

**HIV Gender and Development:
The Poverty, Malnutrition, Food Security Cycle
(From Evidence to Action)
XVI International AIDS Conference
August 17, 2006**

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[START RECORDING]

STEPHEN LEWIS: Ladies and gentlemen, fellow delegates, I would like if possible to get this session underway. My name is Stephen Lewis. I'm an envoy on AIDS in Africa and I'm delighted to be participating in this session as the moderator. It's almost [APPLAUSE] a celestial benefaction not to have to make a speech. This is a tremendously important satellite session as these numbers demonstrate dealing with the inter-relationship between food and food security and nutrition and HIV and above all, the relationship with gender. We have our first-rate and highly distinguished panel to set out the dimensions of the subject matter. They are all intending to speak for roughly 10 minutes. And I intend to be a perverse and draconian moderator and hold them to that time because I have been at far too many sessions where there hasn't been enough time for the audience to ask questions and to make comments. And that seems to me to be an important ingredient of these discussions. So, you will find me entirely unlovely in my behavior with the panelists.

The first speaker to provide a sense of context is Stuart Gillespie, who is the senior research fellow at the International Food Policy Research Institute and co-founder and director of renewal and the author of a book which deals with

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these subject matters. Stuart can begin and give you the context within the discussion will take place. Stuart.

[APPLAUSE]

STUART GILLESPIE: Thank you very much, Stephen. I'm going to speak only for 10 minutes and I have got three parts of that presentation. The first is to provide some basic conceptual maps for navigating this interaction between HIV/AIDS and food, nutrition, and security. The second part to give the kind of broad headlines, the broad-brush evidence for these interactions, and then the final section will be looking at tools and ways in which we can translate this evidence that we now have into effective action.

So this is really what we are talking about. It is the interaction on the right-hand side, the conventional understanding of the direction of interaction between HIV/AIDS, precipitating or exacerbating food insecurity or malnutrition. We are also learning a lot more about the left-hand arrow, the upward arrow, the ways in which people who are poor or food insecure, malnourished are much greater risk of being exposed to the virus and being infected with it. And within this vicious cycle or downward spiral, we are learning more and more about the driver of gender inequity.

A lot of discussion has been on the issue of feminization of the epidemic but it is important to see how the

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feminization occurs on the left side of this diagram in terms of risks. Women are socially, culturally, economically and politically more likely to be exposed to the virus and biologically more likely to be infected with it. And on the right hand side, the ways in which women are shouldering the extra burdens on top of everything else of HIV/AIDS. This is far too complicated to read all the words. The only point about this diagram is to illustrate the diversity and complexity of what we are dealing with. This is the big picture. A hundred and fifty years ago, Louis Pasteur said, "the microbe is nothing, the terrain is everything." This is the terrain, the universe of interactions.

All I'm going to point out is if we look at the top half of this diagram, looking at the top left we see the levels and types of driving forces driving the epidemic, driving risks. At the epicenter, we see HIV infection. At the top right of the diagram, we see the weights and levels of impact. What we are trying to do is the bottom half of this diagram, the blue half. We are trying on the left hand side to strengthen resistance to the virus at various levels going from macro right down to microbiological levels. At the bottom left - sorry, the bottom right - we are looking at ways of strengthening resilience again from the micro to macro.

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Another map, this is at the household level or community level. Levels and types of susceptibility will determine whether HIV comes into that household or community at high rates. The downstream impacts of AIDS will be determined by the vulnerability of the livelihood system. And that is mediated by effects on assets, human financial, social, natural, physical, political by effects on institutions at different levels, right away from community level up to global. Leading in turn to various responds, this is where often people talk about coping. Coping is often just simply an external value judgement that doesn't match reality and what looks like coping now in the future may clearly turn out to our huge cost. Children being pulled out of school for one example. Leading in turn to various outcomes, we are here talking about nutrition food security but fundamentally, this is entwined again with the issues relating to gender. Specific vulnerable groups and stigma and discrimination being itself an outcome.

But the important point, again, is to realize that outcomes are also inputs. They are inputs, they reiterate back into in a negative sense, worsening susceptibility of vulnerability or if we turn it into a positive, to reduce risks and to reduce impacts.

The final map is at the level of what's happening within the human body the interaction and the vicious cycle

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between malnutrition and HIV. In 1986, Nevan Crimshaw [misspelled?] coined the term NAIDS to apply to the malnutrition infection complex that we were beginning to learn about back then. NAIDS is nutritionally acquired immunodeficiency syndrome. We have known about this interaction. What HIV is doing is accelerating this cycle and there are very specific HIV specific interactions, which are making it far, far worse.

Okay. The second part now, quickly to show what we know about the evidence and looking at the upstream dimension. I left some books and handouts. The book has come out last week, *AIDS, Poverty, and Hunger*, which Stephen mentioned, which captures some of the highlights of this evidence. This is the wrong slide. It shouldn't be in there so I'll move on.

Food insecurity leading to HIV exposure, we know that people who are greater risk, who are poor, are more likely to have to be split up, to move around to look for work. We know that food insecurity exacerbates gender inequality itself which as we know it is a driver of the epidemic. AIDS is an occupational hazard within communities. Example, in Malawi shifting livelihoods, women more and more are being forced to undertake risky casual piecemeal work and transactional sex being often built into those unwritten contracts.

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Agricultural development make, create nodes of the risk through the commercialization of agriculture. If people, again particularly women have to stay over night at evening markets. We know that AIDS is a domestic hazard, the intra household clustering of infection but also if a family can only manage to wash clothes or only has a running stream in which to wash, children maybe be infected with jisiterium [misspelled?] parasite which in future life may render them more at risk of being infected with the virus. There is some evidence to show that.

People who are in food insecure are poor and marginalized have less access to information and less ability to use it. And then finally fundamentally food insecurity does relate strongly to malnutrition. Malnutrition itself may as we know compromise immune function. There are links to increased risks of serious or more severe genital ulcers, which may be conduit for infection. We know about the ways in which women who are poor mothers give birth to low birth-weight babies. Those low birth-weight babies have particularly comprised immune system. They gastrointestinal integrity is weaker. They are more likely to be infected with the virus in breast feeding. Very particular interactions with various micronugents [misspelled?]. We still need to learn a lot more about that.

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Okay. The second part, the downstream. The ways in which AIDS is precipitating or exacerbating food and nutrition and security. Just to look at the issues with regard to agriculture. We know that agriculture is the number one major source of livelihood for most people on this planet living with HIV/AIDS. The types of indicators across the board from substance commercial agriculture extension relate to three types: resource, shortages and constraints. Its not just labor saving we need to be looking at. In many cases, it's cash saving. Cash might be the biggest constraint. Loss of knowledge, the fracture of intergenerational transfer of knowledge and skills from parents who are dying too young to pass them on to, those skills to their children. And a breakdown and fracture of institutional capacity and effects on organizational change.

