Review Mission
Of project:
UNDP-FAO Mobilisation and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to Reduce HIV Vulnerability

(5-15 March 2001)

By Jacques du Guerny, Consultant

I. Terms of Reference

The Reviewer is to
Determine the following:

i) Whether the model works (*see section III on Project for a brief presentation of the model)*;
ii) Whether the approach has the potential of being expanded beyond the initial 10 villages in Cambodia; and
iii) Whether and in which countries in the Greater Mekong Sub region would be suitable and interested in adapting the model.

In view of the emphasis placed by FAO and UNDP-SEAHIV on the field visit, as well as on the basis of the discussions with their two representatives, the review has been centred on the examination of the implementation of the model. The issue of expansion was also explored and is very important, but the specific issue of countries *interested* in adapting the model was beyond the scope of the review, as the Reviewer did not visit other countries of the GMS.

II. The Review

The information collected was in the form of documents (see list in Annex 1), a field visit of five days along Route 5 (see Annex 2) and discussions with Cambodian officials joining in part of the field visit and in Phnom Penh as well as with several experts not involved in the project (see Annex 3 for a list of Cambodian staff of the UNDP-FAO HIV Community IPM project.) Debriefing meetings were held with H.E. Tia Phalla, National AIDS Authority (NAA), with Ngin Chhay, National IPM Coordinator, MAFF, with Mr Jean Claude Rogivue, Deputy Resident Representative, UNDP, combined with the UN AIDS Theme Group (Ms Motoko Seko of UNFPA) at the end of the field visit. H.E. Tia Phalla also participated in this last meeting. The scheduled debriefing with the FAO Representative did not take place as he cancelled it at the last minute and it could no more be rescheduled.

As mentioned, several Cambodian officials joined the field visit at various stages, which facilitated exchanges besides their gaining first hand knowledge of the project:

Mr Nuth Sakhan, Director of the Department of Agronomy and Agricultural Land Improvements, MAFF.
Dr Ouk Mardy, Technical Assistant of the National AIDS Authority (NAA).

Dr Sar Hong, Head of the Provincial AIDS Office, Pursat.
Mr Tea Phauly, National Programme Officer, UNDP.

The FAO Community IPM Country Officer, Robert Nugent responsible for the implementation of the project as well as the outgoing project coordinator, Ms Kep Sokunthearath and her successor Ms Ngoun Sokunthea organised the field visit and accompanied the Reviewer. Dr Lee-Nah Hsu, Manager of the UNDP South East Asia HIV and Development Project, and funder of the project also participated.

An interpreter, Mr Lim Vannak, with a background in agriculture, assisted very effectively the Reviewer.

The field visit served several purposes: observing the various kinds of activities taking place under the project ranging from Farmers Life Schools to Farmer Trainers follow-up meetings through visits to a HIV/AIDS widow, orphans, brothel and karaoke areas, meeting with the Cambodian staff involved in field coordination and training (e.g. Ms Vuthang) and, very important, observing the adaptations by the farmers of the project to their local physical and human environment.

The Reviewer would like to gratefully acknowledge the support he received from all he met during the mission and the willingness and openness of all in providing information, starting of course with the farmers themselves.

Following the field mission, it was decided that the Reviewer should visit UNAIDS in Geneva in order to alert them to the interest of the Project. UNAIDS organised a series of meetings with its Division Directors and a number of their colleagues. The Reviewer appreciated this opportunity to present the project and listen to reactions and comments, which stressed that this kind of project was very much in line with a new strategy of UNAIDS centred on the individuals at local level. UNAIDS offered to place the project brochure (Staying Alive along Route 5) on its web site.

III. The Project

The reader is invited not to skip this section because it is important to be aware of and understand the originality of this project and the difference in nature with other existing projects in rural areas, which can also be participatory and community based. Superficial similarities should not mask the differences.

