSION	ACTIVITY	KEY PERSON (DESIGNATION)	ORGANISATION
Alan Smith	0830	Plenary	Opening Remarks	Bongai Mundeta (Regional Director)	VSO-RAISA
	0840	Plenary and group work	The sustainable livelihoods approach	Craig Castro (Regional Livelihoods Advisor)	Oxfam
	1000	Plenary	The sustainable livelihoods framework in the VSO context	Steve Morris (Livelihoods Programme Manager)	VSO Malawi
	1030		TEA		
	1100	Plenary	Key Note Speeches	Guest of Honour Mark Stirling (Director)	UNAIDS Regional Support Team for Eastern and Southern Africa
				Innocent Modisaotsile (Project Manager, HIV & AIDS Unit)	SADC
Rihanna Kola (Director, External Affairs - Europe, Middle East, Africa and Canada)				Merck and Co INC	
Maren Lieberum and Safari Mbewe	1300		LUNCH		
	1400	Market place	Stall 1: The Chilimba movement: Micro credit and savings for vulnerable households	Gilbert Mwiinga (Social Welfare officer)	Catholic Diocese of Ndola Integrated AIDS Programme (RAISA Partner Zambia)
		Market place	Stall 2: A community confronts food insecurity: The experience of New Dawn of Hope	Eric Chikukwa (Director)	New Dawn of Hope (RAISA Partner Zimbabwe)
		Market place	Stall 3: Sustainability of Kindlimuka	Constantino Lourenço Inguane (Project Coordinator, Farms)	Kindlimuka (RAISA Partner Mozambique)
	1600		TEA		
	1630	Plenary	Livelihood strategies for increasing food security in the context of HIV & AIDS	Dr Stephen Muliokela (Director)	Golden Valley Agricultural Research Trust
	1730		Close	Sara Page (Member)	VSO-RAISA Board



DAY TWO: Thursday, 2 November 2006

FACILITATOR	TIME	SESSION	ACTIVITY	KEY PERSON (DESIGNATION)	ORGANISATION
Sara Page	0830	Plenary	Recap	Angela Abrahams (Regional HIV/AIDS Training Advisor)	Oxfam
	0900	Plenary	Mainstreaming from a VSO perspective	Tamsin Langford (UK Coordinator)	VSO-RAISA
	0915	Plenary	Mainstreaming HIV & AIDS and food security	Maren Lieberum (Regional HIV and AIDS Coordinator)	Oxfam GB
	0930	Plenary and group work	Mainstreaming HIV & AIDS in food security programmes and mainstreaming food security in HIV & AIDS programmes	Tamsin Langford (UK Coordinator) Maren Lieberum (Regional HIV and AIDS Coordinator)	VSO-RAISA Oxfam GB
	1030		TEA		
	1100	Plenary and group work	Orphans, other vulnerable children and food security	Margaret McEwan (Regional Emergency HIV and AIDS, Nutrition and Livelihoods Officer)	Food and Agriculture Organization
	1300		LUNCH		
Carine Munting: Community Preparedness	1400	Parallel Sessions	1 Achieving holistic development by combating HIV & AIDS with food, nutrition and livelihoods as integrated programmes	Rica David (Agriculturist and RSDP Coordinator)	Zoa Tea Estates Relief and Social Development Programme (VSO Food Security Partner Malawi)
		Parallel Sessions	2 Involving the community in support for orphans and other vulnerable children	Doroteia Balane (Head of Programmes)	REENCONTRO (VSO-RAISA Partner Mozambique)
		Parallel Sessions	3 Sweet potato and cassava for HIV & AIDS mitigation	Dadirayi Chiwara (Programme Officer, HIV and AIDS)	Swedish Cooperative Centre (VSO-RAISA Partner Zimbabwe)
Wedzerai Chiyoka: Community Initiatives on Food Security and Livelihoods		Parallel Sessions	1 Getting nutrition on the agenda – the NANASO experience	Linda Larsdotter (Nutrition Advisor)	Namibia Network of AIDS Service Organizations (VSO Partner Namibia)
		Parallel Sessions	2 Livelihood strategies for increasing food security in the context of HIV & AIDS in Malawi	David Nyirongo (Programme Manager) Ulanda Chilezi (Regional Coordinator)	National association of People Living with HIV/AIDS in Malawi (NAPHAM) (VSO-RAISA Partner Malawi)
		Parallel Sessions	3 Improving household food security through sustainable farming practices	Phil Monday (Agricultural Advisor)	Kasisi Agricultural Training Centre (VSO Food Security Partner Zambia)
	1600		TEA		
Sara Page	1630	Plenary	Feedback from parallel sessions	Rapporteurs	
	1730		Close	Ana David (Member)	VSO-RAISA Board



DAY THREE: *Friday, 3 November 2006*

FACILITATOR	TIME	SESSION	ACTIVITY	KEY PERSON (DESIGNATION)	ORGANISATION
Roberto Pinaun	0830	Plenary	Recap	Bongai Mundeta (Regional Director)	VSO-RAISA
	0900	Plenary	The RENEWAL initiative in sub-Saharan Africa	Dr Bruce Frayne (Regional Coordinator)	Regional Network on HIV and AIDS, Rural Livelihoods and Food Security (RENEWAL)
	1000	Plenary	Nutrition and HIV & AIDS	Lynde Francis (Director)	The Centre - Zimbabwe
	1030		TEA		
	1100	Plenary	Nutrition and HIV & AIDS	Mutinta Hambayi (Programme Officer, Nutrition)	World Food Programme
	1200	Plenary	The low-input model for crop and diet diversification	Steve Morris (Livelihoods Programme Manager) Anna Tallant (VSO Youth Volunteer)	VSO Malawi World Food Programme
	1300		LUNCH		
Professor M Kelly	1400	Break out session	The Learning Café	Tamsin Langford (UK Coordinator) Etelvina Mahanjane (Mozambique Country Coordinator)	VSO-RAISA VSO-RAISA
	1530	Plenary	Post conference planning	Country Coordinators	VSO-RAISA
	1630	Plenary	Closing ceremony	Alan Smith (Regional Programme Manager, Southern Africa)	VSO UK
	1700		End of conference		

Opening Evening

Tuesday 31 October



Opening remarks

Bongai Mundeta, VSO-RAISA Regional Director

Bongai welcomed all the delegates to the conference on a warm summer evening and outlined the aims and objectives of the conference, setting the scene for the next three days:

The conference **aim** was to provide a platform for improved linkages between food security analysis and HIV & AIDS work in southern Africa and to enable organisations to highlight strategies to decrease vulnerability to food insecurity; to exchange experiences and learning from successes and challenges; to identify opportunities for scaling up effective initiatives; and to develop links between organisations to be continued after the conference.

...provide a platform for improved linkages between food security analysis and HIV & AIDS work in southern Africa and to enable organisations to highlight strategies to decrease vulnerability to food insecurity.

The conference **objectives** were as follows:

- ✂ To share and discuss challenges of, and possible solutions to, food insecurity in the context of HIV & AIDS, specifically relating to vulnerable groups such as orphans and other vulnerable children, youth, the elderly, women and girls and those burdened by AIDS care;
- ✂ To discuss and explore the main characteristics and vulnerability context of livelihoods strategies and explore livelihoods approaches to food security, in particular those relevant to the vulnerable groups highlighted above;
- ✂ To highlight existing initiatives to address food insecurity in southern Africa, such as low-cost technology, agricultural techniques, food storage and income-generation projects and make recommendations for ways forward, in particular focusing on how to scale up effective initiatives;
- ✂ To share examples of innovative responses of communities and households who have developed effective and sustainable coping strategies and are actively strengthening their own resistance and resilience;
- ✂ To discuss the relationship between nutrition and HIV; get a better understanding of the nutritional needs of people living with HIV; and share positive examples of community participation in the organisation and delivery of nutritional support for people living with HIV;
- ✂ To share practical examples of mainstreaming techniques and lessons learnt, as well as successes and challenges of making integrated HIV & AIDS food security programmes;
- ✂ To explore the role of governments in ensuring food security across the region;
- ✂ To provide organisations with the opportunity to develop links to be continued after the conference.



Opening address

Food security challenges among vulnerable groups

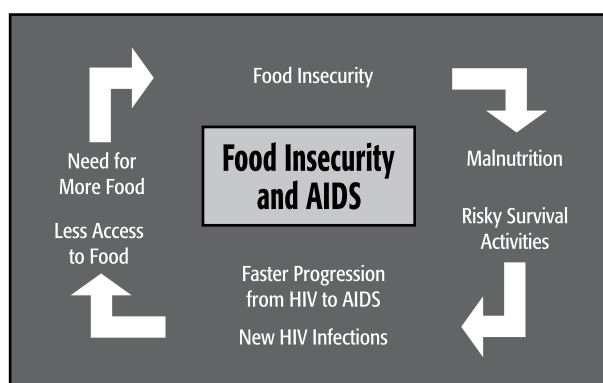
Professor Michael Kelly, VSO-RAISA advisory board member



*The virus is nothing:
the terrain is everything*
Dr Louis Pasteur

Professor Kelly opened his address with an acknowledgment that he stood between us and our evening meal. Not only did this break the ice for the conference but it reminded delegates that food, not only its availability but access to it, was very much on the agenda for this conference. Food security, said Professor Kelly, is when people have both physical and economic access to food and they have enough food of a good quality to meet their dietary needs for a productive and healthy life. Nutrition, in a sense a component of this, refers to the processes in consuming and using food. Three key questions need to be asked here – **is food available i.e. can it be found and is there enough for everybody?; is it accessible i.e. does the household have the resources to get the food it needs for a nutritious diet?; and is it utilised i.e. can it be used to meet the requirements of that household?**

So food insecurity exists when there is not enough food for everyone; if the food is available but not nutritious; if it cannot be accessed even though it is 'out there' (for example if prices are too high or the food is in far-off centres); and if food reserves have become inedible. Food insecurity in the climate of HIV & AIDS could then lead to: malnutrition and risky survival activities to get food; faster progression to AIDS; and a need for more food. Food insecurity can affect disease and disease can affect food insecurity – a classic vicious cycle.



Food insecurity contributes to HIV & AIDS in three clear periods:

- 1 Before infection with HIV occurs:** Food insecurity increases vulnerability to infection with HIV – both physically and behaviourally. On a **physical** level, a malnourished person is more vulnerable to **all** infections and can contract HIV more easily. On a **behavioural** level, food insecurity can lead people into risky survival activities: they may migrate to find food; they may scavenge markets and industrial sites for food and risk falling prey to sexual demands; they may exchange sex for money or food; children may be taken out of school prematurely to gather food or to work; and, in the case of girls, early marriages may be entered into to reduce the burden on a family or boost household income.
- 2 When HIV infection occurs and before AIDS develops:** Good nutrition can slow the progress of illness, may delay the need for ARVs, allows for greater resistance to opportunistic infections such as TB and other illnesses such as malaria; and prepares the person better for the initiation of ARVs. Malnutrition promotes the replication of HIV and thus can increase viral load, increasing the risk of transmitting the virus to another person. Maternal malnutrition, for example, is associated with increased risk of HIV transmission.
- 3 When AIDS develops and/or the person is taking ARVs:** Good food is an essential part of treatment for a person living with AIDS to sustain health and wellbeing. The combination of ARVs and malnutrition leads to poorer survival and side effects from ARVs may be worse.

Professor Kelly then went on to highlight how HIV & AIDS in turn contribute to food insecurity. Firstly, HIV & AIDS draw our attention to new problems in society, for example 'property grabbing', which has an impact on food security. Secondly, they magnify the scale and complexity of existing problems, for example the right to food. Thirdly, they can create new problems, for example a person on ARVs should eat a particularly nutritious diet.

Professor Kelly outlined how this complex relationship between food security and HIV & AIDS plays itself out in various sectors of society. Workforces may be affected through sickness in the labour force, women who become carers of the sick are withdrawn from the labour force, the death of breadwinners impoverishes households (for example there may be a decline in off-farm income such as remittances, households may produce fewer items for sale, and sickness and deaths of agricultural-extension workers takes important food-production skills away from communities) and food reserves may become depleted.

In addition, various forms of capital resources are affected: actual assets may have to be sold for funeral and other costs; there may be reduced investment in health and education; human capital can be neglected – for example people may not look after their own health or they may not be present to transmit knowledge and skills to the younger generation; and social capital, in the form of networks and links within and between communities, is made more fragile.

Where does all of this leave the issue of food security and HIV & AIDS? Consequences include:

- ✂ Poor *land* outcomes, for example less land is cultivated or distant fields are untended;
- ✂ Poor timing of agricultural operations;
- ✂ Land degradation, for example overuse of land close to a household, less attention to land preservation, deforestation;
- ✂ A negative impact on *crops and animals*, for example over fishing;
- ✂ Reduced crop diversity;
- ✂ Inadequate attention to food care between harvests;
- ✂ Readiness of *households* to sell everything they have for cash to deal with immediate needs – and here concern was expressed about opportunistic buyers who could easily deplete a household;
- ✂ More households being headed by women, the elderly and children;
- ✂ Increasing involvement of children in agricultural activities;
- ✂ Increasing household stress and distress;
- ✂ Lower levels of nutrition;
- ✂ Less time to care for the sick;
- ✂ Less time to care for and socialise children.

Professor Kelly highlighted that while these communities appear to be ‘coping’ or ‘managing’ – for example the poor may share with the destitute what they cannot afford – these words are misleading because these communities are neither coping nor managing. In fact, family coping strategies are often signs of desperation, robbing the family members of dignity and hope. He then outlined four survival strategies adopted by households: reducing consumption, reducing expenditure,

selling possessions to raise income, and migration to find work or to send children to be cared for by relatives.

Professor Kelly gave a very moving and distressing example of the first coping mechanism. A classroom exercise in a school in Zambia involved a teacher asking her students what they had eaten the day before. As she went around the room the first student answered ‘*nshima*’, another student said ‘*chicken*’, and so on. After about five students had answered a girl mumbled something very quietly, then burst into tears and ran out of the room. Not knowing what was said, the teacher turned to the student sitting next to her and asked what her answer was. She replied, ‘*she said she didn’t eat yesterday because it wasn’t her turn.*’

Professor Kelly went on to talk about vulnerable groups, highlighting the situation of women in relation to food security and HIV & AIDS. They are the major producers of food, they are carers of the sick, they take care of children and yet they have poor access to resources such as property or credit. They face pressure to offer care even when they are ill, to find food even at the cost of personal safety and are stigmatised upon the death of a spouse, often losing land and other assets. This fragile link to property highlights the precariousness of women.

Grandparents and the elderly are also vulnerable because they have to parent their grandchildren and risk losing their unique role as grandparents. And orphans are also severely affected: their health and nutritional status is often worse than non-orphans; the loss of parents increases stunting and inhibits growth; and their access to health and education is poorer.

Professor Kelly ended this presentation with some suggestions for the way forward:

- ✂ Do what you can to strengthen the capacity of families;
- ✂ Mobilise, support and advocate for community initiatives;
- ✂ Ensure access to essential services for vulnerable people, such as schooling (especially for girls), health care and PMTCT for mothers;
- ✂ Aim to keep mothers alive;
- ✂ Ensure governments protect the most vulnerable, for example cash subsidies for poor people;
- ✂ Teach about food production and conservation in schools;
- ✂ Promote livelihoods in rural areas;
- ✂ Advocate for food security and fair trade in international debates and forums.

...she said she didn’t eat yesterday because it wasn’t her turn.