Looking at impacts again going down into the micro of HIV and nutrition, I mention this term earlier, HIV raises energy requirements by 10- to 30-percent among adults, that's well documented by WHO, and 50- to 100-percent among children, growing children who may be losing weight. Again, it's associated with immune decline. Low BMI, body mass index, hastens the severity of options to infections, diarrhea, TB, which in turn will hasten death. BMI is scored in many ways of indicator of survival chances as a CD4.

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At the population level, we are finding that kids in higher cleaver areas of particularly impacted. And there is a convergence of what use to be a difference between urban and rural areas because of HIV. There are many indirect effects on children whose caregivers is succumbed due to the extra stress, again particularly on women as a result of HIV. And maternal orphans we do have some strong evidence in many places that they are a particular risk especially when young.

Okay. Last couple of slides. What do we do about this and we are going to talk more with the other presentations in terms of specific examples of what to do. But because most of this is situation-specific, we need to think in terms of tools, processes, principles to this evidence into action. We used when in renewal, this notion of a bifocal lens. And it's a metaphor but we turn it into a practical tool as a checklist of questions to apply both on the risk side, when we are looking at say an agricultural policy, reverse questions we apply to that policy working with policy makers to try and turn situations of risk into situations of resistance. Likewise on the downstream, how to turn vulnerability into resilience.

So just to conclude again, I'm not obviously going into detail but critically how quickly the next step is, how do we respond? The German Conference of last year really came down with these four categories of action. Firstly, and to be done

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stimulatioously, these aren't either or or a phase. Firstly strengthened household community resistance, avoidance of the virus, strengthen resilience to AIDS, preserve and enhance and open up new lively options, community mobilization, protect vulnerable groups, social protection has to go a long way beyond an economic safety net. Again the particular concern with women and children directly affected by HIV/AIDS. And overriding and underpinning all this there is a fundamental need to strengthen governance and strengthen capacity at all levels. Thank you.

[APPLAUSE]

STEPHEN LEWIS: Thank you, Stuart, and thank you for being self-disciplined around the timing. I'm now going to call on Robin Jackson, who is chief of the HIV Service at the United Nations World Food Program. I'm a WFP groupie, so I'm particularly glad to have Robin take the platform now. We shared a platform yesterday morning where she released for the first time some absolutely fascinating financial data on the cost internationally of providing nutritious food supplement for those who were on ARVs. And it's a pleasure to bring Robin to the platform. She has written extensively on food security issues. Robin.

[APPLAUSE]

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ROBIN JACKSON: Thank you. Thank you very much. My presentation is divided into three sections. It is basically an illustration of much of the information that Stuart just shared with you. First, I want to discuss a little bit some methodological issues in carrying out vulnerability assessments, then I'll present some results from two different assessments in east and southern Africa, and I'll end with a few conclusions on these studies.

There are a few challenges that we face when we do surveys to understand the dynamics between food security and AIDS. Many people in poor countries do not know their HIV status. This means relying heavily on proxies such as the presence of chronic illness at the household level. Chronic illness has proven to be a relatively robust proxy for AIDS affected households in a number of studies, as I'll show even with proxies. In settings with prevalence rates of, let's say, less than 10-percent it can be difficult to get a big enough sample size to make a definitive conclusion about what is actually happening to affected households.

Thirdly, many of the links between HIV and food security are temporal so it can be difficult using cross sectional surveys to capture processes that are happening over time such as households gradually selling off assets to pay for healthcare. It's also difficult to measure things like food

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consumption of an individual using these survey techniques.

Bias can arise for a number of reasons.

The first study I would like to take you through is the Community Household Surveillance a joint food and livelihood security monitoring system undertaken by WP and CSAFE in six countries in the southern African region shown on this map. CSAFE is the Consortium for Southern African Food Security Emergency. It is comprised of a number of NGOs including World Vision, Catholic Relief Services, and CARE International. CHAS is a cross sectional survey undertaken every six months one in post harvest season and one in the lean season. In this presentation, I refer to the first four rounds of data collection beginning in September 2003 and ending in March 2005. I won't go into the methodological issues here but the key things to remember are that as a cross-sectional survey in each round, we had households, we have different households but the survey is undertaken in the same geographical area. The other is that the survey is set up to compare households who benefit from food assistance with those who do not.

When we disaggregate this data to compare families with chronically ill household members with those without chronic illness, we found a consistent pattern of those households being worse off. The coping strategy index scores of such households is higher as shown on this graph because they engage

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in coping mechanisms that are more severe in order to meet their food needs. This suggests that the presence of a chronically ill household member and a household maybe a useful targeting mechanism for direct transfers such as food assistance in times of crisis.

We also found that households with chronically ill members were more likely to borrow money than those without illness in the family. When we asked them what they did with their loans, the majority said they used it to buy food. Health care and education were next on the list. The point here is that the loan burden over time may have a significant impact on a household's ability to recover after food crisis. This is especially true for households with chronic illness since they are more likely to lose a productive member whose labor would normally help in repaying the debt. It also means that short-term food assistance at this time could help them avoid going into debt since most of the loans go towards buying food.

Here we have compared the coping strategy index between households who received food assistance and those who did not. What we see here is that households who received food appeared consistently better off than those who didn't from rounds two through four. While there is an increase in the coping strategy index for both groups in round four, it appears less steep for those households who received food. That food assistance is

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most likely helping households from having to engage in some of the more severe coping strategies especially during crisis.

The second assessment I'll speak about comes from a survey that WFP did in East Africa in March of this year. This study uses a slightly different parameters compared to the first one. In order to study the link between HIV and food insecurity we divided the sample into affected and non-affected households. In this case, we defined affected households as those with a chronically ill member or those where death occurred in the previous six months. We also divided households up by gender of household head and by presence of orphans.

These results support what we found in the CHAS data. Affected households are significantly more food insecure than other households. In fact, over two-thirds of affected households are represented in the food insecure category while only about half of the non-affected were in the same category.

This graph shows that affected households are differently distributed among food security classes according to whether the household head is a female or a male. When the affected household is female-headed, the percentage of those food insecure increases to 71-percent. This data not only confirms what Stuart was just talking about, but also it confirms the notion that female-headed households are more food insecure, particularly when they have chronic illness or death

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in the family and should be targeted for food assistance in times of stress. As these households are the most vulnerable to food insecurity, they should also be targeted for longer-term livelihood support.

The assessment also found that twice as many affected households sold assets. Importantly, two-thirds of affected households sold productive assets making recovery of those households much more difficult in the longer term. Again, these kinds of results point to the fact that these families should be targeted for assistance to help them meet both their long- and short-term food needs.

As has been said in other sessions at this conference, evidence about orphans in household food security is next. There is not a lot of data on this topic and findings aren't always consistent. In this case what we found was that in the poorest quintile households with three or more orphans are really struggling to meet their food needs. When looking at the richest quintile, however, there was a consistent downward trend where the number of orphans in the household appears to be directly correlated with better consumption. At first glance, this is puzzling. But one of the possible explanations is that wealthier households who have the capacity to absorb orphans are doing so.