A. The concept and its innovative nature

In rural populations, agricultural production is at the heart of the farm-household and community concerns, economy and culture. The farmers' areas of expertise are focused on their fields and production processes. The idea was therefore to use this base where the farmers feel concerned and relatively confident as the base to build HIV resilience on: the farmer becomes the centre of a complex and dynamic system, which he can understand and intervene in.

1. Why is Integrated Pest Management (IPM) a good starting point?

In order to answer this question, one needs to briefly explain what is IPM and how farmers master the processes involved. The explanations provided here do not aim at presenting fully IPM *per se*, but only what is relevant from the perspective of the present project[1].

IPM is a combination of *management strategies* that farmers use to minimise the impact of pests and diseases on their crop. The emphasis is on *sustainable production* through the conservation of the natural diversity of their field. This is accomplished through a better understanding of how their (the farmers) management *decisions affect the ecology* of their field. The Reviewer has highlighted in italics excerpts from the project document. Four important points need to be emphasized: IPM corresponds to a systems approach (and not to a sector one) and recognises the complexity of the systems in the field. IPM also deals with processes over time and both the dynamics and stabilities of systems. IPM is concerned with the impacts in different time frames (short, medium and long term) of the farmer's decisions on the systems. Finally, IPM puts the farmers at the centre of the decision-making process as they can see the results and have to live with the consequences.

Farmers learn to master IPM and make it their own for their own fields through the Farmer Field School (FFS). The participants are volunteers and include farmers of all ages and an equal number of men and women. The FFS aims to build farmers' analytical capacity and decision-making skills and raise both awareness and confidence. The FFS takes place in the farmer's own field during a full cropping season. Experiments are conducted to assist farmers to recognise the different elements of the agro-ecosystem and understand the dynamic relationships between them. Each week farmers summarise their observations from the field by preparing agro-ecosystem drawings, which are used as the basis for group discussion and decision-making. NB. This last point is important in communities with high rates of illiteracy.

Through IPM as a framework, through their own fields as laboratories, processes under their control and within their resources, farmers become able to conceive of systems, their dynamics, and the possibility of designed interventions in order to achieve certain results. They come to realise that just as Molière's character in the "Bourgeois Gentilhomme" produced prose without being aware of it, they produce systems. In fact, the Reviewer found the process very similar to the Socratic *maieutic*[2] expounded in Plato.

2. From the Farmer Field School to the Farmer Life School

[1] For a complete presentation of IPM, one can consult the FAO web site: www.fao.org and then search "IPM" or go to www.communityipm.org

[2] Maieutic : relating to or resembling the Socratic method of eliciting new ideas from another. Merriam Webster's Collegiate Dictionary.

Equipped with such a background, the project hypothesised that the farmers would be ready and open to understanding other development issues including HIV/AIDS if they were introduced in the same way as their familiar agro-ecosystem. As noted in the project document, the FFS are not an end in themselves, but rather a good starting point for the development of a sustainable agricultural system in a given locality. The discovery-learning process of the FFS generates a deep understanding of ecological concepts and their practical application. *This ecological approach of identifying problems and finding solutions has been applied to pests but could be transposed to HIV/AIDS and the understanding of human behaviour and development (Reviewer's emphasis).*

This is the core concept of the project. It differs from usual HIV/AIDS projects, in particular because it is not aiming at explaining through health related messages what HIV/AIDS is and how to prevent infection (e.g. through condom use.) It aims at identifying root causes of general vulnerability to HIV infection in situations of low levels of development and at increasing the resilience of farm-households through their attacking the root causes on the basis of their analysis of their situation and resources. More concretely, for example, whereas the usual project approach aims at convincing a youngster to use a condom, a development approach brings the farmer to realise that gambling can lead to indebt ness and eventually to loss of land which in turn can force a daughter who has no skills outside of farming to leave the village and work in a karaoke where she is exposed to the risk of infection by HIV.
It should be noted that there is also a positive feedback towards agriculture as illustrated in one of the IPM manuals: "Extensive rat damage is a *symptom* of a community with no leadership" and in order to explore the prevention of rats "Keep in mind the most important component of the rice ecosystem – MAN as farmer, as politician, and as extension worker. They are three different biotypes"![3] One thus can perceive that positive synergies can be created thanks to the better understanding of the role and impacts of people on the agro-systems analysed.