Welcome address

Food security and human rights

Michaela Clayton, VSO-RAISA advisory board chair and Director of AIDS and Rights Alliance for Southern Africa (ARASA)



'Time is not on our side'

In her exploration of food security from a human-rights perspective, Michaela outlined the history of attempts to address this issue. The Universal Declaration of Human Rights of 1948 recognised the right to food as a universal right. The International Covenant on Economic, Social and Cultural Rights of 1966 made the right to food binding in international law and the 1996 World Food Summit firmly put food on the international political agenda. In 1999 the right to food was defined by the Committee on Economic, Social and Cultural Rights as the right of everyone to have **'physical and economic access at all times to adequate and enough food which is free from adverse substances and is culturally acceptable'**. Enough food is 'food in quantity and quality sufficient to meet the dietary needs of individuals'.

Michaela highlighted that the right to food and food security clearly overlap – not only does the right to food help to support food security initiatives, it obliges the state to create the appropriate legal, policy and institutional environment so that people can feed themselves. States thus cannot choose to care for the hungry and vulnerable, they **must** provide for them.

The right to food has important consequences:

- ✘ It recognises food security as a right;
- ✘ It puts people at the centre of development;
- ✘ People are seen as rights holders not recipients of aid;
- ✘ Progressive realisation of this right is seen as a duty of states;
- ✘ The right to food is linked to other rights, for example the right to water, health and education;
- ✘ It introduces redress and complaints mechanisms for violations;
- ✘ It ensures accountability of duty bearers.

Michaela then posed the question: how should states respect, protect and fulfil rights?

- ✘ Rights are **respected** if the state does not interfere with individual's efforts to feed themselves, for example by blocking access to food or polluting the environment;
- ✘ Rights are **protected** if the state prevents non-government role-players from interfering with the right to food of individuals, for example through industrial pollution, poor labelling practices or restrictive land-tenure approaches;
- ✘ Rights are **fulfilled** if the state creates an enabling environment that facilitates efforts of individuals to feed themselves, for example through land reform, fair employment practices and access to justice;
- ✘ Rights are also **fulfilled** if the state ensures the provision of food or funds to those unable, for reasons beyond their control, to feed themselves, for example through social security, food assistance and emergency supplies in disasters.

If the state has the obligation to provide some form of food assistance then the devastating impact of HIV & AIDS on the agricultural sector requires the state to act to limit this impact – for example in the SADC region there are major AIDS-induced losses in the agricultural sector. Michaela outlined a worst-case scenario, highlighted by Whiteside and De Waal: a generalised HIV & AIDS epidemic combined with drought and a food crisis may create a 'new variant famine' where there is no expectation of a return to sustainable livelihoods. Michaela stressed that we need to work together to ensure this doesn't happen, and NOW, as time was not on our side.

A framework to address some of the challenges could include:

- ✘ Policy and programme responses;
- ✘ Addressing labour scarcity, for example through agricultural diversity;
- ✘ Mainstreaming HIV & AIDS in agricultural-extension programmes;
- ✘ Extending micro-finance schemes;
- ✘ Advocating for food rights;
- ✘ Holding governments accountable.

Day One Wednesday 1 November



Opening remarks

Bongai Mundeta, VSO-RAISA Regional Director

Bongai welcomed new arrivals and summed up the previous evening's session by highlighting that **not only should we engage our governments on food security issues but we should feel mobilised by the story of the young girl who had not eaten that day.** As chair Alan Smith noted, the context of the conference had been well set in the conference opening the previous evening and, over the next three days we needed to build on this, consider solutions that work, and develop actions for moving forward.

Plenary and group work

The sustainable livelihoods approach

Craig Castro, Regional Livelihoods Advisor, Oxfam

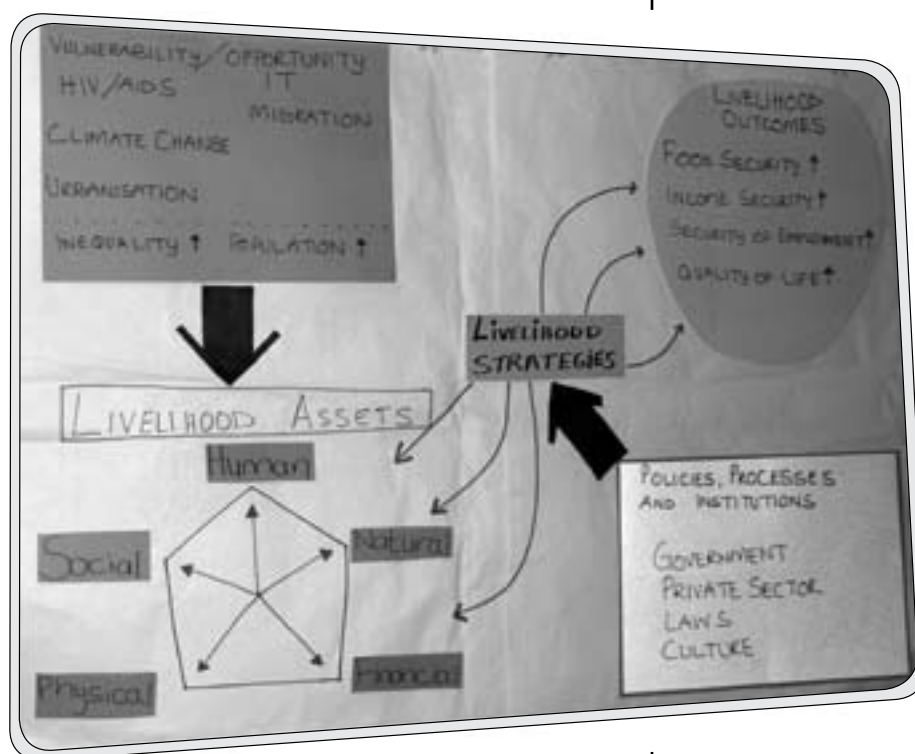


*'Life is what everyone has but
not everyone has a livelihood'*

This was a lively and interactive session which involved both table-based discussions and a theoretical presentation from Craig. The first question we were asked to consider was to explore the difference between 'life' and 'a livelihood'. **The consensus from the groups was that a life is the sum total of a person's existence and a livelihood is the means to sustain this existence. There was some discussion on whether life is about 'merely existing' or whether it is important to focus on quality of life.** Then Craig asked us to think about the different elements that would make up a livelihood.

Again there was a lot of agreement between the groups that various resources, such as skills, assets and knowledge, would contribute to making up a livelihood. The next issue to consider was what would influence these assets. The groups felt that context, culture, systems, relationships, linkages and power could have an impact on these assets, making them more or less usable. Interestingly, very few of us thought of the impact of health on these assets. Finally, we were asked to imagine what a sustainable livelihood would look like. Here words such as replicable, flexible, adaptable, long term, planned, community based, empowering and environmentally friendly seemed to stand out. In this brief set of questions and discussions delegates had begun to engage in a meaningful way with the concept of a sustainable livelihood.

Craig then presented a model of the sustainable-livelihoods approach. He defined a livelihood as 'the capabilities, assets and activities' needed to live. This is sustainable when 'it can cope with and recover from shocks, maintain itself over time and provide the same or better opportunities for all, now and in the future'.



Livelihood assets are:

- ⌘ Human (such as skills);
- ⌘ Natural (such as the environment);
- ⌘ Financial (such as savings);
- ⌘ Physical (such as housing);
- ⌘ Social (such as networks).

The sustainable-livelihoods framework shows the complex relationship between livelihood strategies, the assets needed to sustain them and the possible outcomes. Influencing the strategies are various policies, processes and institutions (including culture). Similarly, livelihood assets may be affected by various vulnerabilities (such as HIV & AIDS or urbanisation) and opportunities (such as information technology). So food security is one possible outcome of a successful livelihood.

Principles that should inform this approach include being people centred and partnership focused, participatory, holistic, dynamic, multi level and sustainable.

When conducting an analysis of a particular community or context to see if livelihoods are sustainable, you can ask the following questions:

- ⌘ Who are the poor?;
- ⌘ What livelihood strategies are they engaged in?;
- ⌘ Where do their household goods and services come from?;
- ⌘ What are the relationships between these sources?;
- ⌘ Who provides the different goods and services?.

In sum, this analysis allows one to develop better interventions aimed at alleviating food insecurity.

In the discussions that followed:

- ⌘ Participants suggested other phenomena that could have an impact on livelihood strategies and assets – these included an entitlement culture in some people living with HIV ('we are owed a living') and the possible role of stigma and conflict;
- ⌘ One delegate made an impassioned plea for gender to be named as a specific focus as there is a tendency for it to be underplayed;
- ⌘ Another spoke of seeing 'legal capital', a combination of rights literacy and faith in legal and rights frameworks which work, as a possible asset to be considered;
- ⌘ Craig reminded us that the framework is a tool which can be used to interrogate our work and allows us to see how macro issues can have an impact at the household level.

As chair of this session, Alan Smith closed by reminding the gathering that it was important not to see food security as a rural issue only – a theme which emerged throughout the conference.

Plenary

The sustainable livelihoods framework in the VSO context

Steve Morris, Livelihoods Programme Manager,
VSO-RAISA, Malawi



'making markets work for the poor: more money, more food and more control'

For VSO, said Steve, secure-livelihoods work means supporting disadvantaged people to gain more food, more money and more control. Inevitably, these three areas overlap and a secure livelihood is a complex inter-relationship between them.

Currently, VSO is building an understanding of the key issues in the secure-livelihoods approach. These include:

- ⌘ The role of disadvantage (such as gender or HIV status);
- ⌘ The role of markets (using a value-chain analysis);
- ⌘ Policy (for example on trade);
- ⌘ Central support, resources and coordination.

So a secure-livelihoods approach would start with examining where disadvantaged people are, then it would analyse the value chain and then develop a programme with the support of key partners. The value-chain concept is drawn from business: it is a systematic approach to exploring the development of competitive advantage. The chain consists of a series of activities that create and build value, culminating in the total value delivered by an organisation. The organisation is split into primary activities (bringing goods in, assembling them, sending them to a seller, marketing and selling them to targeted customers, and after-sales services) and support activities (getting the best-quality goods at the lowest prices, using technology to ensure competitive advantage, managing human resources well and managing information and accounts). All of these activities are assigned a particular 'value', together making up the value chain of a specific market.

Steve talked of placing this market approach, for example in coffee production, at the heart of Malawi's food security programme, showing how analysing and mapping various value chains of this programme can lead to identifying the changes necessary for a better outcome. Future activities include: conducting a market assessment of the dairy sector so that poor smallholder farmers can benefit; applying learning from this to other market chains; emphasising the impact of HIV & AIDS in this analysis; and looking to see if similar approaches can be used with the market chains accessed by CBOs and groups working with orphans and other vulnerable children.

In the discussion which followed it was clear that delegates were intrigued by this analysis and were interested to know whether it could be applied to food security for people living with HIV and to urban areas (unlike the largely rural economy of Malawi). Steve's view was that food insecurity was so widespread that it would make more sense to cast the net wider than just groups of people living with HIV. This was in contrast to Zambia where, according to one delegate, food security programmes were being targeted at this group. This was a lively debate that re-emerged throughout the conference.

So a secure-livelihoods approach would start with examining where disadvantaged people are, then it would analyse the value chain and then develop a programme with the support of key partners.



Plenary

Towards universal access by 2010 in southern Africa

Mark Stirling, Director, UNAIDS Regional Support Team for Eastern and Southern Africa



'We need action at scale – the epidemic is outpacing the response'

Noting that this was a daunting 'hands-on' group, Mark said that rather than focusing on food security per se, he was going to examine the challenges in HIV & AIDS faced by the region. This was particularly important because there are different communities of development workers with different paradigms and different focal areas.

Mark's first focus was on the current state of the HIV & AIDS epidemic. While the global epidemic is slowing it is rising in some regions, for example southern Africa. Here, the HIV & AIDS response must shift gears and move from crisis management to a longer-term strategic response. As even though new infections are slowing down, the impact is still profound, seen in the rise in deaths, number of orphans and the impact on women. To deal with these challenges there needs to be a balance between mainstreaming and exceptionalism.

Progress has been made in: mobilising political commitment; treatment access; prevention of mother-to-child transmission; HIV-transmission knowledge among young people; and condom access and use. Worryingly, there is still an inadequate response to the needs of orphans and other vulnerable children.

Some key conclusions made by Mark:

- ✘ The response has been uneven (between and within countries and in the balance between prevention, treatment and mitigation);
- ✘ Prevention efforts remain inadequate (our understanding of behaviour change is limited) and there has been a failure to reach the most vulnerable;
- ✘ More attention must be paid to strengthening health systems, community preparedness, treatment literacy, food security and stigma mitigation;
- ✘ Regarding orphans and other vulnerable children, few countries have proper strategies and coverage is low.

The second focus of Mark's presentation was on three key agreements necessary for the way forward. These are:

- ✘ We need a comprehensive response which combines treatment and prevention;
- ✘ We need to focus on clear targets for treatment (access and survival rates), prevention (for example condom access and use, PMTCT and VCT), care and national commitments;
- ✘ We must develop common approaches which set out plans, indicate partnering and coordinating mechanisms, outline monitoring and evaluation strategies and stipulate implementation arrangements (such as MOUs).

And finally Mark set out what he saw as key challenges for VSO. These need to be local-level activities on universal access to prevention, treatment and care:

- ✘ Know your community and champion its context and needs:
 - conduct a situation analysis, vulnerability and risk mapping, and monitoring;
- ✘ Advocate for targets at local level:
 - this must include prevention, treatment, care and support;
- ✘ Participate in and support local-level planning and coordination;
- ✘ Mobilise and support leaderships – there must be commitment and consistency:
 - focus on leadership from faith, community, traditional, political, NGO and local-government levels;
- ✘ Support and strengthen the capacity of CBOs and NGOs to access and use resources;
- ✘ Monitor and review progress and share experience.

In concluding, Mark reminded us that the core challenges were to find the balance between urgency and time and between comprehensive and targeted efforts.

In the discussion which followed, some interesting points emerged:

- ⌘ Has the advent of ART de-emphasised prevention?
In Mark's view prevention and treatment should not compete for funding and there should be an emphasis on both. Importantly, prevention work should not inadvertently stigmatise those who are living with HIV, for example Swaziland's multiple partner campaign. He challenged us to consider 'deliberate' stigmatising of some antisocial behaviour which drive the epidemic, such as older men soliciting younger partners;
- ⌘ Some families in Zambia feel left out as 'ordinary' poor people, which again spoke to the debate regarding a targeted versus generalised approach;
- ⌘ Competition between NGOs may be driven by donor-tendering processes. Mark felt NGOs should continue to shape intervention agendas, highlighting local needs;
- ⌘ NGOs are becoming more reliant on government funds, challenging their ability to be independent and critical. It was Mark's view that NGOs were a critical element of civil society and needed to advocate for governments to meet their targets. One Namibian delegate felt that they were excluded from government plans and intentions;
- ⌘ Delegates felt that prevention was complex: PMTCT programmes were not up to scale, prevention target setting was poor and prevention work often took an individualistic approach, ignoring structural realities. Mark acknowledged that prevention work is complex and that there needed to be a balance between individualistic and structural approaches, with an emphasis on locally-relevant targets and trends.



A participant asking a question after Mark's presentation.

Plenary

Agriculture and food security in the context of HIV and AIDS in the SADC Region and an overview of the SADC Best Practice Framework

Innocent Modisaotsile, Project Manager, HIV and AIDS Unit,
SADC Secretariat



'SADC is deeply committed to poverty alleviation'



Innocent reaffirmed that as an inter-governmental organisation representing a community of 14 member states with a combined population of around 200 million, SADC is deeply committed to poverty alleviation. With a secretariat in Botswana its mandate is coordination, harmonisation, setting standards and monitoring commitments.

SADC sees agriculture as a critical sector, contributing 35% of the region's gross domestic product, with 60 – 80% of people depending on agriculture for their livelihood, most of them women. There is a bi-directional relationship between HIV and agriculture, with links between food security and the prevention, management and treatment of HIV. So HIV has an impact on agriculture and agriculture has an impact on HIV.