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Orphans live in families and we need to understand the characteristics of those families to see whether these children are vulnerable to food insecurity. That's when analyzing data on orphans, it's important to try and disaggregate by socioeconomic status to understand what is happening.

In summary, there are few conclusions that can be made from the data that I just presented. First of all, there are good a proxy indicators we can use to understand the linkages between food insecurity and HIV. These include presence of chronic illness, in the household gender of the household head, number of orphans, combined with wealth categories. Secondly, the data from southern Africa indicates that food assistance can make a difference for vulnerable households in times of stress. This is particularly true for households with chronic illness. Thirdly, certain types of households such as poor households hosting three or more orphans or female-headed households with a chronic ill member seem to be more vulnerable to food insecurity than others. These households need to be targeted for an array of assistance and services to support their livelihoods and make sure that both their long- and short-term food needs are meet. Thank you very much.

[APPLAUSE]

STEPHEN LEWIS: Thank you so much, Robin. That was an extraordinary slide on food insecurity and gender. I would like

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now to move to Gabriel Rugalema, who is the senior officer on HIV/AIDS and Food Security at FAO. Gabriel, because of remarkable generosity of the World Food Program, you can have 11 minutes. [LAUGHTER] And I turn the microphone over to you.

GABRIEL RUGALEMA: Thank you very much. It's different than I thought, well, for the program provides food. They also provide time. That's very good. [LAUGHTER] We are our partners so we work together all the time. And I'm thankful to be part of what they doing, them being part of what we do.

Ladies and gentlemen, I'm height-challenged but I hope you will see me. [LAUGHTER] When I saw this podium I said oh my god, I want to be seen by the audience. [LAUGHTER] Good.

We have heard of the impact of HIV/AIDS and what it is doing to our great country for security and the nutrition. And I want in the next ten minutes to take you quickly on what we have been doing at the Food and Agricultural Organization of the UN, FAO, to try and respond to these challenges. What is happening now? Yeah. I have the clicker but the thing is dancing. Fine. [LAUGHTER]

So one body of evidence, which has already been aptly presented by Michael Lewis as to what, and Robin, and they are, I look at the implications. At FAO, we agree that there is an urgent need to met immediate food and nutritional needs of populations but also building their capacity for long-term self

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reliance [inaudible]. So what we have been doing is based on the further analysis of the impact, is based on the targeting on both the susceptibility and vulnerability. But we have also been very careful to look at the gender and age dimensions of the impact of epidemic.

And we have also looked then at the mildly level arguing that we have to build the capacity of the communities but also the capacity of governments. If we don't bring this agenda to that agenda of the government, maybe we can't achieve much.

So this slide shows some kind of conceptual map in which FAO designs its activities, capacity building at the national level, capacity building at the local level, nutritional support for people living with HIV/AIDS but access to [inaudible] technologies and innovations, then all these to try and empower vulnerable communities that are infected and affected by HIV/AIDS.

At this point, I want to present but three of the activities that we have been doing. I don't know how I'm doing timewise, but I'm sure I will finish. One of the activities we have been doing is on skills building. This is called the Junior Farmer Field and Life School Program. What is this all about? I think this is a response to increase vulnerability of young people particularly those made vulnerable and orphaned by

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AIDS. Here we addressed the skills and knowledge gaps created by the premature death of parents. We tried to provide safe space for these children to play, to associate, to learn. In short, we tried to extend the [inaudible] of socialization and reintegration into schools and society. We have this program running in about seven countries in Africa now, in southern Africa. But what lessons are we learning from this activity. Is that nutritional support is critical and this is where WFP has been really very useful. These kids come to us when they are malnourished. And you don't expect them to learn and even play if they are hungry. So food supply and food provision is one central activity.

But we have seen that you need to tap into community, some of you utilize community so that these Junior Farmer Field and Life Schools become a community project. You can't do it outside the community. You can't do it outside the government.

I think when you do, you work with kids, you need also to have safeguards to ensure kids are not exploited or abused. It can easily happen. And we also, we are noting that this program is helping to reintegrate the children who have dropped out of school back into school because these programs have been in close collaboration with these schools. There is easy of course, we can demonstrate that is cost-effective and it can be

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easily integrated into existing vocational educational programs. In fact, one country, Mozambique, they have managed to scale it up to I think around 30 schools now. And they want to take it over to become one of the country's vocational educational programs for orphaned kids and the kids in difficult circumstances.

MALE SPEAKER: [Inaudible]

GABRIEL RUGALEMA: For the lessons, I think.

Agricultural and religious I said, and the skills are being acquired. And that's apart from teaching agriculture and interparental skills, life skills are necessary to improve their self esteem and build the confidence among these children. That's we are finding that this program has provided entry points for educational and gender, AIDS, and other social issues that can lead to social change.

So, the other program that I quickly want to tell you about is the program on property and inheritance rights, particularly for widows and children. Here we are talking about poverty but this poverty can't be tackled if we don't address the issue of property rights because property rights is central to poverty is central to vulnerability, particularly for women who lose husbands.

So we have conducted quite a number of research studies in different regions and it shows that property grabbing is

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wide spread. That is a, lots of property reads vulnerability. So what we have been doing is to try and provide technical assistance in police formation, in the property, the prevention of property rights of widows including some formulation of deals. We are working with the Mali government together with UNFBA on this one. We have also been doing paralegal training for NGOs that provide legal support to women and legal support and such information.

The third activity and the last one I want to tell you about is strengthening institutional capacity, particularly government capacity. This one we have mainly been with governments and training of researchers in agricultural institutions and related institutions. So analysis being part of AIDS and production systems and livelihood. But we are also providing technical support and formulation of agriculture and natural resources as strategies on HIV/AIDS and working with different governments from Tanzania to Zimbabwe and others.

This slides shows the first class of, I think, 2003 of the Junior Farmer Field and Life Schools in Mozambique. See how happy and proud they are. They are farmers been able to produce these products. And we hope that such training is really central to the millions of orphans who have been orphaned by HIV/AIDS not only for their skills but also for integration and self-esteem and for the future.

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Ladies and gentlemen, the model of this conference is time to deliver. I want to end by saying it is time to deliver on [inaudible] responses to HIV/AIDS, nutrition, and food security. If we don't we are damned. We need to invest in this area. Thank you very much.

[APPLAUSE]

STEPHEN LEWIS: Thank you, Gabriel. I might share with the audience, this is a complete consequence that just a couple of weeks ago when I was in Mozambique I visited a Junior Farmer Field and Life Schools project and it was astonishingly impressive. And it did invest a great deal of self-confidence and hope in the young people who were involved. We now move to Kenya and lessons from the field, a woman's prospective. We have as the presentator Leneta [misspelled?] Ritz, who is the founder of the GROOTS, the Grass Roots Organization Operating Together in Sisterhood. It's nice to have sisterhood present at this gathering. Come forward Leneta.