B. The location

It should be noted that the project is located in villages *along or near* "Route 5," a major highway that links Thailand to Phnom Penh and continues on to Ho Chi Minh City in Viet Nam. The project is not located in any specific administrative unit (e.g. district or province) as it is based on the assumption that population movement and mobility systems not restricted by administrative boundaries play an essential role in the spread of HIV[4].

[3] Facilitator's Guide to Community based Rice IPM Programme Development by Farm Families. FAO Inter-Country Programme for Integrated Pest Management in Asia. Manila. 1996.
[4] Population Mobility and HIV Vulnerability in South East Asia: An Assessment and Analysis by Ronald Skeldon, UNDP-SEA HIV and Development Project, February 2000.

Although Route 5 is presently in a very poor condition, there is still sufficient population movement for it to be a channel through which HIV spreads[5]. Route 5 is going to be rehabilitated in the near future – preliminary work (e.g. de-mining and surveys) is underway and therefore it will soon have major impacts on the villages it goes by[6].

From a primary prevention perspective, it is important to build the village and farm-households resilience sufficiently in time and in order for them to benefit from the road rather than suffer from it, especially in the form of HIV/AIDS. Although IPM projects had expanded their scope, for example towards *community* IPM that includes farmers groups and their links to the wider community, such developments remain within the perspective and objectives of the building of a sustainable agricultural system. This project is therefore a logical evolution of this approach and a first attempt to launch a second stage focusing on the farmers themselves. Just as in the FFS where the rice plant is at the centre of the experiment, in the present project it is the human being who becomes the centre of a complex experimental system controlled by the farmers themselves.
Two questions emerged:

i) What would be the method to move from the agro-ecosystem to the human eco-system, and
ii) Would the farmers understand and adopt the method, with what impact?

Furthermore, if there is already a large body of knowledge in health projects in the field of HIV/AIDS and in participatory and community-based strategies; there is still very little experience in grass root *development* strategies in which HIV/AIDS is integrated. The innovative nature of the project was recognised by both the funder with technical support on HIV and development (UNDP –South East Asia HIV and Development Project) and the implementing agency (FAO-IPM, Cambodia.) The funds can be considered as venture capital rather than as a traditional project support along a well-trodden path.

C. The potential importance of the project

In countries where a large majority of the population is rural (e.g. in Cambodia, 84% in 1998[7]), with few health resources (e.g. the average distance to a district health centre is 12.2 km, to a doctor, 18.7km and to a nurse, 11.1km[8]), widespread poverty, especially in rural areas, little infrastructure and often weak village institutions, it is not realistic for villagers to depend on public programmes. It is also not realistic to depend on health based strategies when one notes the average distances, often quasi insurmountable due to the road conditions, added to which are also problems of prohibitive costs of medical

[5] See in particular Tables 1 and 3 in: Cambodia HIV Vulnerability Mapping: Highways One and Five by National Centre for HIV/AIDS, Dermatology and STD, Cambodia. UNDP- SEA HIV and Development Project, January 2000.
[6] From AIDS Epidemics to an AIDS Pandemic: is an HIV/AIDS Hub Building in South East Asia? by Jacques du Guerny, James Chamberlain, Lee-Nah Hsu. UNDP-SEA HIV and Development Project. August 2000.
[7] Results of the 1998 Population Census of Cambodia, Jerrold Huguet, Apichat Chamratrithirong, Nott Rama Rao and San Sy Than. Asia-Pacific Population Journal, Vol 15, No. 3, September 2000, UNESCAP.
[8] Table 5.9 in Cambodia Poverty Assessment, by Ministry of Planning, December 1999.

services and drugs relative to the farmers' resources. As if these handicaps were not enough there are those inherited from decades of war and conflict.