So what has SADC done in these areas? The Dar Es Salaam Declaration on Agriculture and Food Security of 2004 prioritised: support to vulnerable farmers; increasing agriculture budgets; improving disaster preparedness; enhancing gender mainstreaming and mainstreaming HIV & AIDS. On HIV & AIDS it made the Maseru Declaration of 2003, established the SADC strategic framework, resulting in a business plan and operational framework. This highlighted mainstreaming, documentation of best practice, coordination, and monitoring and evaluation linked to key indicators.

SADC conducted a seven-country case study to explore the impact of HIV & AIDS on the agricultural sector and to suggest mitigation strategies to minimise adverse effects on society. Data was collected on food and agricultural production, employment, savings and investment.

Key findings were as follows:

- ⌘ There is an impact but it is gradual and hard to quantify, as in the case of drought, floods and famine;
- ⌘ It has been a challenge for development practitioners to attract the attention and scale of intervention aid that is required;
- ⌘ Significant evidence shows that households and communities in the region are increasingly vulnerable as they experience illness and death of skilled and productive individuals due to HIV & AIDS;
- ⌘ The loss of skilled labourers is too often accompanied by a reduction in the utilisation of arable land, reduced access to finances, and the sale of assets to pay medical and funeral expenses;
- ⌘ Remaining members of households have a reduced capacity to cope with the social and economic impact of the epidemic.

Subsequently SADC developed a Household Vulnerability Index which provides an assessment of different degrees of household vulnerability. The index helps to target responses and track how programmes help households move from one level to another.

In conclusion, Innocent stressed that while prevalence levels are high, there is still a majority of HIV negative people to work with, and that there are opportunities for the agricultural sector to minimise further infections and mitigate the impact of HIV & AIDS. In the discussion that followed, it was clear that delegates were concerned whether SADC has enough 'teeth' to make member states accountable. Innocent said that SADC served member states but that peer-review mechanisms, along with behind-the-scenes work, went some way to promoting accountability.

After the discussion, Innocent presented the SADC best-practice tool as an instrument to scale-up the response to HIV & AIDS in the region through documenting positive experiences. Innocent outlined some key principles which should underpin all best practices. These are effectiveness, ethical soundness, cost effectiveness, relevance, replicability, innovativeness and sustainability.

SADC is now developing a database of best practices and organising study tours and exchange visits to identify 'sharing platforms' in thematic meetings. Policy briefs are being prepared on the basis of these best practices. Of course this comes with challenges. Who should identify the best practices? Who should decide that they meet the criteria? Who should document them? Does SADC have the capacity to document them? Should there be space for interesting practices that do not fully meet the best-practice criteria? And how does SADC ensure that best practices are re-programmed?



Mandy Gonsalves of Vital Camel Milk South Africa was available for discussion throughout the conference.



Plenary

Food security in a world of HIV & AIDS

Rihanna Kola, Director, External Affairs –
Europe, Middle East, Africa and Canada, Merck & Co., Inc.



*'We can't do it alone –
we need to work together'*

Merck were key sponsors of this conference and Rihanna opened her presentation by congratulating VSO-RAISA for the excellent work it does in the region.

She then outlined some key strategies to deal with the HIV & AIDS epidemic. These include:

- ✘ Political will and commitment of governments;
- ✘ Strengthened national capacity to deliver healthcare products and services;
- ✘ Safe, secure and efficient distribution systems;
- ✘ Involvement of all stakeholders;
- ✘ Significant additional funding from new and international sources;
- ✘ Continued investment in research and development by the pharmaceutical industry.

In outlining the complexity of HIV & AIDS, Rihanna noted that while treatment is crucial, it is one piece of a larger puzzle, and local and international resources must be mobilised to deliver a comprehensive approach. Health targets need to be clearly defined. She also emphasised how important it is to document work to be better able to lobby governments.

In addition, HIV & AIDS must be seen in a broader context as the future may pose other challenges which will also stretch resources. These challenges could include: diseases of ageing; the search for vaccines for malaria, TB, diarrhoeal diseases and cervical cancer; and the growing gap between expectations and resources confronting health care systems world wide. Often, while there is agreement on what needs to be done, there are gaps in implementation. This may be due to short-term thinking and a lack of capacity in health care systems. One way forward may be to empower decision makers and to modernise health systems.

Finally, Rihanna shared some lessons that have been learned:

- ✘ Comprehensive, integrated approaches are essential;
- ✘ Companies can't do it alone – local leadership is critical;
- ✘ The value of good working relationships cannot be overestimated;
- ✘ Government is essential but is not enough – solutions must be developed with those who are most directly affected;
- ✘ We need to learn more across borders – including from other countries, the UN experience, and NGO groups around the world.

During discussion time, the theme of coordination emerged as important to delegates:

- ✘ For example, had SADC tried to bring governments, NGOs and the private sector together? The answer was that in fact the private sector is seen as not doing enough;
- ✘ Another comment from the floor suggested that VSO was deeply committed to playing a coordinating role;
- ✘ And finally, it was felt that while many of the presentations had focused on the importance of monitoring and evaluation, this was as much a political as a technical exercise, calling for political will to take the risk of assessing the impact of work done.

...while treatment is crucial, it is one piece of a larger puzzle, and local and international resources must be mobilised to deliver a comprehensive approach.



Market Place

Community initiatives on food security

*The market place consisted of **three sessions** to showcase community initiatives and ideas. All delegates rotated through the three presentations and this was followed by a plenary session in which themes from the three presentations were drawn together.*

Stall ONE

The Chilimba movement: Micro credit and savings for vulnerable households

Gilbert Mwiinga, Social welfare officer, Catholic Diocese of Ndola Integrated AIDS Programme (IAP), Zambia



The IAP is a community HBC programme with a bottom-up approach, operating in five towns of the Zambian copperbelt. Its activities cover prevention, impact mitigation and promoting access to ART, complemented by strategies of empowerment, socioeconomic rehabilitation and human-rights advocacy. A VSO volunteer development worker, in collaboration with local colleagues, designed and piloted a savings-driven initiative, a family-based enterprise, known as the Chilimba movement, starting in March 2005.

'Chilimba' means a small guitar played and shared in the community and the movement draws on pre-existing norms of reciprocity: neighbours and friends usually help each other by sharing resources such as food, farm seeds and even money.

This has evolved into people coming together to mobilise savings and access micro credit assistance. In essence, this 'round robin' flow of support encourages the value of self-help, cooperation and savings. Target clients are volunteer caregivers and their families, guardians, orphans and other vulnerable children and support groups of people living positively.

To achieve these objectives, the Chilimba movement has two major interventions: an eight-day process of training and planning on internal-savings mobilisation and micro-credit assistance spread out over three to eight months; and micro-business development assistance through training, technical support and business consultancy, seven days spread out over eight to 28 months.

By the end of June 2006, the Chilimba movement had assisted 751 families with savings and loan disbursements. Most families were able to have two to three meals a day due to a stable income; could send their children to school and pay for school fees; increased their capital; and could contribute to their weekly savings and loan repayments.

There is a 20% drop-out rate, due to: violation of Chilimba internal policies; relocation of members; misuse of savings and loans; money generated being used to pay for other expenses such as drugs and medical bills; and death of primary clients of Chilimba. Other challenges include: monitoring and evaluation; limited opportunities to find clients for business innovations and diversification; the absence of a strong and willing microfinance organisation to adopt Chilimba clients in the microfinance industry due to prejudice against HIV & AIDS; and there is an increased desire to join the Chilimba movement, and thus a need for more capital.

In the discussion which followed, the following themes and questions emerged:

- ⌘ This project is an attempt to reimburse caregivers in a way which sustains them;
- ⌘ Most caregivers are women and the key question is whether they are truly empowered by these schemes;
- ⌘ There are challenges in getting financial institutions to work with people who are living with HIV;
- ⌘ Sometimes people could not pay back the money that had been lent to them, especially if someone was very sick or died – however in some cases family members would take over the loan.

Stall TWO

A community confronts food insecurity: The experience of New Dawn of Hope

Eric Chikukwa: Director, New Dawn of Hope, Zimbabwe



New Dawn of Hope operates in the high-density suburb of Mufakose in Harare, Zimbabwe. The suburb has an HIV prevalence rate of about 25%, an unemployment rate of 70%, and is resource challenged, particularly around food security.

New Dawn of Hope identified three main needs:

- ⌘ Immediate food assistance to the most vulnerable, such as clients on TB treatment;
- ⌘ Capacity of people to grow some of their own food using low-technology techniques;
- ⌘ A child-feeding programme.

The food assistance involved the distribution of monthly rations to 100 households using very specific selection criteria. The low-input garden (LIG) programme aimed to have a garden at every beneficiary household. A large demonstration garden was established at one of the community centres to be used for training and as a source of seedlings for the household gardens. Low-input techniques mean making use of available resources, harvesting seeds and doing away with chemical fertilisers and intercropping. Households were encouraged to move beyond traditional varieties of leafy vegetables to include vegetables such as lettuce, spinach, broccoli, beetroot and Chinese cabbages. They were taught how to

make green manure and preservation techniques, such as sun drying, in a way that preserved nutrients in the vegetables.

As the programme and its benefits spread it became apparent that confining it to New Dawn of Hope clients only would be impossible and a source of stigma. Community demand increased and currently there are more than 250 viable household gardens. Gardens were also established at six schools where children and teachers have taken on the LIG concept enthusiastically. The objective for school gardens is to further spread the gospel of access to food through LIG.

The child-feeding programme initially targeted orphans and other vulnerable children but soon it was opened to any child who needed a meal. Children are fed three times a week and trained volunteer child carers run the project. Every child coming to the feeding point for the first time has his/her history carefully recorded and they are followed up at their households. This reveals other psychosocial needs of the child and also the food security needs of the household. In addition, since women are particularly susceptible to food insecurity as a result of patriarchy, women carers receive food rations. A revolving fund for their own individual projects was set up – the fund is run by the volunteers.

What lessons have been learnt?

- ⌘ A deliberate attempt needs to be made to reach vulnerable groups;
- ⌘ Food security advocacy training for members of the community is crucial in an unstable political, legislative and legal environment;
- ⌘ A community can be prepared to successfully confront the challenges of food insecurity by harnessing existing knowledge;
- ⌘ It is imperative to scale up successful food security interventions;
- ⌘ Exit strategies should be developed to promote and ensure continued food availability;
- ⌘ Food-relief efforts need to be aimed at the urban population which are often as vulnerable as rural communities.;
- ⌘ It is important to strengthen the HBC programmes so that primary caregivers get more time to fend for their families.
- ⌘ Research into food security and livelihoods should be carried out with a view to determining what works, what doesn't and why;
- ⌘ A garden alone can never be a panacea for food insecurity. There is need for diversity in food security approaches to include income-generating activities;
- ⌘ It is important to take a collaborative approach with local government, funding partners, local community leadership and other organisations working in the epidemic.



In the discussion which followed, some useful suggestions and comments were made:

- ⌘ It has been important to meet with other organisations in the area to avoid 'overlap' of activities;
- ⌘ Where water is scarce, water can be 'borrowed' from local households who are paid for their contribution;
- ⌘ Teachers need to involve parents in the food gardens at schools;
- ⌘ It was suggested that other crops could include legumes (for protein) and herbs (as companion products which make food more interesting);
- ⌘ Also, consideration should be given to helping people 'graduate' from these programmes to become trainers and suppliers of seeds.

Stall THREE

Sustainability of Kindlimuka

Constantino Lourenço Inguane, Project coordinator,
farms, Kindlimuka, Mozambique



Kindlimuka was founded to support people living with HIV and children whose parents died of an AIDS-related illnesses, promoting social solidarity and integration into the community. Constantino highlighted two food security projects of the organisation, a poultry-farming project and an agricultural project, both of which contribute to the sustainability of the organisation.

The poultry project began with VSO-RAISA's support in 2003 and four pavilions now produce 100 chickens for sale every month. Proceeds from the sales help to pay for their running costs (such as petrol and electricity) and also for opportunistic-infection medication, which is not free in Mozambique. In addition some of the poultry is given to a beneficiary family who receive training in animal husbandry. When this poultry reproduces, some chickens are passed on to other families, and so on.

The agricultural project aims to improve the diet of members, especially those on ARV treatment and children whose parents have died of an AIDS-related illness, particularly those who are heads of households. Activities include setting up nursery gardens and learning about aspects such as fertilising the soil, irrigation, working seasonally, transplanting, irrigation and fighting plant diseases. Fifty children, some orphans and some the children of members, were also trained in these techniques. The children support their parents in school holidays and all of them get school uniforms, toys and stationery.

In the medium term it is hoped that the project will function as a business, where all the members are partners. The focus will be on: food security; a rotational credit system for members; payment for funerals and office costs for the district offices and the headquarters; and transport to get produce to the markets.

Challenges for this project include a proper irrigation system, funding to get the farm working properly and ongoing training about production methodologies. Future plans include goat farming, fish breeding, setting up a working irrigation system, training for members and developing partnerships with other organisations working in agriculture (NGOs, research institutions and government agencies).

In the discussion which followed the following issues emerged:

- ⌘ A number of delegates supported a focus on goat breeding. However the cultural acceptability of goat's milk still needs to be explored;
- ⌘ The costs of the programme were mostly starting costs and most of the money was spent on machinery, water pumps, tubes and seeds;
- ⌘ Was the project sustainable? Constantino said that the most valuable outcome was the sense of value and productivity that the project gave them.

In the plenary which followed, themes from the three 'stalls' were highlighted by conference delegates:

- ⌘ IGAs are a challenge if they are to meaningfully raise the income of a household;
- ⌘ It is important to focus efforts and profits on the health of members of food security schemes;
- ⌘ The role of governments in helping these small-scale projects is unclear – for example in the United States small businesses receive a government subsidy;
- ⌘ Scale up of these projects can only happen if they are evaluated – potential funders want to fund what has been shown to work;
- ⌘ The three projects tried to empower target groups and the conference applauded this approach.

Plenary

Livelihood strategies for increasing food security in the context of HIV & AIDS

Dr Stephen Muliokela, Director, Golden Valley Agricultural Research Trust (GART)



'it's not rocket science – the solutions are there'

Dr Muliokela's lively and witty presentation generated enthusiasm and hope for increased food security – he spoke about his Trust's work in Botswana, Lesotho, Namibia and Zambia. The Trust, with funding from the Swedish International Development Agency (SIDA), tests and promotes agricultural technologies which will impact positively on sustainable farming systems, smallholder farmer incomes and nutrition (both quantity and quality).

Some key outputs of this work include the following:

Conservation farming:

- 1 In Namibia 17 farmers are involved in pearl millet research;
- 2 10 farmers and 13 extension workers in Lesotho are doing a conservation-farming course;
- 3 Zambia has conservation-farming trials and 125 farmers are participating in 'laboratories without walls';
- 4 A number of time and labour-saving devices, such as the Magoye Ripper and weed-wipe technologies, have been developed;
- 5 Agro-forestry and a conservation-farming regional-training course have been embarked on.

Seed and planting material multiplication:

- 1 Nutritional properties of cleome, amaranthus, pumpkin and sweet potato have been explored and promoted;
- 2 Sorghum-production training took place in Kazungula.

Poultry production:

- 1 Farmers in Lesotho, Botswana and Zambia have been trained in various aspects of chicken rearing;
- 2 Links have been established with networks of people living with HIV to replicate this work.

Dairy production:

- 1 Six smallholder dairy associations have been helped to raise their milk production.

Support activities:

- 1 A pilot study is looking at the role of selenium in the management of HIV & AIDS;
- 2 GART holds regular field days, exchange visits and disseminates information through radio, newspapers and books.