[APPLAUSE]

LENETA RITZ: Thank you, chairman. And thank you, ladies and gentlemen, for being here for us to listen to what we are going to say. I came from western Kenya, Sierra District. My organization as you have heard is the Sierra GROOTS. The word GROOTS stands for Grass Roots Organization Operating Together in Sisterhood. It is a community-based organization made up of

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17 women from 40 years onwards. And we only have one youth who is a girl. We have been working together since 1995 and all of us are on a voluntary basis and sometimes through partnerships with other organizations notably CARE.

[Inaudible] Most people rely on agriculture. They grow their own food to earn extra money. The estimated population is 438,000 and this is according to the Bureau of Statistics. That number has grown. In our tradition, land is passed over to sons and no daughters. And the amount each family has to grow food has become smaller and smaller over the years. Over half of households are food insecure.

The HIV prevalence rate is 24-percent which is more than three times the national rate in Kenya. There are many orphans. The National AIDS Control Council estimates that almost 50,000 children in Sierra have lost one of both parents due to AIDS. There are so many that most people are caring for extra children and some children are left without carers. The result is children headed households.

Stigma and discrimination arrive. Now when our organization GROOTS began growing, doing home visitations in 1995, no one what to do with HIV expressions. They didn't know how to handle them. They just didn't know which way to go. They just left them alone. When a woman is infected with HIV, in most cases, the husband and the relatives look at her as the

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one who has brought the disease into their family. So, in most cases, they don't accept her. Instead of accommodating her in the home, in so cases they just in my way back to their mothers. And you can imagine the kind of burden the mothers have looking after the orphans from the sons, looking after the orphan from their daughters and again looking after their daughters who can barely manage.

Now traditionally when a woman loses the husband in so cases they lost - her land and property away. Because in our tradition, land does not belong to women and I guess this is so in many other places in the world. Women use land but they don't own it. So she does though get keep her children, which is also a burden to her. So these women who are already [inaudible] are med [inaudible] and have the extra burden of supporting their children on their own.

Now GROOTS has made a difference. We work with all OBCs. We motivated the community members to donate and cook food at [inaudible] schools. About 2000 OBCs who have lost both parents get lunch and most are girls. We help the children to grow kitchen gardens in their homes and teach them agricultural skills. Some have been able to go for vocational training through support from other organizations.

With the training and support from CARE we have set 87 savings and loans groups for very poor women mostly widows.

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They form groups from of five to 15 members and agree to save an amount of money each month. In each meeting there is they agree on how much to lend and how many people will get loans and the amount of interest they want to charge. When the money is returned, the interest is saved and loaned out again with a monthly contribution. We also help women set up income generating activities like TKOs, fish mongering, vegetable growing, among others. Women now feel richer and empowered.

Because property rights are such a big thing or a big problem, we decided to do something about it. First, we approached the chiefs and talk to them about women's problems regarding property. Now they understand and in most cases, they intervene when in-laws try to take away property. We have also formed partnerships with paralegals for the times when it does not work to speak with the chief.

We have also set up roundtables in all the 87 savings and loans for everyone. We set down with them and the local leaders that is chief, religious leaders, and custodians of culture and discuss matters affecting women. For example, the old practice where a brother takes care of his dead husband's children and protects the wife, this is what is supposed to happen but sometimes the brother sees wife-inheritance as a way to exploit the wife. So he will take away the property in some cases but not only that, he will also demand special care, good

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food, you know, maybe hot water for bathing, and things like that which is too much for the lady who is already widow and has children to look at. This is what is suppose to happen but sometimes the brother sees wife inheritance as a way to exploit the wife.

Property has made this worse. In the old days, there was no property so we tried to take them back to the period of our traditions and at the same time to empower women to understand their rights. And that no one has permission to exploit them. We are happy that now relatives, the local administration, is cooperating.

These are only part of our program. We also provide home based care, not yet nursing, but also cleaning, fetching water, cooking, psychosocial care and support, and have set up or suggest clubs.

Now what are the lessons learned? When we help vulnerable people whether they are OBCs or widows become more financial secure and they are able to grow their own food, their level of dependency on other community members is reduced. This helps them to regain their dignity. And in the case of people living with HIV/AIDS it also helps to reduce stigma. Now since we started working with CARE on [inaudible] it is popularly known back home as KKH and is very popular and successful with women. Now we started working with the

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[inaudible] on this program we have noticed that the people have become more friendlier. They seek one another, they share ideas, they love to gather, they sing together. Now they are all one large family. They share ideas and it's a happy community. Thank you.

[APPLAUSE]

STEPHEN LEWIS: Well, let me reinforce your thank you of Leneta Ritz. It's really moving and important to hear what these extraordinary grass roots organizations do. A small NGO, a community based NGO dealing with orphans and property and home based care and food and integrating them all together so that you induce an atmosphere of hope and a diminution of stigma and a feeling of happiness in the community. Its amazing to see. I know there are many, many people in this room who are witness to it.

We go to our last speaker who is Siphwe Hlophes. This is easy for me because Siphwe I value as one of my closest friends in this awed life in the world of HIV and AIDS. Siphwe had Swazi positive living, people living AIDS, women living with AIDS, in Swaziland. It is in Swaziland, one of the most notable and formativeable organizations and I'm delighted to invite Siphwe to take the microphone.

SIPHIWE HLOPHES: Thank you chair, thank you Stephen Lewis. I'm Siphwe Hlophes from Swaziland [inaudible] Activity

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Living and women living with HIV and AIDS. I'm Siphwe Hlophes from Swaziland from an organization of women living with HIV and AIDS. We called our organization Suffer. I'll just give you a brief background. Suffer was formed in 2001. We were five women who had experienced all stigma and victimization by our in-laws and the community at large. From 2001, we are now 1250 women living with HIV and AIDS infected communities.

Our main goal is to provide the quality of life for people living with HIV and AIDS, affected families, and our orphans and vulnerable children. But here I'll be giving you the field experience. What are we doing at the field level? Then I've just taken the two objectives and our food security because we have some many couplelessness [misspelled?] in our organization.

One of our objectives is ensure food availability at household level and then the other one is promote the status of people living with HIV and AIDS. We want to empower them on economic and livelihood projects. Then let's give the couplelessness and why would security to us living with HIV and AIDS. As our first speaker has mentioned that, it is very important that we get food and nutrition. We have to have food security at household level. As a person living with HIV and AIDS, you need food supplement. To this, we can off our immune system.

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What is it that we are doing as supplement and our food security? We are having various activities that we are doing at a community level. One, we are processing food and then our first activities that crop production. We have secured 11 hectares [misspelled?] of land where we are growing varieties of crops, groundnuts, beans, maize, and choco [misspelled?] beans. This is part of our nutritious food in Swaziland. If you look at the variety of these crops, we have nutrition in starch that is needed by our body.