HIV and development strategies which are low cost and require low outside inputs are essential in view of the increasing importance of HIV/AIDS in rural areas and in view of the relative weight of rural populations in the total population and its absolute importance in terms of numbers.

Strategies, which can work within the constraints of poverty, poor governance and environmental destruction, are not that easy to come by! This project is thus at the core of the development process.

Basically, this project is precisely attempting to meet successfully such a challenge. If it can, even partially, it can be of considerable relevance not only for Cambodia, but also for other countries in Asia and, importantly, for Africa.

IV. Findings

It should be kept in mind that the present project has been launched less than one year ago and is a complex one which does not lend itself easily to quantitative analysis. The findings have therefore to be considered as preliminary with a number of points needing further confirmation or study. We are not dealing with yields or irrigation systems but with complex analysis by farmers themselves of the relations between their environment, their resources and their practices and behaviours. The Reviewer has thus attempted to note symptoms and manifestations of changes of the farmers, which put together, can be considered a form of evidence.

First, the key question of whether the model works will be answered by identifying "evidence" and then attempting to analyse the reasons for the results. This is, in the Reviewer's opinion, more important than the evidence itself because it leads to suggest a slightly revised expansion of IPM. Second, the Reviewer will identify a number of issues and problems, which need to be resolved at some stage or another of the project.

A. Does the model work?

For the reader in a hurry, the conclusion is given here rather than after the evidence, as proper scholarship would demand.

The model does work and appears to be much more powerful and effective than originally anticipated. It also has a greater development, health and HIV/AIDS potential impact than anticipated. This does not mean that everything is perfect, or that there are no difficult issues to resolve. In view of the value of the project they certainly deserve to be dealt with very seriously.

1. Evidence of the farmer's interest in FLS as emerged from the observed sessions of the Farmer Life Schools:

a. Trainees: At every FLS, it was stressed that the rate of attendance was very high even when attendance created personal inconvenience. Farmers wanted to attend. It was repeatedly mentioned that the trainees would like the FLS to be repeated in their own and surrounding villages so that other farmers could attend as it would be to the benefit of the entire village. The trainees also stressed that they discussed the FLS with the non-participating villagers and, as a result, there was a strong demand for FLS training. There is also a strong demand to follow up the FLS with further or more specific skills and to bring in outside expertise.
It should be noted that the trainees were of different ages, but with a majority of youth and the sex ratio was around 1. Women, whatever their ages, participated very actively in the sessions, making presentations, asking questions and discussing issues. The cases studied were both of men and women.

On so-called sensitive issues such as HIV/AIDS, there was very open discussion of the risks, the causal chain, how the known cases of infection had occurred, the need to use condoms. Again, all participated, irrespective of sex or age. The discussions were very matter of fact, just like for other topics and no giggling or such manifestations of embarrassment were observed.

b. Trainers: It should be stressed that their financial compensation is not sufficient to constitute an incentive to be a trainer. The trainers therefore benefit from providing training in other ways, improving their own analytical and presentation skills, which also should improve their individual status in the village. The trainers follow up on the requests for more information by the trainees, including identifying officials and convincing them to come to the villages, hold regular and frequent follow up meetings among themselves to discuss issues (for example, the Reviewer raised some questions in a training session and at a subsequent meeting of trainers these issues were discussed among the trainers.) The trainers are heavily involved in establishing 6 more FLS training schools for trainers because they see a great need to increase their numbers. There were an equal number of male and female trainers.