There are challenges to these strategies and intervention: proving the origin of certain food crops, a SADC requirement; obstructive agricultural policies; resistance to change; the stop-start engagement of NGOs; political agendas; co-operation from other institutions; the profound challenges of HIV & AIDS treatments; frustrations of HIV & AIDS workers; the need to train and re-train agricultural workers; livestock control; farming systems which do not integrate livestock and conservation-farming systems; ongoing support for GART's work and generating the right kind of evidence to prove these technologies actually work.

The key to surviving HIV & AIDS, said Dr Muliokela, was a liberated mindset, adequate food, an income flow and ARVs.



The discussion after this session was intense and enthusiastic, revealing the following issues:

- ⌘ Can more (weedwiper weed killing approaches) and less (conservation farming) invasive technologies co-exist? Dr Muliokela felt that a menu of options was useful in a continent where soils were seriously depleted and labour expensive and/or depleted by HIV & AIDS;
- ⌘ There seem to be so many exciting and usable new technologies yet they are not being taken up. Dr Muliokela believes that governments see food security through a particular lens and focus on maize as a form of income production rather than on the nutritional needs of their people;
- ⌘ Why is there a focus on oxen and cattle if animal disease is a problem? Dr Muliokela felt that disease control in cattle is not as difficult as it is often said to be;
- ⌘ While poultry is a vehicle for disease this is simple to control.



Group discussions during day one.

Summary of day 1

Sara Page drew together some of the themes of this first day:

- ⌘ There had been some interesting ideas and theories presented, especially the sustainable livelihoods framework and the value chain analysis;
- ⌘ The UN and SADC updates had been an important contextual frame;
- ⌘ The perspective of a drug company was useful and a reality check;
- ⌘ The practical experiences and challenges of those on the ground had been sobering and enlightening;
- ⌘ The regional perspective on new technologies was invigorating.



During day one, Sara Page of SAfAIDS talked about their new training manual "HIV Prevention, Treatment, Care and Support" which was recently published.

Day Two

Thursday 2 November

Recap

Angela Abrahams, Regional HIV/AIDS Training Advisor,
Oxfam



Angela thanked the presenters from the previous day and reminded delegates that two key themes had stood out for her:

- ⌘ We need to coordinate our activities;
- ⌘ We need to know our core business and be up-to-date on what is happening in the world of food security.

Plenary

Mainstreaming from a VSO perspective

Tamsin Langford, UK Coordinator, VSO-RAISA



'Can mainstreaming work with food security?'

Tamsin presented the VSO mainstreaming approach to HIV & AIDS and asked us to consider whether this could be used with food security. VSO is doing HIV & AIDS work in 24 countries and has developed a model on how to mainstream HIV & AIDS into all programmes, such as education, disability and livelihoods.

Tamsin distinguished between integration and mainstreaming. Integration occurs when HIV & AIDS-related issues and interventions are introduced into a project, programme or policy context as a broad component or content area. Mainstreaming, however, is the process of engaging in a more structured way with an issue as an organisation, at workplace, programme and policy levels, in order to address, and avoid increasing, the negative effects of the issue.

So some key questions to ask in mainstreaming are:

- ⌘ How do HIV & AIDS affect our organisation and its ability to work effectively in tackling disadvantage now and in the future?;
- ⌘ How are HIV & AIDS affecting the people we work with in terms of their ability to escape poverty?;
- ⌘ How is our work helping or hindering our partners and service users to be less susceptible to HIV infection and less vulnerable to the impacts of AIDS?

The **model for mainstreaming** (below, right) highlights the importance of two cross-cutting issues, gender and meaningful involvement, in this approach.

In the model the following themes emerge:

- ⌘ There must be **organisational commitment** to mainstreaming and to the issue at hand – this has been articulated by VSO as the intention to raise HIV & AIDS in all sectors;
- ⌘ **Sensitisation** means getting everyone in the organisation to buy in to the organisational commitment;
- ⌘ The **workplace focus** ensures that workplace policies and practices are inclusive and non-discriminatory – policy development is at the core of mainstreaming and is expressed through an HIV & AIDS policy which:
 - predicts the impact on an organisation;
 - demonstrates that the organisation is making a principled stance;
 - uses policy and principle to act as a role model for other organisations;
 - is 100% clear that the organisation does not tolerate any form of stigma or discrimination;
 - adapts the workplace, not the person;
- ⌘ All **programmes** must be: planned, implemented and reviewed looking through an HIV & AIDS '**lens**'; must be inclusive and non-discriminatory; and should involve people living with HIV in planning, implementation and review processes;

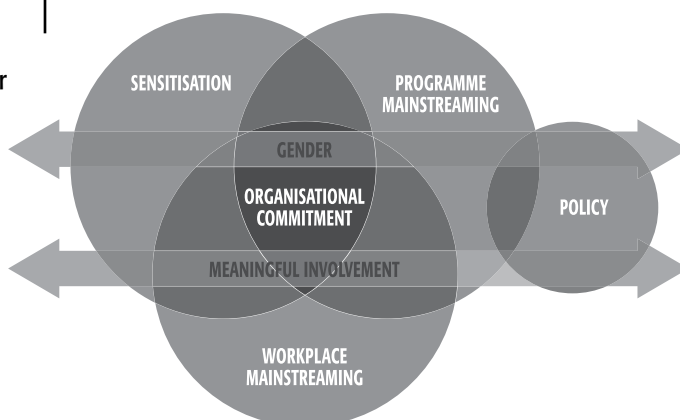
- ⌘ Policies must **address barriers** that exclude people living with HIV and are barriers to mitigating the risk of HIV & AIDS (for example land rights for women);
- ⌘ People living with HIV and ASOs need to take the lead in advocacy – VSO's role is to facilitate this – and the focus is on the **rights of people living with HIV**;
- ⌘ And is the mainstreaming work gender-appropriate and does it meaningfully involve people living with HIV?

What are the key messages that can be taken from this approach to mainstreaming which can inform food security mainstreaming?:

- ⌘ Mainstreaming is process everyone needs to engage with – a way of looking at things in order to better address HIV & AIDS and food security;
- ⌘ It is an ongoing process and constantly changing so we need to keep asking the questions;
- ⌘ Organisational commitment and drive are key to provide leadership for successful mainstreaming;
- ⌘ HIV & AIDS workplace policy is core to this process;
- ⌘ GIPA is fundamental in all steps of the process;
- ⌘ When going well, mainstreaming becomes invisible;
- ⌘ Commitment on local, national and global level is crucial;
- ⌘ Governments need to be flexible in their procedures and ways of working;
- ⌘ Flexible structures and funding policies are required to plan and implement integrated programmes;
- ⌘ Courage is needed to challenge assumptions of what works and ways of working;
- ⌘ We must acknowledge that we can only make small steps.

During discussion time delegates asked:

- ⌘ About the concept 'adapt the workplace not the person' – Tamsin explained that there was the general expectation that people needed to fit into their workplaces but workplaces create a social context which shapes attitudes and behaviour and there was thus a duty on them to explore how they do this;
- ⌘ About child participation in policy development – this was acknowledged as very important.



Plenary

Mainstreaming HIV & AIDS and food security

Maren Liberum, Regional HIV and AIDS Coordinator, Oxfam GB



'We need to look at all our work with an HIV lens'

Maren spoke of Oxfam's experience in Malawi in mainstreaming HIV & AIDS into food security programmes.

She outlined five key steps:

Step 1: Conduct sensitisation and awareness raising on workplace policy issues.

Step 2: Examine why programmes do not work anymore, conduct contextual research and ask the question – why are we doing this and for whom? They found that:

- 1 existing structures no longer represented communities;
- 2 community and household compositions had changed;
- 3 livelihoods interventions were no longer relevant;
- 4 there was low labour availability at the household level;
- 5 there was a need for quick returns;
- 6 there was a gender division in task breakdown;
- 7 targeting might exclude households with HIV & AIDS;
- 8 young people were increasingly vulnerable;
- 9 it was necessary to concentrate on the impact of HIV & AIDS rather than on who was infected.

Step 3: Adapt interventions – what are we doing? In Malawi this meant:

- 1 including less labour-intensive work into it agricultural work, for example goat breeding ;
- 2 managing labour better;

- 3 skills-building in young people;
- 4 focusing on girls leaving school early, school feeding schemes and advocating for doing away with school fees
- 5 raising awareness on "property grabbing";
- 6 identifying those in need of support and social protection, for example home based care.

Step 4: Adapt ways of working – with whom are we doing this and how? In Malawi this involved:

- 1 including capacity building on HIV & AIDS for affected partners, for example extension workers;
- 2 building new partnerships, for example with HBC groups, FBOs and groups working with orphans and other vulnerable children;
- 3 using local structures for HIV awareness, for example traditional leaders;
- 4 including people with chronic illnesses in committees and decision making;
- 5 promoting women into leadership positions and prioritising gender;
- 6 revising targeting criteria with sensitivity;
- 7 refine and abolishing pay-back systems for vulnerable people involved in revolving fund schemes.

Step 5: Address the wider context at the following levels:

- 1 national;
- 2 engage and support national governments on policies and practices, for example agricultural policies;
- 3 support the implementation of agreements, for example the Abuja declaration;
- 4 global (the Global Fund, millenium development goals and UN frameworks).

In the discussion on the morning a number of key questions emerged:

- ✘ It is important to respect cultural norms and wisdom in the work, for example by working with traditional leaders and the elderly, but it can also be helpful to empower young people to gently challenge unhelpful practices;
- ✘ Including chronically-ill people is possible because they are not ill all the time;
- ✘ Livelihoods programmes do work but they may have a natural lifespan;
- ✘ Sustaining payments from revolving funds is a challenge;
- ✘ It is difficult for many organisations to develop and implement HIV & AIDS workplace policies – especially in low-prevalance countries;
- ✘ There has been some success in advocacy work on agriculture policies in the region;
- ✘ One delegate stressed that low-cost technology can help in situations where people lack energy as not all households are equally affected;
- ✘ Participation of orphans and other vulnerable children is crucial but often under recognised, especially in Africa.

Plenary and group work

Mainstreaming HIV & AIDS in food security programmes and mainstreaming food security in HIV & AIDS programmes

Tamsin Langford & Maren Liberum

This was a group work session in which delegates were asked to consider three broad questions: 1 *What is our core business?*; 2 *How does HIV & AIDS or food security hinder or help our work?*; 3 *How can we adapt our practice?*

The delegates were divided into eight groups: four of these groups were asked to imagine they were running an AIDS service organisation called Roodevallei HBC organisation which runs HBC activities, trains carers, offers HBC kits, treatment support and support groups. They were asked to discuss how their core business helped or hindered their partners (beneficiaries, targets and implementers) to be less susceptible to food insecurity.

The other four groups were asked to imagine they were an agricultural organisation called Growmore, working with agricultural extension workers to increase the food security of a district. They were asked to discuss how their core business could help their partners to be less susceptible to HIV & AIDS and could mitigate the impact of HIV & AIDS.

Subsequently all groups were asked to consider how they could adapt their work to address the points raised in their initial discussions.



One of the groups discussing a group work question.

For the Roodevallei HBC group the following ideas emerged on how to adapt practices to allow for food security needs:

- ✘ Adapt training to include food security issues – for example carers could be trained on nutrition;
- ✘ Engage food security organisations to help identify beneficiaries find food security options which suit them;
- ✘ Provide 'how to' manuals on implementing food security strategies;
- ✘ Empower the whole community to become involved;
- ✘ Use or adapt appropriate technology;
- ✘ Where possible, use professional people to conduct HBC activities so that carers do not burn out. However, in Mozambique health professionals are leaving hospitals to do better-paid HBC work;
- ✘ Try to avoid overburdening carers, compensate them for their time and offer them psychosocial support. In South Africa carers receive stipends but it seems this is not an option in many other countries;
- ✘ Train caregivers in families;
- ✘ Find ways to get men involved in care;
- ✘ Design programmes with the long-term in mind;
- ✘ Identify agriculture partners to develop community gardens for families and volunteers – these would be for cash and consumption. Also, small gardens in urban areas should be considered;
- ✘ Assist child-headed households with seeds and ideas on food security. One group suggested engaging with, or setting up, child-care forums which could focus on food security as a key issue;
- ✘ Consider including food parcels in HBC kits.

For the Growmore food security groups, the following themes emerged on how to adapt practice to integrate HIV & AIDS more fully:

- ✘ Adapt workplace policies to incorporate HIV & AIDS;
- ✘ Train employees on HIV & AIDS;
- ✘ Employ people openly living with HIV;
- ✘ Promote the growing of diverse crops which are very nutritious;
- ✘ Use opportunities to raise the awareness of farmers;
- ✘ Consider shorter travel periods of agricultural-extension workers so that they are not away from their partners too long – in addition develop safety nets for these workers while they are away;
- ✘ Consider training people in their communities;
- ✘ Target all vulnerable households, not just those affected by HIV & AIDS;
- ✘ Take a longer perspective to ensure that land survives;
- ✘ Start small – if small projects fail the impact is lessened;
- ✘ Sensitise communities on mainstreaming HIV & AIDS;
- ✘ Promote the diversification of agricultural crops;
- ✘ Introduce home gardens;
- ✘ Promote links to markets.

In the subsequent discussion a few key themes emerged:

- ⌘ We must make every effort to professionalise and recognise the work of lay people in the light of the amount of work they do in communities;
- ⌘ However we also need to constantly reflect on the role of lay people – are we expecting too much from them?;
- ⌘ Networking and coordination should be the focus of all organisations;
- ⌘ We can do quite a lot with a relatively small effort.

Tamsin then drew together key ideas on this mainstreaming exercise:

- ⌘ We need to keep assessing our relevance with a focus on what we are doing and how we are doing it;
- ⌘ Organisational commitment to mainstreaming is key;
- ⌘ An HIV & AIDS workplace policy is core and the GIPA principle is fundamental;
- ⌘ When it is going well, mainstreaming is invisible.

Furthermore, we need: commitment at local, national and global levels; flexible governments; flexible structures and funding policies; courage to challenge assumptions; and to acknowledge we can only make small steps.



Three groups discussing group work questions.

Plenary and group work

Orphans, other vulnerable children and food security

Margaret McEwan, Regional Emergency HIV and AIDS, Nutrition and Livelihoods Officer, Food and Agriculture Organization (FAO)



'To be fed is not meeting the right to food'

This interesting and interactive session gave delegates an opportunity to explore the sustainable livelihoods framework with a focus on orphans and other vulnerable children, using the ideas generated to examine two interventions: junior farmer field schools in Mozambique and the Kasisi Agricultural Training Centre in Zambia.

Four scenarios (see below) were presented to delegates who were divided by gender and asked to imagine they were living the life of a young vulnerable person and to consider the following questions:

1. What are my assets (financial, physical, natural, human, social and political)?
2. What is my environment and how is it vulnerable?
3. What support do I have?
4. What are my dreams and aspirations?
5. What livelihood activities am I engaged in?
6. What are my favourite foods?

Samuel, 12 years
is a herd boy in
Caprivi. His father
died when he was
8 years.

Mbewe Chanda
9 years. Shifted from the
village to stay with older
brother in Ndola.
His brother trades
between DRC &
Ndola.

Anna Maria João
17 years. She lives
in Beira. Her mother
is chronically ill. Her
father works in RSA

Susan Banda:
14 years; lives in
a village close to
Lake Malawi with
her younger siblings.
Both her parents
died last year.



The four scenarios explored the challenges faced by young people in Namibia, Mozambique, Zambia and Malawi. The feedback from the groups was rich and detailed. The exercise not only highlighted the real challenges faced by young people in the region on a daily basis but also revealed the following:

- ✂ There were different challenges presented in urban versus rural contexts;
- ✂ Some groups were more optimistic than others – are we too primed to think negatively rather than positively?;
- ✂ Different young people have different vulnerabilities based on gender, location and opportunities;
- ✂ There are opportunities to be drawn on, but lateral thinking may be critical to this;
- ✂ There seemed to be a tendency for the male groups, more than the female groups, to emphasise marriage for girls as an inevitable part of their future.