Then we are also growing – also growing vegetables. What we have done so far? We have initiated the support of people living with HIV and AIDS to grow vegetable at community level. As you are seeing this woman in her vegetable garden. She is trying to weed. Then this – What is it that we are doing with our vegetables? We use our vegetables for food consumption and we also sell our vegetables to make a living.

Then another activity we are promoting the bouquet gardens, herbals. As I have said before that we are also promoting the livelihood and the nutrition at our orphans and vulnerable children. Here we are promoting the bouquet gardens for child headed household. You are now seeing the children that are weeding in their bouquet garden. Sometimes here you call them kitchen gardens. It's just a small garden that can be managed by children.

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We have a livelihood project that is in production. The project is forecasting on the seedlings production for planting. From this garden, from this project we usually take our seedlings, we distribute them to people living with HIV and AIDS for promotion of food security and good nutrition and if our promotion of establishing their own bouquet garden. We also sell the seedlings for our local farmers to end up a small living. And then the food that are produced from our farm, indeed the vegetables that was produced from our garden, we are feeding our orphans. That is [inaudible] that just called the neighbor with care pint where orphans are getting meals today, one in the morning, one in the afternoon.

Before I go to challenges, I would just want to give you the lesson that we have learned so far. One we are saying as people living with HIV and AIDS if you heard, adequate resources or to [inaudible] can empower people living with HIV and AIDS at a community level. And then good nutrition can also prolong our life because they substitute our immune system. And then people living with HIV and AIDS, people living with HIV and AIDS can maintain their project if they are well capacitated as you have seen on our slides. Then obviously [inaudible] household can be provided with food if you make sure that you empower the young ones on parenting skills and

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then they can keep their, they can be happy, and then they can have food at household levels.

Challenges that [inaudible], we have - we are having patience so far. One is the inadequate funding for food security. Most of the - they don't know what we realizes in organization. They want to give hand out whereas we wanted to be empowered, to grow our food so that we can get fresh food [APPLAUSE] from the garden. Then the other challenges that we have there is more demand for food security to support - to our support groups of people living with HIV and AIDS. That is a great demand. In Swaziland, we don't have big industries. We are only on the agricultural country where we can grow a lot of food.

In my conclusion, chairperson, I would say behind a successful program there is a woman. Thank you.

[APPLAUSE]

STEPHEN LEWIS: Siphwe will be embarrassed by this, but let me inform all of you that last Monday night at an extraordinarily moving gathering of African women from this conference, many of them leaders, a combination of Action Aid and the African Women's Development Fund and the Open Society Institute Fund for Women and dealing with AIDS, they got together and they created the first inaugural Fighting Spirit Award and they conferred it upon Siphwe. [APPLAUSE]

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We are now ready to enter the question and answer period. There are microphones, microphone three, two, and one. And I'll call them in order as I see them. May I ask those who come to the microphone to identify themselves and to ask a question with brevity or if you are making a comment, exercise even greater brevity? Let me move first to microphone three.

FEMALE SPEAKER: Thank you. First of all, let me bestow my congratulations on all of you for the incredible work that you are doing in reaching out to these vulnerable populations. I really appreciate it. [APPLAUSE]

Now to my question. I was just wondering many of you have spoken about networks and areas in which you are reaching out to orphans in particular. And I was wondering if any of the areas at which you are providing them education and opportunities to network with other youth, if you are referring them or so an opportunity to receive sexual education and if you were, and what sort of education you are providing to them.

STEPHEN LEWIS: Leneta or Siphwe, do you want to, you both mentioned orphans extensively in your remarks.

LENETA RITZ: Thank you, chair - Can - is it okay?

STEPHEN LEWIS: Yeah.

SIPHIWE HLOPHES: Thank you, chair. We are involved with our orphans but we don't provide sexual education. That is still debated in the ministry of education whether it should be

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under, it should be included in the curriculum or not. But the [inaudible] are – it's a society that has – that have defined themselves as people with their custom and the cultural practice that doesn't allow sexual education in school. But what we have done so far with our orphans into neighbor with care point, we have managed to mobilize funding for them to go to school. We are supported by one of the charity organizations in UK. And that is a great achievement for us where we are that is not even one orphan who is not at school. Thank you.

[APPLAUSE]

STEPHEN LEWIS: Let me go to microphone two.

BARBARA BRILLIANT: Yes, My name is Barbara Brilliant. I'm from Liberia. I have been working there for 30 years. We have been – I'm with the Catholic Church. We have working HIV/AIDS for, since 2001. As you know, we are just coming of war. We have 85-percent unemployment but my question goes to Robin. The WFP could do more I think. Right now, we have people living with HIV/AIDS who are kept on single rations. And I think women who have been put out of the household, who have three, four, five dependents need family whole rations.

[APPLAUSE]

ROBIN JACKSON: No, I couldn't agree with you more. And in terms of what I would say WFP policy is to talk about instead of just feeding the patient, also to be making sure

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that families have enough to eat. One thing I think that everybody in this room needs to understand, WP is voluntarily funded organization. We depend on donors. If we are cutting back rations, it's because donors are not funding these kind of programs. We look to you to advocate on behalf of all of those people - for example, in Liberia and elsewhere, who are on treatment, who are in home-based cares, et cetera, who do not have enough to eat. Thank you.

[APPLAUSE]

STEPHEN LEWIS: Microphone one.

MALE SPEAKER: Thank you. My - just to make some connection about the organization [inaudible] in Nairobi. These are comments. Policy has just been mentioned. One thing that hasn't been mentioned is the trend. The waste of trade and food situation [APPLAUSE]. We are being treated as objects of mercy. When you take away what is ours, we are taking a cup of [inaudible] from dollar. Two kilos of coffee in Africa can't give you a dollar. That must be dealt with. Our colleagues from the West, stop that. [APPLAUSE]

Two, [inaudible] should I been here for us to place. We are not seen her. Agricultural Extension Services have been [inaudible]. How will people living with HIV start paying for agricultural extension services? There are Siphwes that are doing a good job and Lenetas who are a good job but people's

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rights have been taken away. Extension services are social services but now they are commercial services with the support of well depart and many countries including Uganda have taken off in that [inaudible]. We must stop that. That is what [inaudible] [APPLAUSE]

Finally, I would like to say our colleagues in the north in this meeting you are looking at just in Africa, there is people who need you. Please we are partners. We need to - you had your chance in the north when it comes to trade and agriculture. It could liberate the widow.

[APPLAUSE]

STEPHEN LEWIS: Strikes me that there is a greater possibility of sexual behavior change and response to the pandemic than there is the possibility of behavior change in the western world in response to trade. [APPLAUSE] Microphone three.

CARRIE OSBORNE: Thank you. My name is Carrie Osborne. I work for Save the Children. I'm also a director of Fundway Farm Limited, a social investment farm in a poor and remote area of Malawi. The land is farmed by small farmers growing maize, sorghum, beans, and vegetables for seed, which is sold to other farmers to grow food. A problem that we face is the inconsistency of government policy year on year affecting our ability to plan we what grow. Some years, the government buys

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the seeds for targeted inputs, which is great. Some years, seed is imported or donated by foreign governments hence affecting the marketing of the seed. A farm tries to plan what it grows on a three-year rotation cycle. If a government does not have a long-term policy, we can be wrong every year. Farmers risk growing the wrong crop and hence earn nothing.

How can we and FAO work with governments and agricultural ministries and donors to create stable policies to enable farmers to plan to enable them to reduce food insecurity and vulnerability?

[APPLAUSE]

STEPHEN LEWIS: Thank you. That was a question combined with a comment. I'm going to turn it to our colleague from FAO.

GABRIEL RUGALEMA: Hello. I think that is a valid question and I think it's part of our quest to try and put AIDS on the government agenda. Not only in Malawi, but I think many other places, existing agricultural policy doesn't always work to the advantage of vulnerable people in particular communities affected by HIV/AIDS. I think specifically for Malawi, one opportunity is that the ministry of agriculture has just released its policy on HIV/AIDS. And it talks about some finesse and equality in agriculture trade and how meet the needs of vulnerable people but I think one of the good opening that there is, is that the government has asked the ministries

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of natural resources and ministries of agriculture to come with one central strategy. And that central strategy is being formulated now with the support of FAO and I think such feelings are part of what we ought to put in there.

I think if you contact FAO in Malawi, and continue to contact me, that's one thing that I will make sure that we put it on the - in the policy and see how we can support that.

STEPHEN LEWIS: Thank you, Gabriel. I suggest you make direct contact with Gabriel before we leave the room.

Microphone two.

CORT RUBEN MARIRUE [misspelled?]: Yes. I'm Cort Ruben Marirue [misspelled?] from Chitma [misspelled?] Community Based Care Program in Uganda. First of all let me thank all the foundations, the Stephen Lewis Foundation, for like foundation who have [inaudible] many ceibels of which fall into my category of prospect in this world [inaudible]. Thank you very much. [APPLAUSE]

My first question is you talked about food security but I've not heard anything regarding the food supplements which would be given to children who under the [inaudible] service. If we are to prevent mother-to-child, we need to talk about the supplementary feeding of the children under this conference. I don't know what you can do about it as work for the program. Second point is that wonderful program, actually give self a

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hand people to get relief in some areas, in some parts of my country and other parts of Africa but while they are withdrawing, they don't have an sustainable kind of approach of how people can continue to sustain themselves after receiving that relief. I would wish to know your criteria. I would wish to know your strategy while we are withdrawing, when you are giving out relief to people. How should they really sustain them and remain but their health is just diminishing and they cannot produce food. So I want that area to be addressed. Then lastly -

STEPHEN LEWIS: No, you have already had the last -

CORT RUBEN MARIRUE: Thank you.

STEPHEN LEWIS: - statement.

CORT RUBEN MARIRUE: Thank you very much. May God bless.

STEPHEN LEWIS: Thanks. The two questions PMTCT and the second question on withdrawing the food.

ROBIN JACKSON: Concerning PMTCT and food supplements for children, I mean I think that this is one thing that in this conference there is exactly one session on this topic. It's been completely missing from the entire five days of events and its something that we absolutely need to look into.

In terms of WFP and our policy, we stick with the UNICEF and WHO guidelines. Right now on exclusive breast-feeding for six months. There is a lot of data out there which

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strongly suggests that this is much less dangerous than actually providing mothers with any kind of substitute milk or formula.

In terms of relief and I think that what you are talking about is transiting to sustainable livelihoods. This is something that we are extremely concerned about. And we are also looking for other partners. WP does not operate all by itself. It operates within a community of service providers, humanitarian workers, local NGOs, et cetera. What we need to do is to make sure that the kinds of relief assistance that we are giving dovetails into what we would consider to be more sustainable livelihood support. This is exactly the kind of program that we are doing with FAO, with the Junior Farmer Field and Life Schools. Gabriel?

GABRIEL RUGALEMA: Yeah. Just to echo quickly what my colleague Robin has just said. I attended that session I think two days ago in which we talked about ready to use therapy. What FAO has been doing in Malawi working with the National Nutrition Rehabilitation Units is to try and give this ready to use therapy to children. They are admitted for about 30 to 90 days, but one of the things that convinces me that we need to move to dovetail these with sustainable food security is that 25- to 50-percent of the kids are then admitted within three to six months which tells me - I mean you admit them, you give

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them nutrition, they go home, they starve, they come back. We need to break that safer.

[AAPPLAUSE]

STEPHEN LEWIS: Thank you, microphone one.

MALE SPEAKER: Thank you. My name is Boga [misspelled?] Fitzgerald [misspelled?] from Botswana. I work for NONCALF [misspelled?]. My question goes to Gabriel. Why have you restricted your useful projects the seven countries in southern Africa when it is clear that they are so useful and could be useful to the rest of the region, if indeed it time to deliver? Thank you.

[APPLAUSE]

GABRIEL RUGALEMA: [LAUGHTER] A very difficult question, but let me say one thing that those who work in this field especially at the very beginning, it was very difficult to explain to the skeptics that a) nutrition and food security is important for HIV/AIDS, even today. So, what was the consequence is that we don't have enough resources to roll out the program where we would like. And that's why such session like this one should really play the role of advocacy in trying to - what, bring in more funds. So, these useful programs are not confided to small villages in tiny countries in the middle of nowhere but they are rolled to help many people, many needed people as possible. So, I think that it has been a question of

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resources and this question of resources really needs to be resolved.

STEPHEN LEWIS: Thank you, Gabriel. Microphone three.

ZOIE DEAN SMITH: Good morning. My name is Zoie [misspelled?] Dean Smith. I'm a Swazi born in Swaziland, living in Swaziland, and working with 700 real rural Swazi women who make handcrafted and tableware products which we export to 32 countries around the world. Up until this morning, I had never even heard of SWAPAL which I find amazing because we have such a small country. So I would to say first, I would like to congratulate you on what you are doing.

We have just recently registered a nonprofit company so that we can address the same issues for our rural women. So at end of this session, I would like to get your details so that we can work together and help each other because I love what you are doing and we can make a big difference together in Swaziland. That's my first comment. [APPLAUSE]

My second is just to say in response to a comment earlier that we have been working with the World Banks International Finance Corporation for the last two years. They have given us invaluable technical and financial assistance in ensuring the sustainability of our business. Thank you.

STEPHEN LEWIS: You know, it doesn't surprise me. Microphone two.