Phil Monday, Organic Agricultural Advisor of the Kasisi Agricultural Training Centre, a VSO-RAISA food security partner in Zambia, then presented an example of how organisations can work with school children to promote understanding of food security issues in young people. The training programme he runs offers: training on small-scale farming skills; courses for school teachers; youth-focused courses; courses of different durations depending on the need; and demonstration plots which involve local communities, linking these to income-generating schemes such as chicken rearing and mushroom growing.

Margaret then showed a video on the junior farmer field and life schools which combine new technologies with traditional methods, using the pre-existing skills of young people. Children develop new skills which helps enable them to take action so they in turn can teach other young people. Courses are offered on nutrition and medicinal plants and they get meals from FAO while they learn. During harvest time they are able to add vegetables to their diet, contributing positively to their nutritional status. All the while, local culture and traditions are kept alive and the young people also learn about risks of exploitation through theatre and discussion groups. As a result, they develop significant life skills.

During harvest time they are able to add vegetables to their diet, contributing positively to their nutritional status.



The walls were plastered with answers to Margaret's questions.

In the discussion on these two examples the following questions emerged:

- ⌘ How best can we address the vulnerabilities and opportunities of young people?;
- ⌘ Which assets are being protected, promoted or transformed?;
- ⌘ How do these examples prevent current or future vulnerabilities?;
- ⌘ What are the gaps that are not being filled?;
- ⌘ What about the needs of young people not in school, or young people between the ages of 17 and 24 who are in the transition to adulthood?;

Additionally:

- ⌘ Delegates liked the fact that, in the initiatives highlighted, young people were being kept off the streets and given useful information;
- ⌘ The holistic approach was seen as useful and important because it focused on skills beyond agricultural skills – it was also noted how crucial it was to get young people socialised into positive life and social skills of loyalty, affection and integrity;
- ⌘ Involving teachers is an excellent idea and they should be encouraged to include, if it is in their power, food security into the school curriculum – in the Kasisi region HIV & AIDS are already in the curriculum and committed teachers are drawn on as a primary resource;
- ⌘ It was highlighted that the junior farms are expensive to replicate and young people struggle to get land to work on subsequent to the programme. Margaret acknowledged this challenge and said funds were currently being found for replication to happen but conceded that scaling up ‘boutique’ interventions remained a challenge;
- ⌘ One delegate was said it was crucial to market the success of these kinds of projects and to link the skills young people get to workplace opportunities;
- ⌘ And another noted that: while educational interventions are vital, many young people do not get an education because of HIV & AIDS; we must focus on *all* vulnerable children in a community to avoid exceptionalism; and that while organisations like VSO-RAISA must take small steps they also need to take a long term strategic perspective;
- ⌘ And one Mozambican delegate said that she had been deeply inspired by the presentations and had taken away new ideas and a sense of hope.

Margaret then summed the morning’s focus on young people and food security, noting that, for now, the junior farms were focusing on out-of-school youth and that the project was being piloted in many countries. Sustainability could be assured if an institutional home for the project was

found. In addition the project was trying to meet the needs of young people as they got older by linking them to adults in the community. However it was still a challenge to cope with the impatience of young people in what is essentially long-term work.

Margaret then went on to focus on responses to the needs of orphans and other vulnerable children. These responses should be context-specific and this can be achieved by: conducting a situation analysis (a good example of this is a livelihoods analysis); linking across sectors for a comprehensive response; using a rights-based analysis to identify rights and duty holders (governments are ultimately accountable); looking for scale-up opportunities (can we afford boutique projects?); measuring cost and impact (evidence is leverage but sometimes hard to obtain); and creating the right policy and institutional environment, both micro and macro.

Four main options were then presented:

- ⌘ Prevention of deprivation of orphans and other vulnerable children (in the form of: direct food assistance – in the home, clinic and school; cash transfers; vouchers; fee waivers – health, education; child grants);
- ⌘ Protection of the assets of orphans and other vulnerable children (physical assets: tools, property; financial assets: grants, inheritance; natural assets: land, natural resources; human assets – life-skills; nutrition knowledge; access to basic services (health, social, education);
- ⌘ Promotion of future livelihood strategies for orphans and other vulnerable children (in the form of livelihood skills involving: diversification – crops and livestock; mechanics, information technology and artisan skills; business, organisational and marketing skills and appropriate technologies which address: the size of equipment; labour and time saving; micro irrigation , ‘dambo’ cultivation);
- ⌘ Transforming livelihood opportunities of orphans and other vulnerable children through social networks (such as groups and associations; sports; faith based organisations; space for the voices of young people; empowerment for gender-sensitive role models).

So what are the challenges these young people face? Orphans and other vulnerable children can be seen as an exploitable asset; we have to find ways to meet their immediate and long-term food security needs; and we need to think about what we can do differently – find new target groups, develop more comprehensive packages, find new partnerships and develop a stronger evidence base. Ultimately we need to link the micro and macro and aim to empower young men and women with the vision, livelihood and life skills to prevent HIV infection.

Parallel sessions

Community preparedness and community initiatives
on food security and livelihoods

Session 1

Community preparedness

1 Achieving holistic development by combating HIV & AIDS with food, nutrition and livelihoods as integrated programmes

Rica David, Agriculturist and Relief and Social
Development Programme Coordinator, Zoa Tea Estate,
VSO food security partner, Malawi



Rica's lively and engaging presentation showcased a number of creative initiatives from a holistic perspective:

Firstly, the relief and social-development programme embarked on food and nutrition-security activities to increase basic food production, decrease food deficits and to increase access to more diversified and nutritious food. This included organising farmer clubs and establishing farmer field schools; setting up demonstration farms with an agro-forestry component; promoting crop diversification and knowledge on nutrition; assisting with income-generation ideas; and developing skills on animal husbandry.

Secondly, the programme increased awareness on the preservation and conservation of natural resources while using them for agricultural production and livelihoods. It did this through training on contour farming and rotation planting, and promoting the use of firewood and energy-saving stoves.

Thirdly, the programme promotes income-generating activities (IGAs) to increase access to different income and livelihood options as well as to generate employment, including the employment of people living with HIV.

Next, health-focused activities include a vitamin A and PMTCT campaign during regular clinic activities, regular talks on nutrition, and a water and sanitation project which includes developing protected wells and boreholes.

Further, in partnership with MSF, the tea estate conducts a range of activities on HIV & AIDS. These include information, education and communication activities; a VCT programme; a PMTCT programme; home based care (including encouraging the use of natural and herbal medicines); treatment of AIDS-related illnesses such as TB and of STIs; and training of estate staff on medical skills.

Lastly, the programme integrated an education component, assisting primary schools to get funding from the EU to build better school facilities and improve the quality of education. In addition, there was a 25% community contribution to this development, increasing ownership of the project.



What were the key lessons learned from the programme?

- ⌘ Because of the huge impact of HIV & AIDS, even the tea estates are becoming service providers, showing mainstreaming in a business sector;
- ⌘ Integration of programmes and activities was achieved by finding the connections between problems;
- ⌘ Creativity and commitment are key tools to successfully integrate programmes;
- ⌘ Programmes on food, nutrition, health, the environment, livelihoods and education should integrate with HIV & AIDS programmes for sustainability, effective community empowerment and to maximise the use of limited resources.

In the discussion after Rica's presentation the following themes emerged:

- ⌘ Delegates appreciated the focus on community empowerment and capacity building;
- ⌘ It is important to find diverse funding sources and to get a community contribution;
- ⌘ Local-government involvement, for example in the wells project, was an important factor – however government involvement is not always long term, and in this case the relationship with government has been poor;
- ⌘ Because of the distance to markets, the tea estate is the alternative market – this is a short-term solution and other options, such as banana drying, need to be considered;
- ⌘ It is important that training on natural and herbal medicine is based on proper training manuals;
- ⌘ The IGAs that were introduced were newly established and set up therefore were not yet generating substantial income.



Slides from Rica's presentation showed her working with community members involved in her projects.

2 Involving the community in support for orphans and other vulnerable children

Doroteia Balane, Head of Programmes, REENCONTRO, VSO-RAISA partner, Mozambique



REENCONTRO was founded in 1998 to support orphans and other vulnerable children by working with communities. Currently it works in 11 neighbourhoods in seven districts in two provinces and supports a total of 7000 children. Each neighbourhood has a community council made up of volunteers, substitute mothers and fathers, a community nurse, community leaders and a technical advisor who support the children in their community.

With the help of a Dutch volunteer, the project:

- ⌘ Distributed a food pack every month to vulnerable children's families;
- ⌘ Obtained two pieces of land for free from local community authorities;
- ⌘ Helped 65 families to farm vegetables, maize and cassava;
- ⌘ Helped community councils to train each of their localities;
- ⌘ Started a poultry project in 2004 with funding from the National AIDS Council.

Currently it works in 11 neighbourhoods in seven districts in two provinces and supports a total of 7000 children.

Outcomes of the project are as follows:

- ⌘ Families with vulnerable children are supported to start IGAs;
- ⌘ Older children, particularly heads of households, get vocational training to support them in the future (for example in sewing, metalwork and carpentry);
- ⌘ The children learn best through peer education, i.e. when they are taken in as apprentices and older skilled children teach the younger ones;
- ⌘ Malnutrition among the children has declined;
- ⌘ Rural families use their skills on their home gardens;
- ⌘ Orphans and other vulnerable children are also learning agricultural skills by working on the farms;
- ⌘ Families are more food secure.

However the project has had its challenges: some of the farms are far away from facilities; children are still losing their inheritance because relatives sell it; the number of children needing assistance is high; one of the farms is on saline soil which is not very productive; to get support from the community other vulnerable children have had to be supported too; and the farms have provided vulnerable families with the willingness to fight. The project noted the importance of developing partnerships with agricultural institutions and including incentives, whenever possible, for members of the community councils.

In the discussion after this presentation the following themes emerged:

- ⌘ Foster parents play an important role in the lives of orphans even if they do not physically live together;
- ⌘ Volunteers are sustained through profit and surplus sharing;
- ⌘ Skills training is sustained by getting the newly skilled to pass on what they have learned.

Older children, particularly heads of households, get vocational training to support them in the future (for example in sewing, metalwork and carpentry).

3 Sweet potato and cassava for HIV & AIDS mitigation

Dadirayi Chiwara, Programme Officer, HIV and AIDS, Swedish Co-operative Centre, VSO-RAISA partner, Zimbabwe



The Swedish Co-operative Centre offers self-help development initiatives to co-operatives, farmer organisations and informal groups. The Centre sees HIV & AIDS as a cross-cutting issue in its work which has focused on two main areas: a small holder drought-mitigation programme and a cassava and sweet potato project. Both the districts in which it works have high HIV prevalence rate so providing HIV & AIDS information in partnership with ASOs is a key project activity. This information is passed on through study circles, community theatre and information centres.

The production of sweet potato and cassava is promoted through:

- ⌘ Supplying clean and improved varieties of planting material;
- ⌘ Identifying and training nursery farmers;
- ⌘ Training target households, volunteer community facilitators and extension workers;
- ⌘ Monitoring and evaluation.

Why was sweet potato chosen as a focus crop? It is widely grown in households; it has low-input requirements and a short cropping season; it is easily propagated and can be used for successive years if good crop-husbandry practices are adopted; the vines grow rapidly and very little weeding is needed; the crop has very few natural enemies; there is potential for high yields; it adapts well to different types of soils; and had achieved good results in an earlier project. In addition it has good nutritional properties: the tubers are rich in carbohydrates; yellow-fleshed varieties are rich in vitamins; the leaves can be taken as a relish; and are a source of dietary fibre, potassium and iron.

Cassava also has a number of positive properties: it can withstand drought for four months once established; it can yield in poor soils; it can be planted any time of the year provided there is water and no frost; it has a high output per unit area; it has low-input requirements; it complements sweet potato well in terms of harvesting times; its roots are high in carbohydrates; the leaves are rich in protein and vitamin C and can be used as relish. Other uses of cassava include being turned into flour for baking, as fresh chips, **sweet potato mash**, jam from the yellow-fleshed variety and as a drink.



Key outcomes of the project included: over four thousand households benefiting from clean and high-yielding varieties of sweet potato and cassava; an increase in the number of meals per day; increased yields and utilisation of cassava and sweet potato through processing; and farmers generated income from sales of vines and tubers. There was also an exchange of indigenous knowledge through the study-circle concept and an increase in cassava production. Lastly, people felt freer to discuss HIV & AIDS issues, were more proactive in sourcing information, and community-care groups for orphans and other vulnerable children emerged.

Some challenges emerging from this project were:

- ✘ Misconceptions about new varieties of sweet potato and cassava;
- ✘ Fear of poisoning from cassava consumption;
- ✘ Limited resources, including labour for meaningful farming business;
- ✘ Competition for land with other more 'profitable crops';
- ✘ Sweet potato and cassava are regarded as women's crops;
- ✘ Failure by nurseries to multiply enough planting material, especially cassava;
- ✘ Project monitoring;
- ✘ Duplication of activities with other actors;
- ✘ Getting reasonable production from labour-constrained households;
- ✘ Getting the balance between ensuring food security and overloading the households;
- ✘ Nutrition indicators are hard to monitor;
- ✘ How to avoid creating conflict situations, especially with beneficiary selection in areas where almost every household is food insecure.

It is hoped that the project will now be replicated, incorporating lessons learnt from this pilot. The project learnt that it was important to diversify crops and to focus on a smaller geographical area to facilitate monitoring.



Map of Zimbabwe from Dadirayi's presentation.

In the discussion after this presentation the following themes emerged:

- ✘ It is critical to find a way to deal with gender issues to avoid perceptions that some crops are 'women's crops';
- ✘ It was noted by one delegate that sweet potato can be intercropped with other vegetables for longer yields and cassava leaves taste good with the leaves of other vegetables;
- ✘ Another delegate pointed out that the nutritional value of cassava is lower than the yam, raising a challenge around 'cultural acceptance' of certain crops;
- ✘ In a similar vein, Bongai Mundeta said that it was heartening that the project had overcome some resistance to cassava which is associated with poverty. It seems that information campaigns and demonstrations had helped with this.

There were also comments on the three sessions as a whole:

- ✘ There is a need to engage with the private sector for market creation;
- ✘ The private sector often does not know about NGO and community initiatives;
- ✘ There is much unused land in schools and clinics which can be used for food gardens – and that there is a growing demand for medicinal herbs;
- ✘ Concerns were expressed regarding the sustainability of Rica's work once she leaves the tea estate;
- ✘ Preventing "property grabbing" in Mozambique is crucial;
- ✘ We need to be very aware of what people will eat when we suggest new foods, as in the example of Zimbabwe.



Session 2

Community initiatives

1 Getting nutrition on the agenda – the NANASO experience

Linda Larsdotter, Nutrition Advisor,
Namibian Network of AIDS Service Organisations (NANASO),
VSO-RAISA partner, Namibia



NANASO is a national umbrella body for 45 NGOs working with HIV & AIDS in Namibia. While Namibia is food secure as a nation, in practice many households and individuals are food insecure. In addition, malnutrition is a problem. There are few nutrition professionals working in the health sector, schools and NGOs; there are only two dietitians and two nutritionists; and these positions are not well paid.

In 2004 a dietician joined the NANASO secretariat as a nutrition advisor to the network to assess needs; increase awareness on nutrition, food security and the link with HIV & AIDS; and build capacity of member organisations. A 2005 NANASO survey on NGO responses to HIV & AIDS found that: many respondents were concerned about people on ART defaulting due to food shortages in their homes; while organisations were involved in agricultural activities, soup kitchens, distribution of food packages, training on gardening skills, and food talks in 'positive-living' sessions, none had these activities as a 'core activity'; and where food was distributed, the content of meals provided was determined by cost and donated foodstuffs, rather than the nutritional needs of the beneficiaries.