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PHENIA PERRY: Hi, My name is Phenia Perry. I work as the HIV coordinator for Tifan's [misspelled?] Management Team. We are currently operational in nine countries. My question is for Stuart. You talked about the relationship between HIV, food security, and gender. I wondered if you considered conflict and post-conflict issues within this context. I think this is very important in countries of low evidence like southern Shaft [misspelled?] who are in post-conflict situation. And they may not see HIV as a top priority but they have all the signs of vulnerability towards HIV.

STUART GILLESPIE: Thank you very much. Absolutely, I think it's extremely important and its extremely neglected. There is actually just - Well, we have a study in the renewal network, currently in the field in Northern Uganda, looks at gender based violence and the interaction of food security and risks of HIV/AIDS. That is one but there are several others but not enough. Also, with regard to the interaction - with regard to conflict and refugees and nutrition and food security, there is just - to know there has just been published a useful best practice paper by UNAIDS on that issue. But I think it is an important issue but it is neglected.

STEPHEN LEWIS: Its an excellent question and if I may say, in all of the countries coming out of conflict, whether its Sudan or Angola where the prevalence rates are either very

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low or as yet unauthenticated, there is great concern. There is enormous concern in those countries about what is going to happen and how to contain it.

Can we go to microphone one?

KATIE GREENWOOD: Thank you very much. And thank you to all of the panelists and thank you to all of my colleagues here today as well for all of your very truly excellent work in this area. My name is Kate Greenwood and I'm from Partners in Health. We are a health and human rights organization working Haiti, Peru, Russia, Rwanda, Lesotho, and Boston.

I first actually wanted to make a quick comment about breastfeeding and mother-to-child transmission, for those of you who are interested in seeing some very convincing data around the non-mother to child transmission - the prevention of mother to child transmission. I encourage you to stop the Partners in Health booth and pick up a copy of our poster on our project in Haiti, providing formula supplements in an extremely resource poor setting and the excellent results we have had with that program.

My question is related to a topic we haven't actually addressed here which is the fact that a lot of agriculture in Africa is treated as a mining operation where the sensitive soils and minerals of Africa, those that are relatively good are devoted to cash crop production and exported to the rest of

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the world at extremely low costs. At the same time, very low nutritive varieties of maize and other exotic crops are extensively promoted by international financial institutions and by proxy by ministries of agriculture in many southern African countries. My question is as a health and medical community we – how can we better advocate for higher nutritive varieties of crops for use by subsistence farmers in Africa. And I'm not talking about the development of a new drought tolerant high nutritive value maize. We already have something like that in Africa and its called sorghum. So how can we better promote local crops and [APPLAUSE] better support the need for, for getting rid of this extractive agriculture industry in Africa. Thank you.

[APPLAUSE]

STEPHEN LEWIS: Gabriel. Do you want to say something about that? Are you concerned about your relations with the international financial institutions? [LAUGHTER] Would you like to respond?

GABRIEL RUGALEMA: No. But still –

STEPHEN LEWIS: Go ahead, Stuart.

STUART GILLESPIE: I mean, you are absolutely right. I mean this applies even without HIV. This imbalance and this exploitation on a macro level and how to generate incentives for that to happen. But what HIV is doing is showing – in many

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levels, HIV shows a fragility of systems, livelihood systems in this case. National level systems so its yet another – I don't have the answer. But I mean it's just throws the whole thing into relief.

STEPHEN LEWIS: Turn to microphone three.

MARIA TOWENINA: My name is Maria Townina [misspelled?] I come from Zimbabwe. I work for CARE International in food project as the HIV/AIDS specialist. I am definitely privilege to like read around. And I also found this declaration, the UN declaration that was met in 2001 and the other one in 2006. That was a revision one, which says "resolve to integrate food and nutritional support with a goal that all people at all times will have access to sufficient self and nutritious food to meet their daily needs and food preferences." For an active and health life is part of the conference respond to HIV and AIDS. And I was privileged to attended the Africa Forum 2006 where we are actually looking at HIV and AIDS and food insecurity as a [inaudible] epidemic.

I remember all this from actually a declaration, actually came out, and this things or these policies or declarations of the – but how then do we make them happen. How do we make them, an impossible real to the communities where we are coming from? Thank you.

[APPLAUSE]

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STEPHEN LEWIS: Anybody want to take a crack at answering that? How do you make this stuff real?

GABRIEL RUGALEMA: Yeah. Maybe I offer a small comment. I think there is always a what - a, some difference between rhetoric and the reality. Sometimes when we craft these resolutions we really don't look at what it will take to implement and to monitor and to make sure that things are done. I mean in terms of implementation, when we talk about it before reaching everybody, do you have such infrastructure? Do we have the resources to ensure that this happens? How can we monitor this system and stuff like that? So, I think its good intention but it needs resources to accompany it and ensure that it becomes a reality. Otherwise, it remains rhetoric. It could as well as been nice for those leaders to stay home and do good things rather than be creative with the world if they want to solve problem which they are not solving.

STEPHEN LEWIS: Gabriel, I think you're right. And I would respectfully suggest that at some point in time, United Nations organizations that are involved in this process should not find themselves trapped by the rhetorical factutary of many of these resolutions and clauses. On June the first and second last the United Nations brought everyone together as you will know for the second declaration of commitment under UNGAS and article 28 read and I quote, "all people, at all times, will

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have access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life as part of a comprehensive response to HIV and AIDS."

All people at all times will have access. There is something deeply offensive about the entire world subscribing to that kind of proposition and then doing so little to achieve it. [Applause] And it's important [APPLAUSE] And it's important it seems to me for United Nations agencies not to be complacent in the rhetorical hyperbole of governments. That is what the United Nations is there for. [APPLAUSE]

Let me move to microphone two.

THEARINEA [misspelled?]: My name is Thearinea, I'm from Mozambique. My first question is Gabriel. The majority of farmers in southern Africa are woman so I was wondering if you have ever thought of extending the junior farmer fields schools to womans where they can also get life skills and agricultural skills. And my second question is that in Africa most of the economy is dependent on agriculture so what mainstreaming HIV and AIDS in agriculture because the agricultural extension workers go to those places where the community needs to work. And we found that that has been very successful so I was wondering if you have thought of doing that maybe even with the ministry of agriculture.

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STEPHEN LEWIS: Gabriel?

GABRIEL RUGALEMA: Yeah. Yeah. Good. Maybe a small background the farmer field schools is a off shoot of the, what started as an IPM, integrated pest management, in Asia. It has been extended to Africa. So yes, the farmer field schools for women, for men are part of the FAU food security programs. and there must be farmer field schools in the countries that you come from because they are as I said, part of the comprehensive program on food security. I don't have particular examples in which countries how many farmer groups have there. But I think they are part of our sort of extension approach and they have been promoted in most African countries.

Regarding to working with the ministries, we have been working with the different of Africa not for resources on integrating HIV/AIDS. I can cite specifically Malawi, Zambia, Tanzania, currently Zimbabwe and Gambia.