As a result of this research NANASO embarked on a series of activities. These included:

- ⌘ Nutrition-awareness sessions at grassroots level:
 - promoting locally-cultivated and wild foods;
 - offering food and nutrition guidelines emphasising mixed meals;
 - explaining basic hygiene;
 - providing local-language handouts in large print.
- ⌘ Advocacy and awareness creation by voicing the need for better interventions at all levels, such as:
 - global fund proposal preparation;
 - multi-sectoral regional support visits.

Outcomes of the project included: agenda setting with government and the NANASO network conducting a national HIV & AIDS gap analysis; more requests for assistance from nutrition advisors; and realisation among organisations about the importance of nutritious food. A constraint was the competing priorities for funds and fundraising within the NANASO secretariat.

Recommendations on implementing HIV & AIDS-related nutrition and food security programmes include the following:

- ⌘ Decisions on food and nutrition must be informed by expert advice;
- ⌘ Create capacity within local organisations while providing nutrition-related technical assistance;
- ⌘ Avoid stigma by making sure the intervention benefits the whole community;
- ⌘ Network! These are multi-sectoral issues and country and culture-specific knowledge needs to be shared;
- ⌘ Be aware:
 - horticulturists and agriculture experts seldom have adequate nutrition knowledge; dieticians and nutritionists seldom know enough about agriculture;
 - gardening can improve the individual's nutritional status but is not the answer to poverty and hunger.



A slide from Linda's presentation of a market in Oshakati, Namibia.

2 Livelihood strategies for increasing food security in the context of HIV & AIDS in Malawi

David Nyirongo, Programme Manager, and
Ulanda Chilezi, Regional Coordinator,
National Association of People Living with HIV & AIDS in
Malawi (NAPHAM), and VSO-RAISA partner, Malawi



NAPHAM is an NGO formed in 1993 to improve quality of life for the infected and directly affected by HIV & AIDS, through providing quality care, support and prevention services to enhance positive living. Approximately 80% of NAPHAM's members are women who have no formal employment or income. This has had adverse effects on the health of members in terms of adequate nutrition and accessing treatment.

NAPHAM, with funding from the National AIDS Commission, supported 16 support groups in 10 districts with various types of IGAs to increase food security, improve their economic status, increase access to revolving funds, and increase self-reliance. With economic viability comes the ability to access adequate and proper nutrition to prevent quick progression from HIV to AIDS and also to make ART more effective.

IGAs included: irrigation farming (members purchased farm land, grew crops and started communal gardening); pig, poultry and egg farming; selling cooking oil; selling firewood; and a stationery shop. Strategies to support these activities included: buying land – others were given land by chiefs; buying farm equipment and supplies; training members in

farm, poultry, egg and pig management; buying water pumps and treadle pumps; buying building materials; vaccinating pigs and poultry; and supplying feed for the pigs and poultry.

The programme learnt that: IGAs are ineffective where members venture into group business (in the end no one benefited at the individual or household level); group business is not easily sustainable and less suitable because sharing can be a problem among members; it is important to train members in business planning and management before providing them with seed capital; community-based training would accommodate more members than residential training; strict supervision and follow up is needed; the provision of chickens or goats to members is more appreciated than group-run activities.

Recommendations which emerged from this programme are as follows:

- ✘ It is necessary to improve the food security and nutritional levels of households affected by HIV & AIDS;
- ✘ Consider the long-term sustainability of providing farm inputs and livestock to the most affected households, preferably female-headed households;
- ✘ Work with partner institutions who are experts in the livelihoods field;
- ✘ More funding should focus on livelihoods;
- ✘ Train people living with HIV in business planning and management and provide seed capital as a revolving fund;
- ✘ IGAs should focus on individual households.



Ulanda Chilezi, of NAPHAM, wears fantastic beaded jewellery made by NAPHAM members who are living with HIV. She wears the jewellery to different events to promote and sell it for them.



3 Improving household food security through sustainable farming practices

Phil Monday, Organic Agricultural Advisor, Kasisi Agricultural Training Centre, VSO-RAISA food security partner, Zambia



Phil's presentation asked, and presented possible solutions for three key questions. Firstly, ***what is organic farming?*** Organic farming is farming with nature not against nature and the farmer uses the following methods to achieve good crop yields, without harming the environment or the people who work on it.

Examples of organic farming are:

- ⌘ Recycled and composted crop wastes and animal manures;
- ⌘ Appropriate cultivation techniques (minimum cultivation at the right time with reduced labour input);
- ⌘ Crop rotation;
- ⌘ Green manure crops;
- ⌘ Mulches.

As a result, households get to use available resources and save much-needed resources; they need less labour input for crop cultivations; they have more time for planting as a result of timely cultivation; they can plant with the first rains and therefore improve yield; and by using rotations, weed problems will reduce with time (an important fact when labour for weeding is in short supply). In addition pest and disease control is achieved by: careful planning and crop choice; using resistant crops and varieties; crop rotation; good cultivation practices; encouraging beneficial insects and natural enemies; increasing biodiversity; and using natural pesticides.

Secondly, Phil asked: ***what makes organic farming sustainable?*** Soil fertility is maintained and improved, inputs are produced internally on the farm and the farmer does not need capital to continue producing. In addition, households affected by HIV & AIDS benefit because organic farming can contribute to addressing food security, as the need for resources to meet soil fertility, inputs and capital requirements is reduced.

And thirdly, Phil asked: ***why is this appropriate*** to the small-scale farmers in Zambia today in the face of many challenges such as HIV & AIDS? The current picture is that soils are depleted in organic matter (through burning residues and the use of artificial fertilisers), many farmers have little or no capital to buy inputs and yields have declined through inappropriate farming practices.

Experience from the Kasisi Agricultural Training Centre shows that:

- ⌘ Good yields have been achieved and maintained;
- ⌘ In drought years farmers are still able to produce;
- ⌘ Farmers' health risks from pesticide poisoning have been reduced;
- ⌘ Farmers' standards of living have improved.

The centre has also developed other strategies, including agroforestry with the moringa tree, beekeeping, small-scale dairy production, appropriate technology such as village blacksmithing, animal traction and biological pest control.

Phil concluded his presentation by noting that people with a future are more likely to change their behaviour. To create this future, Kasisi aims for a 30% female participation in all farmer training and has training programmes for youth who come directly to the centre and through their schools programme (see presentation outline on Day 2). Kasisi believes that despite the many challenges people are facing, farming is an important means of livelihood that people should consider engaging in and that people who are food secure and independent have a future.



Phil brought some Kasisi Agricultural Training Centre manuals to the conference.



Plenary discussion

This session drew together all the feedback, comments and discussion from the two parallel sessions.

Etelvina Mahanjane and Glenda Mulenga summarised the themes for the community preparedness parallel presentations:

- ⌘ Sustainability; ⌘ Cultural issues and food; ⌘ Community ownership;
- ⌘ Income generation does not undermine food crops.

Fidel O' Donovan drew together the themes from the community initiatives parallel presentations:

- ⌘ The need to recognise the importance of nutrition;
- ⌘ The need to identify gaps in communities;
- ⌘ The importance of local knowledge and local responses and intervening at the appropriate level of vulnerability;
- ⌘ The need for external support in important skill gaps such as technical assistance;
- ⌘ The need for short and long term-funding;
- ⌘ The importance of training and follow up;
- ⌘ The need to change beliefs and attitudes around certain foods (for example current staples which are not very nutritious and traditional foods which are very nutritious but no longer widely consumed);
- ⌘ The recognition that interventions should benefit the whole community not just people affected by HIV & AIDS.

Furthermore Fidel noted that:

- ⌘ Income generation did not work in large groups, there needs to be a good profit motive and there needs to be a lot of initial investment;
- ⌘ It is important to share best practices;
- ⌘ Organic farming is better in the long run as it is more sustainable and requires fewer inputs and resources;
- ⌘ A long-term vision is required in terms of funding, partnerships and support;
- ⌘ The energy needs of people affected by poverty need to be considered: for cooking, lighting and heating.

Comments and discussion following these summaries include the following:

- ⌘ It was noted that many examples of good work on a small scale were presented – how can these be scaled up? Others wondered if scale up is always possible, especially as 'best practice' may be due to unique local circumstances. A suggestion was made that scale up should be thought across time as well as across space;
- ⌘ Another delegate commented that agricultural activities may not save people affected by poverty but they can help on a small scale;
- ⌘ However the conference was cautioned about programmes spreading themselves too thinly by one delegate;
- ⌘ Picking up on this point, another said governments and donors must take a longer-term perspective and deal with, among other issues, infrastructural development – poor villagers should **not** have to provide everything for themselves;
- ⌘ Finally the value of public/private partnerships was noted.

Summary of day 2

The summary for the day was conducted in Portuguese by Ana David, VSO-RAISA board member from Mozambique and director of MONASO, and translated into English:

⌘ On mainstreaming:

- Community competence can be enhanced through professionalisation;
- Involve leadership – develop the necessary supportive policies;
- Observe GIPA;
- Gain commitment at local, national and international level;
- Governments must be willing and flexible;
- Aim for integrated plans and flexible funding;
- Organisations should be prepared for big challenges.

⌘ Exploring the sustainable livelihoods framework with a focus on orphans and other vulnerable children:

- How do we effectively support orphans and other vulnerable children – especially when the vulnerable child is in a vulnerable family in a vulnerable community?;
- We need to analyse the environment as well as the target and come up with a holistic, quality, multi-sectoral and coordinated approach;
- A good policy environment is needed at both macro and micro level;
- Good quantitative and qualitative monitoring and evaluation is essential.

⌘ On the presentations from the community initiatives sessions:

- Networks and partnerships exist;
- Implementers and service users are there;
- Use this situation to work together;
- Engage in advocacy at different levels;
- Have a long-term vision but plan for both the short and long term.



Day Three

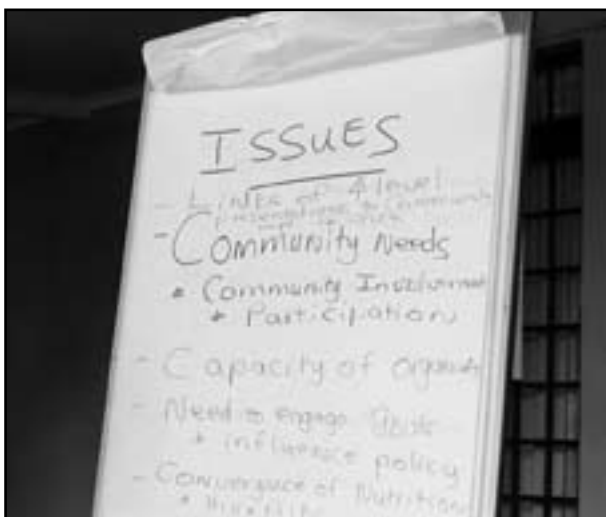
Friday 3 November

Recap

Bongai Mundeta, Regional Director, VSO-RAISA

Bongai began the day with a review of the **issues** that had emerged in the conference so far. She felt that there needed to be a clearer link between the issues at community level (practice) and the ideas and models presented so far (theory). Communities should also be involved and participate in food security activities in a meaningful way, but the capacity of communities, and the organisations working with them to take on more, need to be carefully assessed. She felt that it was important to engage with governments on policy issues – and for bodies such as SADC to promote harmonisation at the inter-country level (for example on the issue of seed distribution). Where HIV & AIDS are concerned Bongai said that there still needs to be an emphasis on the convergence of HIV & AIDS and nutrition and to explore further challenges such as technologies to reduce the labour burden.

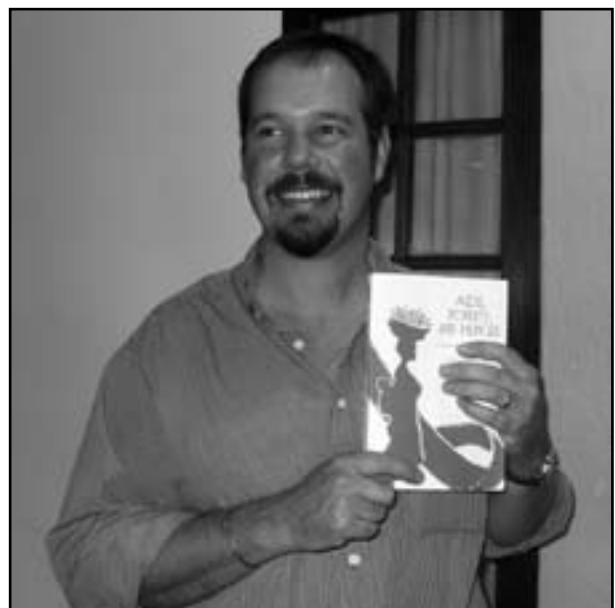
She also reminded the conference about the challenge still presented by cultural acceptability of certain foods, as one, but not the only, challenge to scale up of success stories. Finally, Bongai focused our energies for this last day on thinking about post-conference follow up.



Plenary

The RENEWAL initiative in sub-Saharan Africa

Bruce Frayne, Regional Coordinator, Regional Network on HIV & AIDS, Rural Livelihoods and Food Security (RENEWAL)



'We need to link research with action, both ways.'

RENEWAL's vision is to ensure food and nutrition security in the context of HIV & AIDS epidemics, and to maximise the food and nutrition sector's contribution to a comprehensive global response to HIV & AIDS. It has three core processes: communication, action research and capacity building.



RENEWAL has been operating for the last six years and has identified crucial gaps in work around HIV & AIDS and food security and nutrition:

In understanding the dynamic two-way interactions:

- ⌘ There is a need for longitudinal, multi-disciplinary studies to capture the dynamics of impact and response.

In understanding how to respond:

- ⌘ There is the challenge of scaling up in the context of diversity;
- ⌘ Deriving best practices based on solid monitoring and evaluation;
- ⌘ Seeing HIV & AIDS as one variable on the 'vulnerability map'.

In understanding the limited capacity to respond:

- ⌘ Stress on household livelihoods, assets and knowledge reduces local capacity;
- ⌘ Fear, stigma and belief systems reduce the response;
- ⌘ A limited professional cadre reduces capacity in society;
- ⌘ A vertical sectoral response masks the need for inter-sectoral action.

Facilitated by the International Food Policy Research Institute (IFPRI), RENEWAL brings together national networks of researchers, policymakers, public and private organisations and NGOs to focus on the interactions between HIV & AIDS and food and nutrition security in Kenya, Uganda, Malawi, South Africa and Zambia as core countries, while partnering with Ethiopia, Namibia, Mozambique, Botswana and Zimbabwe. **It has had three main phases.**

In phase one, lessons learned include the following:

- ⌘ Beware of AIDS exceptionalism – use an HIV *lens*, not a filter;
- ⌘ Think livelihoods, not agriculture;
- ⌘ Beware an 'either/or' mentality – ARVs are not *the* (single) answer;
- ⌘ Be comprehensive, but also focused;
- ⌘ Respect diversity and context-specificity while aiming for scale up;
- ⌘ Use/adapt tools to move from understanding to responding;
- ⌘ Take evidence-based action (but don't wait for last 5%!);
- ⌘ Learn by doing (*action* research), by monitoring and evaluating, and by communicating;
- ⌘ Balance quality, speed, and capacity;
- ⌘ Link research with action, both ways.

Phase two explored responses to HIV & AIDS and focused on improving policies and programmes and developing networks.

Phase three, going to 2010, will look at protecting livelihoods and ensuring food security in the time of HIV & AIDS. It will do this through action research on: HIV & AIDS, agriculture and livelihood security; HIV & AIDS, community resilience and social protection; and HIV & AIDS and nutrition security. It will also do capacity strengthening and improve communications.

The expected impact of phase three is to: develop context-specific understanding to strengthen resistance to HIV and resilience to AIDS; identify best practices which can be translated into effective large-scale responses; mainstream HIV & AIDS through capacity building and the development of multi-sectoral policy; build human decision-making and action through knowledge sharing; contribute to the millennium development goals (MDGs) and to the UN Declaration on AIDS; and to build active global partnerships for development through a locally-grounded network approach.

What has RENEWALS' impact been so far?

At the national level:

- ⌘ In South Africa, the government has supported land reform and established a ministerial 'task team' to interact directly with researchers;
- ⌘ In Malawi RENEWAL has given input in drafting an AIDS and agriculture strategy; and to a prevention and mitigation programme implemented through the Policy and Strategy Paper of 2005;
- ⌘ In Zambia it has given technical input to the HIV/AIDS Strategic Plan (2006–2010);
- ⌘ In RENEWAL core countries national AIDS programmes have been constituted and are operational.

At the international level:

- ⌘ Evidence-based benchmarks were set in 2005 and 2006 Durban and Lusaka conferences;
- ⌘ In the Global Fund to fight AIDS, TB and Malaria guidelines have been included on food and nutrition within country proposals;
- ⌘ RENEWAL was consulted on the nutrition strategy for the US Presidential Emergency Plan for AIDS Relief (PEPFAR);
- ⌘ RENEWAL's director presented at the UN Standing Committee on Nutrition in 2006.

After Bruce's presentation there was a vigorous and enthusiastic Q+A session. The following issues came out of this discussion:

- ⌘ RENEWAL intends to do a cost-benefit analysis of the farmer field schools to assess their viability in terms of *scale up*.
- ⌘ In response to a question regarding how to scale up, Bruce said that this was dependent upon understanding what we do and how it works. One delegate also felt that scale up and replication needed to be practical and well thought through – e-mails and exchange visits were not enough! Another noted that some more in-depth exchange visits could be funded through donor funding and Bongai Mundeta said VSO-RAISA had some money for this too. Tamsin Langford commented that exchange visits needed to be supported by a country coordinator to ensure follow up.
- ⌘ Bruce made the point that smaller CBOs could get their work written up by professionals and academics so that successes reach a wider audience. This led to a discussion on looking for ideas from NGOs in your area and to pool resources so that funding and ideas can be shared;
- ⌘ The RAISA regional M&E and Learning Advisor felt that scaling up *monitoring and evaluation* (M&E) was important but many small organisations do not have much expertise in this area – Bruce felt that some form of (M&E) was possible even in small organisations and that a culture of documentation needed to be cultivated. One delegate noted that CBOs needed clear and simple explanations of (M&E);
- ⌘ Bongai Mundeta asked if *membership* of RENEWAL was accessible to smaller organisations such as VSO-RAISA – Bruce said that informal links were immediately available but a more formal relationship would take time to set up and he was open to this. Becoming a member of an in-country network was dependent partly on having the same objectives;
- ⌘ Finally, a delegate commented that the book produced by RENEWAL 'AIDS Poverty and Hunger: Challenges and Responses' looked good but the organisation needed to look to other ways to *disseminate information*.

**Beware of
AIDS exceptionalism –
use an HIV lens,
not a filter.**

Plenary

Nutrition and HIV & AIDS

Lynde Francis, Director, The Centre, Zimbabwe

'Did your grandmother eat this?'

Lynde confidently and compellingly shared aspects of her own HIV journey, weaving into this her passion for good nutrition for people living with HIV. Echoing Professor Kelly's opening address, Lynde said that solutions to food insecurity are there but they require a long-term perspective. If the virus is nothing and the terrain everything, then she believes she has created the right environment for her own HIV virus, having lived with it for 20 years. She has done this solely through nutrition, a message she has been trying to convey like 'dripping water on a stone'. One of her key motivations has been the desire to see her grandchildren grow up and to live a long and healthy life – she will be 60 next year.

The journey of promoting healthy living and a good diet has been a lonely one, said Lynde, and she wondered, now that it was receiving so much attention, whether she had moved to the centre or if the centre had shifted and caught up with her. Lynde felt that many of her other ideas, once thought of as odd, were now mainstream: saving babies by saving their mothers first, people living with HIV are entitled to sex lives, what is the point of VCT if there is nothing to offer people who test positive?

Her approach adopts the '3P principle': *prevention of infection, prevention of progression to AIDS, prevention of death*. Where infections are concerned, we should be focusing on incidence (the rate of new infections), not prevalence (the total number of people who are HIV positive at any given time) because incidence gives you a better picture of what the epidemic is doing right now. Lynde said she was not taking ARVs and while not opposed to them, said it was important to try and prevent people needing them at all. **Her approach is based on what she calls the table of health. The top of the table is nutrition and the four legs supporting this are the mental, physical, social and spiritual aspects of a person.**

From the outset, her project, The Centre, has taken the view that it needs to give hope when all seems hopeless. As time has passed this vision has changed to one where they wish to create a world without AIDS – AIDS is a construct with much negative power and our aim should be prevent





Lynde Francis and her 'table of health'.

people living with HIV from ever reaching the stage of AIDS. An HIV diagnosis is the 'great revealer', said Lynde, allowing us to talk about things previously seen as a taboo. This is the upside of 'AIDS exceptionalism', taking its uniqueness and making something positive out of it.

Lynde then shared with us her experience of being bitten by a cobra in 2002 – she was in a coma for nine weeks and was partly paralysed but it was the persistence of her daughter not to allow doctors to take Lynde off life support which saved her. Additionally, her daughter had learnt a lot from her about good nutrition over the years, and was able to advise the doctors on what to give her mother to help her survival. But it was also, Lynde believes, AIDS which saved her because it had forced her to live so carefully and well for so many years that her body was strong enough to survive this experience.

The Centre has data on 6500 people over nearly two decades and a retrospective study is to be conducted to review what has worked and why. Some clients of The Centre have been on ARVs since 1997 and are still well (only seven people from the original cohort have died) and Lynde attributes this to her approach to nutrition. ARVs and nutrition complement each other and either/or approaches to this are unhelpful. For example, not enough attention has been paid to preparing the ground for ARVs with good nutrition.

The Centre runs two support groups: 'team spirit' for 16 – 25 year olds and 'bright futures' for 5 – 15 year olds. This youth work includes meetings, focus group discussions, an annual summer camp, talks in schools and other venues, and training on aspects such as disclosure, home based care, nutrition, gardens and life skills. Many young people,

said Lynde, who are living with HIV are likely to meet an HIV negative partner in the future and it is crucial to prepare them for this. Ultimately, if people are given choices, they have more options. In addition, by training young people to be good advocates for HIV & AIDS, stigma is more easily addressed. Other young people who are not living with HIV have a programme called 'choose life'.

In the discussion after Lynde's presentation a number of themes emerged. These include the following:

- ⌘ The power of story telling and personal testimony – Lynde was urged to document her story;
- ⌘ The power of recognition – The Centre has signed a memorandum of understanding with the Zimbabwean minister of health to start a farm;
- ⌘ The need to replicate a holistic centre such as this – Lynde gets over 100 e-mails a day from people wanting to hear about the work;
- ⌘ The power of using people who are living with HIV as 'patient experts' who can train VCT counsellors to improve their skills;
- ⌘ The need to keep projects such as The Centre mainly run by people who are living with HIV so that the focus remains intact – although The Centre does now employ HIV negative people;
- ⌘ The value of integrating VCT into other services.

Plenary

Nutrition and HIV & AIDS

Mutinta Hambayi, Programme Officer, Nutrition,
World Food Programme (WFP)



*'Nutrition is a co-therapy
with ARVs'*

Mutinta, a regional nutritionist from Zambia, began her presentation with an overview of the relationship between nutrition and HIV & AIDS and the role of nutrition care and support.

She then touched on some key WHO findings that:

- ⌘ People living with HIV have higher energy needs;
- ⌘ There is no evidence to support a need for extra protein;
- ⌘ Loss of appetite and poor diet are key factors in weight loss;
- ⌘ There are no special vitamin and mineral needs;
- ⌘ Micro-nutrients are not an alternative to HIV treatment.

Malnutrition in people living with HIV can manifest as weight loss, loss of muscle tissue and subcutaneous fat, vitamin and mineral deficiencies, reduced immune competence or ability, increased susceptibility to infection, diarrhoea and poor absorption, poor response to medication and hair changes. This poor nutritional status may be a result of an increased need for nutrients, poor absorption, diarrhoea and vomiting, and reduced intake due to reduced appetite, mouth infections, drug side effects, nausea, poor food quality and altered taste. Mutinta noted that reduced food intake is commonly the most important contributor to HIV & AIDS-related weight loss.

She then outlined broad approaches to nutrition at different stages of HIV infection:

- ⌘ Early stage – 'stay healthy':
 - build stores of essential nutrients;
 - maintain weight and lean body mass;
 - ensure understanding of food and water safety.
- ⌘ Middle stage – 'minimise consequences'
 - maintain dietary intake during acute illness;
 - increase nutrient intake for recovery/weight gain;
 - continue physical activity.
- ⌘ Late stage – 'provide comfort'
 - treat opportunistic infections;
 - modify diet according to symptoms;
 - encourage eating and physical activity.

One key strategy is promote adequate food intake by identifying locally available and acceptable foods which are wholesome, natural, available, affordable, accessible and of sufficient variety. In general all foods are good but the following should be avoided: raw eggs; foods not thoroughly cooked, especially meats and chicken; water that is not boiled or juices that are made from water that is not boiled; alcohol and coffee; 'junk' food such as chips, biscuits and sweets with little nutritional value; and foods that aggravate symptoms related to diarrhoea, nausea, vomiting, bloating, loss of appetite and mouth sores.

When treatment is concerned there can be complex interaction between drugs and food and therefore the recommended approach is as follows:

- ⌘ Before taking drugs, liver and kidney tests have to be conducted to ensure the body's tolerance of drugs;
- ⌘ The drugs have to be taken on time, at the same time, every day, for life;
- ⌘ Alcohol use is strongly discouraged because it can increase risky behaviour and lead to ineffectiveness and forgetfulness.

ARV side effects may reduce food intake due to nausea, diarrhoea and change in taste. However, if taken properly, ARVs improve nutritional well being and can contribute to decreasing of some of the HIV-related symptoms that can decrease food intake such as: mouth sores, nausea, vomiting, weight loss, poor appetite and digestive problems.

For ARVs to be effective, good nutrition must be maintained. The recommended food intake with ARVs is important to follow because different ARVs interact with food and nutrition differently and have implications on the effectiveness of the medication. Mutinta then outlined a number of different foods to be taken or avoided with certain ARVs.

She concluded her presentation with some key recommendations:

- ⌘ Maintaining adequate nutrition may be one of the most important things a newly infected person can do to prolong well-being;
- ⌘ Good nutrition and healthy lifestyle can preserve health, improve quality of life, prolong independence and delay disease progression;
- ⌘ Prevention of food and water-borne infections reduces the risk of diarrhoea, a common cause of weight loss, malnutrition and HIV disease progression in people living with HIV;
- ⌘ Managing common symptoms related to HIV & AIDS can minimise their impact on nutritional status;
- ⌘ Continuing physical activity and exercise, as appropriate, increases energy, stimulates appetite and preserves and builds lean body mass.
- ⌘ Providing psychosocial and emotional support as part of nutrition care at all stages of HIV disease can help to improve quality of life;
- ⌘ Nutritional care and support should be part of a comprehensive programme that deals with the needs of the person living with HIV and their family.

The vigorous discussion after this session showed that it was a matter close to the hearts of many delegates. The following themes emerged:

- ⌘ Food variety is important even if there is disagreement on exactly which foods are better for people living with HIV – for example much of Africa is protein deficient;
- ⌘ Delegates highlighted that while some of the detailed information regarding nutrition is important, simple strategies such as following the 'traffic light rule' – something green, red and yellow in every meal – are more helpful in certain circumstances;
- ⌘ Delegates emphasised that the stage approach to HIV & AIDS suggests an inevitable progression to AIDS but many felt that disease progress is reversible;
- ⌘ It is important for cross-national organisations to support local foods;
- ⌘ Lynde Francis challenged a number of Mutinta's assertions (notably on micro-nutrients, the appropriateness of the shopping basket and infant-feeding options) and Mutinta conceded that there was debate on these issues;
- ⌘ There is a need to focus on pre-infection nutrition strategies and also on urban areas where people are often more malnourished because of the availability of cheap, but nutritionally poor, food;
- ⌘ There is a need to simplify this information for communities;
- ⌘ It is important to assess the nutritional status of communities and indices do exist.

Plenary

The low-input model for crop and diet diversification

Steve Morris, Livelihoods Programme Manager, VSO-RAISA, Malawi and Anna Tallant, VSO Youth Volunteer, WFP



*'Growing and eating more,
and using less'*

Low-input means low-resource use (money, labour, energy, water, seeds, time); achieving the highest output from the lowest input – a business mindset; considering all impacts from the system (financial, social, environmental, sustainability). It is not specifically for poor or rich people but low-input is for anyone who cares about the world's resources.

Applying this approach to crop and diet diversification means focusing on:

- ⌘ Food availability: crops, domestic animals, fish, wild animals, insects, birds, fish and plants;
- ⌘ Food access: hunting, gathering and buying;
- ⌘ Food utilisation: planning, preparing, processing, serving, eating, selling, storing, marketing and health;
- ⌘ Food stability: assuring continuous availability and access.



The key concepts in the model are to aim to: **understand** the issues and the techniques and foster creativity; turn waste into **local resources** (water, plants, animals, soil, organic matter and human energy); and to change the way **training** happens – identify people who will really use the information and give uniform messages across sectors.

The World Food Programme (WFP) disseminated this approach in Malawi by meeting with national-level partners to select districts, then met with district leaders to select workshop locations, model sites and participants, held four low-input workshops, had two rounds of follow-up visits and put together a draft model manual.

The essence of the low-input dietary diversification model is understanding basic nutrition – making not radical but small changes in diet, not doing away with the staple but making it go further, adding what is easily available around us or what is easily grown with minimal input. The concept of the ‘nutrient village’ was developed to show how different parts of the village represent different nutrient elements of a diet. The typical Malawian diet was examined and found to be lacking (i.e. that it led to malnutrition, was bad for the soil and the environment, had a high risk of crop failure, required high inputs and was monoculture based, leading to a high risk of food insecurity). A better ‘typical meal’ was developed which countered many of the challenges inherent in producing and consuming the usual Malawian meal, with very minor changes in food production approaches and techniques.

Strategies which were used successfully in this model include:

- ⌘ Moving to fuel-efficient stoves;
- ⌘ Focusing on understanding the soil (more mulching and composting and less sweeping of the topsoil);
- ⌘ Finding and making better use of water in a drought-affected country;
- ⌘ Adding plants, trees and animals which conserve and contribute;
- ⌘ Adopting a mixed-planting approach.

As for the way forward, donors, planners and implementers have been sourcing support to develop training and information, education and communication (IEC) materials. The WFP has committed to extend this programme through all projects, with VSO support, VSO has planned scaling up this work with extension volunteers using the concepts in farmer field school training, VSO plans to mainstream these ideas by encouraging volunteers working with hospitals and clinics to establish demonstration gardens at VCT centres, and advocacy will take place to create a national programme.

Anna Tallant, a VSO youth volunteer development worker, then presented an example of how the low-input model was implemented in a school-feeding programme. A 2006 pilot project in 56 schools involved training of trainers who were responsible for training staff and committee members at each of the targeted schools. The model can work well in schools because school gardens are useful and available, they provide practical examples of what is being taught in schools, curriculum integration can occur, the next generation is educated on food, the garden can be profitable, they act as a focal point for communities and have a wide audience. In addition there are many resources around schools that are being wasted: borehole run-off water, organic matter, roof run-off rain water, children’s energy and space. Challenges to be dealt with include resistance to change, lack of motivation, a ‘problem’ rather than ‘solution’ mindset and lack of community involvement.