STEPHEN LEWIS: Robin, did you want to add something?

ROBIN JACKSON: No, I just on behalf of FA and to talk about their programs for them, I just wanted to say that in fact in the IPM, the integrated pest management, they do have components on prevention education and prevention awareness for HIV. And it's been a hugely successful way to get this kind of information to men as opposed to only targeting women.

STEPHEN LEWIS: Thank you. Microphone one.

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LEHOU SINGER: Thank you. My name is Lehou Singer and I'm from McMaster University here in Ontario. And my question is actually with regards to global warming and food security. I think we can all agree that global warming is not something made up anymore. That there is really good evidence that summaries nicely by Al Gore's recent film, *The Inconvenient Truth*, but I'm wondering what kind of discussion is going on about global warming and food security in Africa as we can now recognize that it's not just ice melting north the 60th parallel, but that it's going to be a global problem and already probably is. Thank you.

STEPHEN LEWIS: I think you are - it's a good question but I think it's venturing slightly far afield. And I would like to keep this if I may in the few minutes that are left to the question of gender and nutrition and food security and AIDS. Microphone three.

RACHEL BENIZER-CURRENT: Thank you. My name is Rachel Benzier-Current. I'm at the University of Western Ontario and I'm working with an agricultural and nutrition project based at Quiddity [misspelled?] Hospital in Malawi. So, I have two brief questions. The first is to Robin, and it's actually a somewhat technical question with regards to your definition of HIV affected families. Given the important role that grandmothers play and that has been highlighted in various parts of the

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conference, where do grandmothers who have taken in orphans fit into the picture of HIV affected households? Because it seems according to your definition that they might be missed in that statistic. So, I was interested in your response to that. And I wanted to direct my second question to Siphwe, Quiddity Hospital has also been involved in trying to produce food that they then distribute to orphans and vulnerable children. I was interested in your neighborhood care points. Given that people living with AIDS face labor issues in producing food for themselves, is the wider community involved in also producing that food for neighborhood care points? And have you had difficulty, if so, in garnering the interest of the local community in helping to produce food for those orphans and vulnerable children? Thank you.

STEPHEN LEWIS: Thank you. Those are awfully good questions. Thank you for asking them. First, Robin.

ROBIN JACKSON: The grandmothers that you were talking about are most likely in that 71-percent of female headed households where are in the poorest and most food insecure category. That is where they are captured. The other place that they will probably be captured as well has to do with the number of orphans over three and in the poorest category. So yes, I think they are an important group. And in terms of our kind of

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data, I think that we can, I think that we can capture this.

Thank you.

STEPHEN LEWIS: Thank you. Siphwe.

SIPHIWE HLOPHES: Thank you, chairperson.

STEPHEN LEWIS: Can you move the microphone a little bit closer to you? Thank you.

SIPHIWE HLOPHES: Thank you, chairperson. Actually, what I would say under - I will divide the question into two parts. One on the labor that is provided by people living with HIV/AIDS, when you are HIV-positive, it doesn't mean that you are weak, you cannot work. So when you are AIDS blown-out, it's where you cannot go to the garden and do the work. But till right now we are [inaudible], we can produce the food at the field level so labor is not problem.

And then the second part, we have already mobilized the community to assist in the labor. If ever there is a problem, we can request the commute of the guardians of the orphans to come and support us in our field. That has been shown as a positive support from the community.

STEPHEN LEWIS: Thank you. The neighborhood care points in Swaziland are really fascinating. It's a sort of mutual activity of WPF, UNICEF and SWAPAL in community gardens and preparing food, nutritious food for children. It does quite unusual job of meeting some of the food needs for orphans and

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vulnerable kids. It has not been tried in other countries. its
an excellent innovation. Microphone two.

SEAN LINBELETTER: My name is Sean Linbeletter
[misspelled?]. I'm from Ethiopia, working with FAO as national
consultant on health, nutrition and HIV/AIDS. I don't have any
specific question but to compliment [inaudible] my fellows from
FAO and WFP same from the epidemic experience. And as you tell
we have been working on up shading the linkage between HIV/AIDS
and agricultural sector and nutrition. From our brief
observations that we make we observed that there is - the
linkage is not whether [inaudible] even by police in Meccas and
by implementing partners at low levels. We are working more on
trying to integrate HIV/AIDS into the agricultural sector. In
addition to that, we have also identified that there is old age
gap and for that purpose, we are trying to integrate HIV/AIDS
into the curriculum of the agricultural training for cities and
health training facilities. Certainly, we have tried to develop
a nutritional care and support manual for people living with
HIV/AIDS, which is serving as a guideline for caregivers and
for health workers and for the agricultural extension worker.
What I would like to bring to the adaption of my -

STEPHEN LEWIS: I'm going to have interrupt you and say
that whatever you have brought to the attention so far will

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have to suffice. Thank you very, very much, sir. And microphone one.

FEMALE SPEAKER: Thank you for this opportunity. First, I want to applaud the work that the women are doing. And I just wanted you to give me or share an experience with me, probably just enlighten me on how you deal with the situation of child headed homes. I don't know if you have such - so many such cases and how do they because a lot of them probably lose their [inaudible] you know all other things. So how are they part of the program that you are running in [inaudible] agriculture and providing food for them? Thank you.

STEPHEN LEWIS: May I suggest that Leneta and Siphwe respond to that and then I'm going to call the session to a close because, in truth, this session is gradually emptying itself in any event. Go ahead, Leneta.

LENETA RITZ: Thank you, chairman. Now the issue of child headed homes is not a very easy thing to deal with. In the first place, they are young to care for themselves. And they don't have enough resources to look after themselves. So in most cases, it is the community that try to assist them get their level, get food, get direction, and which way to go. But it's not a very easy thing. Thank you.

STEPHEN LEWIS: Siphwe, do you want to say something about child-headed households?

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SIPHIWE HLOPHES: Thank you, chairperson. I'll try to get – it is very hard to work with these children because sometimes we find that there is no food on the table. They don't have even clothing. But what we usually do, we give what we have. Or we just go to our friends, the Stephen Lewis Foundation, [inaudible] please [LAUGHTER]. The foundation we just request for some food supplements and so on so some food pushing so that we can give it to them. Sometimes we mobilize the community to take care of them, to visit them, and check how are they. But there is a problem that we have encountered so far. The problem of the young girls being abused by the relatives in order to put food on the table. That is now the problem we are facing so far.

STEPHEN LEWIS: Well, that is a difficult issue with which to end the discussion but on your collective behalf I want to thank this quite excellent panel. And I would like to thank you.

[APPLAUSE]

I would like to thank all of you for engaging in an exchange, which was productive rather than protracted. I hope that the remaining sessions today and tomorrow as the conference draws to a close will engage your equal enthusiasm. Thank you immensely, everyone, for being here.

[APPLAUSE]

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