In the discussion which followed, the following issues emerged:


- ⌘ Deal with cultural resistance, for example to the idea of not using water that has touched the body;
- ⌘ Draw on local ideas and knowledge;
- ⌘ Involve teachers in implementing the model;
- ⌘ The model can be used in existing gardens around homesteads;
- ⌘ There is an exit strategy for the schools work but this is hampered by a lack of involvement from government.



Left: before using the model, right: after using the model (slides from Steve’s presentation).

LEARNING CAFE ETIQUETTE



 → Focus on what matters

Contribute your thinking

Speak your mind and heart

 Listen to understand

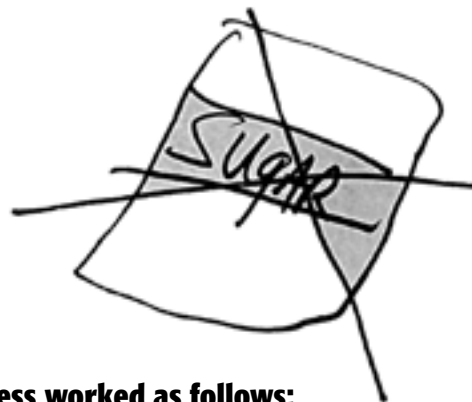
Link to connect ideas

→ Listen together for insights and deeper questions

 Doodle, draw, write on tables

 Have fun! 

In 'The Learning Cafe' session each table was decorated in 'café style' to create a climate of relaxed discussion. Each table (venue) was hosted by a VSO-RAISA country coordinator and the delegates (ingredients) moved around all the tables to discuss questions (the menu) which would integrate and draw together the conference deliberations over the three days. All the ideas would be captured on big pieces of flip chart paper which acted as the table cloth.



The process worked as follows:

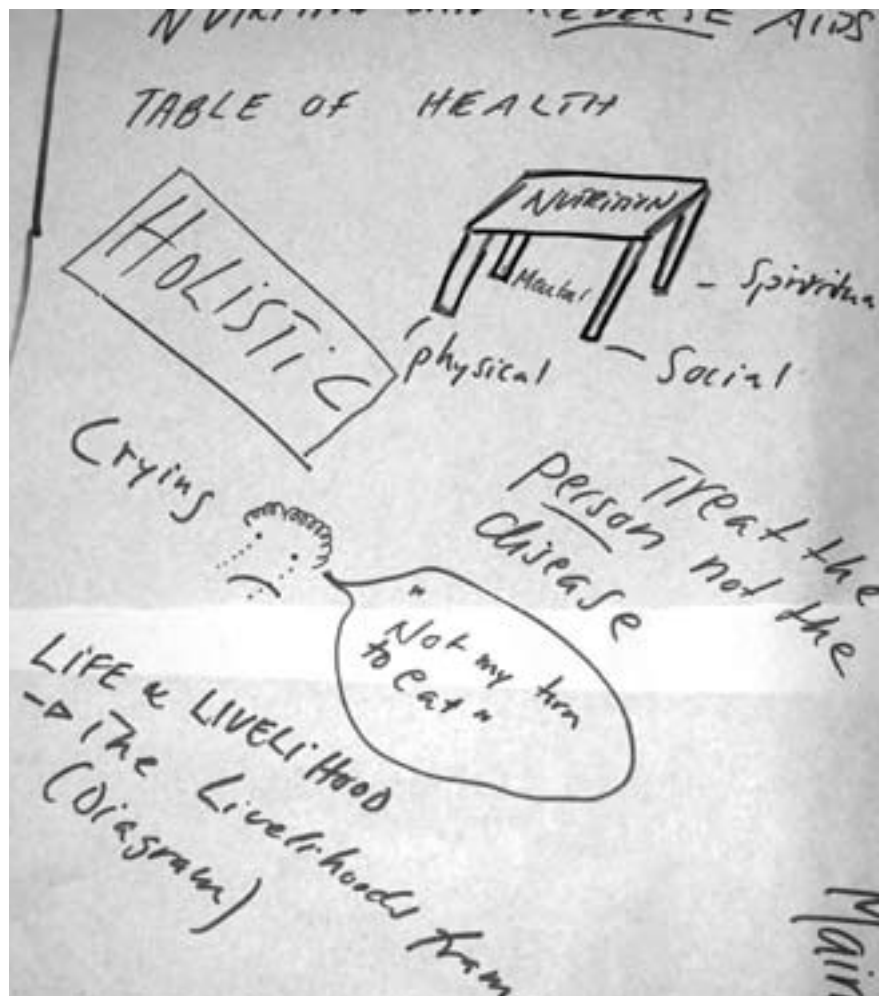
- ⌘ As the appetiser each table started off by sharing words, phrases, quotes and images from the conference;
- ⌘ For the starter we shared our highpoints and struggles;
- ⌘ For the main course we each had to agree on one key question that stood out for us;
- ⌘ Then we moved around all the tables and decided which table's question resonated most with us – we would then sit at that table and discuss the question and develop some action ideas;
- ⌘ For the dessert we shared the key questions and action ideas in plenary.





Some of the key questions which emerged at the different tables were:

- ⌘ How do we scale up and replicate sustainable livelihoods initiatives at community, national and regional levels?
- ⌘ Is there a mechanism to follow up conference recommendations and commitments? And by whom?
- ⌘ Is it possible to exchange information from each country? After this conference how will VSO partners work with the government to implement? Why are governments not represented at this conference?
- ⌘ How do we work differently with others to increase quality and impact on people's life? What is the role of RAISA in collecting evidence and sharing learning?
- ⌘ How/when does anecdotal data become accepted science for replication? How do we access funds?
- ⌘ How do we scale up and share the good practice we have seen during the conference? What further support can VSO-RAISA give to make this possible? How can we incorporate what we have learned here into our existing work and procedures? How can we share the information and contact details?





Good M. and K. needed.



Ideas that emerged over dessert in the plenary included:

- 1 We need to ensure mechanisms for follow up;
- 2 Each country must organise a meeting for delegates to discuss country-specific actions;
- 3 We need to set up plans with timeframes (and there needs to be support for this implementation);
- 4 Resource mobilisation is crucial;
- 5 There is a need to turn anecdotal evidence into something more usable and to move from anecdotal to scientific data;
- 6 We should include government and the private sector;
- 7 Document learning practices and lobby donors with the documentation;
- 8 There is a need for regional and national exchanges, but also a recognition that we need to go beyond these and develop long-term partnerships;
- 9 We need to develop common indicators – HBC, orphans and other vulnerable children, livelihoods;
- 10 Maintain contact with new partners, e.g. Oxfam;
- 11 Engage civil society and promote community participation;
- 12 Form a body from partners for networking, sharing of information, and to improve evidence and collect information;
- 13 Build capacity of organisations;
- 14 Do more monitoring and evaluation;
- 15 Involve government more after the conference;
- 16 Develop a database of resources and information.

There is a need for regional and national exchanges, but also a recognition that we need to go beyond these and develop long-term partnerships.

Summary of day 3

Roberto Pinauin presented a summary of day three:



- ⌘ We need to be mainstreaming development into HIV, not only HIV into development;
- ⌘ It is important to take a holistic approach to nutrition, as exemplified by Lynde Francis' presentation;
- ⌘ This is particularly important when people living with HIV are on ART, where diet and nutrition play such a huge role;
- ⌘ Working in an integrated way with all role players, vertically and horizontally, is critical;
- ⌘ Innovative ideas can work but sometimes resistance to change has to be managed;
- ⌘ Delegates are keen to take ideas from the conference forward to bring about meaningful change.

The way forward for 2007

Regional plans

Bongai started the process of identifying the way forward by setting out what the RAISA regional office would do:

- ✂ Continue the collaborative work with Oxfam, SafAIDS and RENEWAL and pursue greater networking;
- ✂ Promote projects at local level and document best practices to share in the region (with assistance from RENEWAL);
- ✂ Explore the possibility of advocacy on food security;
- ✂ Engage with SADC and UNAIDS;
- ✂ Pursue a woman's project in Zambia with Oxfam.

Country plans

Malawi

Safari Mbewe, RAISA Country Coordinator

Mozambique

Etelvina Mahanjane, RAISA Country Coordinator

Namibia

Annemieka van Wesemael, VSO Namibia



Malawi committed to:

- ✂ Debrief to own institutions about the conference;
- ✂ Promote the low-input model;
- ✂ Establish and strengthen livelihoods projects;
- ✂ Organise a national meeting to engage HIV & AIDS and food security workers in:
 - identifying priorities;
 - identifying key actors;
 - sharing ideas.
- ✂ Identify support needed: resources (financial and human), networks and linkages, from the regional office.

Mozambique committed to:

- ✂ Inform colleagues about the conference outcomes;
- ✂ Share with partners and networks, including government organisations;
- ✂ Conduct an institutional review with livelihoods partners and HIV & AIDS partners to integrate these issues;
- ✂ Organise an exchange visit to Malawi to the Zoa Tea Estate;
- ✂ Invite GART to visit Mozambique;
- ✂ Produce a CD with all conference presentations;
- ✂ Invite volunteers working in HIV & AIDS to work in food security organisations;
- ✂ Promote ideas around good nutrition;
- ✂ Link up with appropriate support;
- ✂ Develop expertise around M&E.

Namibia committed to:

- ✂ Meet with all partners from the conference and develop plans;
- ✂ Find contacts in the agricultural field with knowledge on the low-input model;
- ✂ Collect information on existing poultry project – what went wrong?;
- ✂ Share within the organisation about conference presentations;
- ✂ Organise an exchange visit to The Centre.



South Africa

Carine Munting, RAISA Country Coordinator



South Africa committed to:

- ✂ Share learning with networks;
- ✂ Meet with Oxfam;
- ✂ Share nutrition information;
- ✂ Look at its orphans and other vulnerable children focus;
- ✂ Explore ideas of The Centre;
- ✂ Laise with food-garden organisations in South Africa and explore low-input ideas with them.



Zambia

Charity Sisya, RAISA Country Coordinator



Zambia committed to:

- ✂ Explore opportunities for replicating The Centre from Zimbabwe;
- ✂ Conduct partnership-exchange visits, both nationally and regionally;
- ✂ Address HIV & AIDS issues affecting children;
- ✂ Organise similar sessions with partners at country level – and possibly a national conference – with the NAC, VSO, partners, ministry of Agriculture, Food and Nutrition Commission, MOE, FBOs, farmers' union, ZARAN, Oxfam and GART;
- ✂ Explore opportunities for a volunteer placement at GART;
- ✂ Share information and conference report with VSO Zambia partners and other stakeholders;
- ✂ Develop partnerships with GART, Oxfam, RENEWAL and WFP;
- ✂ Engage donors such as SIDA on the learning and implementation of post-conference activities.

Zimbabwe

Wedzerai Chiyoka, RAISA Country Coordinator



The Centre committed to:

- ✂ Linking with VSO-RAISA partners to offer technical support;
- ✂ Establishing nutrition gardens;
- ✂ Mentoring;
- ✂ Participating in an e-forum;
- ✂ Setting up a farm with help from Oxfam.

MACO committed to:

- ✂ Mainstreaming food security into HIV & AIDS programmes, especially the low-input model;
- ✂ Linking with The Centre.

Oxfam committed to:

- ✂ Share with its project team about the conference;
- ✂ Link the drought team with The Centre and SCC;
- ✂ Increase content of its gardens and be less single-vegetable focused;
- ✂ Assist partners to mainstream HIV & AIDS;
- ✂ Look at improving IGAs;
- ✂ Work with VSO-RAISA in a more structured way.

New Dawn of Hope committed to:

- ✂ Be inspired beyond agriculture;
- ✂ Engage with the ministry of small and medium enterprises;
- ✂ Conduct more IGAs;
- ✂ Strengthen its M&E.

Support needs for the Zimbabwean delegation:

- ✂ Technical support (especially on reporting and documentation);
- ✂ Support for long-term planning;
- ✂ Support for resource mobilisation;
- ✂ Support on M&E.

VSO-UK

VSO-UK committed to:

- ✂ Facilitate linkages among partners; ✂ Capture learning;
- ✂ Share the outcomes of the conference with the livelihoods programme advisor and explore ways of incorporating learning and actions into other VSO programmes (where appropriate).



Thanks and evaluation

← Alan Smith thanked all delegates and presenters for their participation in the conference, handed out gifts to those who had made the conference possible and invited delegates to complete written evaluation forms.

Comments from the floor about the conference were as follows:

- ⌘ It was a great meeting of like minds with the same objectives and vision;
- ⌘ One key area not addressed in the conference has been the impact of alcohol on food security;
- ⌘ The value of the networking at the conference was stressed and Bongai Mundeta was thanked for making this possible;
- ⌘ It was noted that it was important to move beyond preaching to the converted;
- ⌘ The presence of government was missing;
- ⌘ Working with Oxfam on the conference had been excellent;
- ⌘ Bongai concluded this session by thanking everyone for their support in making the conference possible.

Comments from the written evaluation:

- ☺ *It was a rich learning experience;*
- ☹ *Government role was needed;*
- ☺ *Very good opportunity to establish and re-establish links/networks/partnerships;*
- ☹ *Would be good to include more practical exercises;*
- ☺ *It was a learning point for many – esp. with the livelihoods approach;*
- ☺ *Bringing people from the policy level and the community in one room was very important so that each can feed into the others' work;*
- ☺ *I didn't think we would get there, but we did! ...really excellent!*



Broccoli is a good vegetable!



Closure

Professor Kelly closed the conference by thanking everyone for their contribution. Like many others, he welcomed the partnerships with Oxfam and RENEWAL. He also particularly valued the contribution of Lynde Francis and the work of The Centre, saying their prominence and contribution to the conference was a highlight. **After Professor Kelly's words, the Mozambican delegates led the conference in some dancing, ending the proceedings on a note of celebration and friendship.**



Summary and conclusion

This conference brought together a diverse group of participants and presenters, all working tirelessly to address the issue of food security in the region. It showed that with determination and resources, mobilisation for better interventions can occur at many levels. The complex relationship between food and AIDS is a challenge for these interventions but this challenge is not insurmountable.

For people living with HIV, the challenge for good nutrition is crucial and as ARVs are being rolled out in our region we need to be vigilant to ensure that the high nutritional status of all citizens is seen as a basic human right.

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Ms Lynnette Simon
Oxfam GB

Botswana

Mr Innocent Modisaotsile
SADC

Kenya

Dr Bruce Frayne
RENEWAL

Malawi

Ms Ulanda Chilezi
NAPHAM

Ms Rica David

Zoa Tea Estates

Mr Peter Gondwe

HAWIP

Dr Tiwonge Loga

RAISA Board Member

Mr Safari Mbewe

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Mr Steve Morris

VSO Malawi

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NAPHAM

Ms Anna Tallant

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Kwadeza Simukai Manica
(KSM)

Mr Hamid Taybo

Agency for Local Economic
Development of Sofala (ADEL)

From Vulnerability to Sustainability:

FOOD SECURITY

in a World of HIV & AIDS

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VSO-RAISA Regional Conference | South Africa | 1-3 Nov 06

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MACO

Mr Erick Chikukwa

New Dawn of Hope

Ms Dadirayi Chiwara

Swedish Cooperation Centre

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VSO-RAISA

Ms Lynde Francis

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Mr Dialogue Kubvoruno

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The VSO-RAISA team (left to right):

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*'The virus is nothing:
the terrain is everything'*

*Dr Louis Pasteur, as quoted by
Professor Michael Kelly,
VSO-RAISA advisory
board member*



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