What struck the Reviewer the most was how articulate both trainers and trainees were. The Reviewer interprets this as the most concrete evidence that the farmers are benefiting from the FLS. In fact, they display a striking degree of self-confidence, which must come from feeling comfortable with the issues they are dealing with. Two anecdotes to illustrate this point: i) the Reviewer apologised to a trainer for interrupting too often his presentation with questions and the trainer answered that on the contrary he welcomed questions, he was not disoriented even if he did not have the answer; ii) the Reviewer, mistakenly thinking it was a trainer who was presenting a case study as it was done so excellently, asked that it be the trainees to make the presentation and to answer questions, to which the group laughed and pointed out that the presenter was a trainee, the trainers were quietly sitting in the back.

2. Evidence on the substantive side

As shown by the documentation[9], the concept of FLS emerged through an often-difficult iterative process of the farmer trainers who were all IPM Farmer Field School (FFS) graduates. It was not at all self-evident and their work as well as that of the facilitators/consultants should be recognised. The FLS is the creation of the farmers and they chose its name and the lotus symbol thus clearly integrating the FLS into their culture. This gives a sense of ownership, but just as important, a coherence and acceptability. They also developed the methodology of Human Ecosystem Analysis (HESA) closely transposed from the IPM Agro Ecosystem Analysis (AESA).

Three practical results are visible:

i) The adaptation of the FLS to micro level situations and issues as there appeared to be variations according to whether the village constituted a community or not[10] and its distance to the road. It probably also explains why trainees can learn so quickly as there is no effort wasted in adapting to a foreign process.

ii) When some of the trainees were not former IPM graduates, even with the support of the graduates, it was more difficult for them to participate and to benefit until they became familiar with the intellectual processes at play.

iii) The trainers and trainees consistently emphasised that the FLS built their capacity to analyse situations, identify the causes and options for action. They also see the need to follow through with the analysis of the consequences and impact of their decisions and actions.

The farmers come to understand that rice production is but one side of the coin; it is integrated in a broad web of individual and social issues. This leads to holistic views of issues rather than as separate or isolated ones. Thus health is not just the absence of disease but just like the rice crop, the result of risk management. Consequently, the farmers try to reduce the risk factors after identifying root causes, e.g. a farmer has caught malaria, but why? He migrated at the dry season to find a job in a place where he caught malaria, but why did he migrate? Because of poverty, poor health and illness are perceived to a great extent through their economic consequences: reduced production, indebt ness or even sale of land. Besides treatment, the farmers understand the need to try to tackle the root causes and, for example, decide to cultivate cash crops in order to

[9] Project Progress Report May 2000.
Minutes of the Progress Report Meeting, UNDP SEA HIV and Development Project, Bangkok, 26 May 2000.
Preparation trip for the pre-meeting workshop for farmer's trainers.
Farmer Trainer Workshop Preparation. 18-22 July 2000, Randall Arnst.
Farmer Life School Report for Kokos village, Otaki commune, Thmar Kol District, Battambang province. Wet season 2000.

[10] Villages do not necessarily constitute communities as is often considered the essence of villages. This is due to the fact that many villages are formed or largely inhabited by returned refugees and demobilised soldiers (previously farmers) who do not have necessarily previous contacts. In fact these villages suffer from a large degree of mistrust and it is possible that FLS contributes to a community formation process, something to be monitored.

increase their income and reduce the need to leave the village for risky locations. One can see the difference with traditional health prevention strategies. In such a context, the issue of HIV/AIDS generally, but not always, emerges. Not always, because it is up to the farmers to bring up the issues, but they generally do so because the epidemic has reached the level where they either believe there are or have been a case or two in the village or they have heard of cases in a neighbouring village[11]. HIV/AIDS is feared not only because of its deadly nature, but also because of its catastrophic economic impact: time and again, it was stressed it could lead to loss of land, to destitution, to problems for orphans (because of the various wars, relatives are not always available to look after them) and to a new cycle of vulnerabilities for the children. This is all the more important that AIDS orphans tend to be ostracized by the community. The farmers clearly identify migration as a main factor of risk: if the men leave, they might visit sex workers and when it is the women, they might end up in a brothel, karaoke or beer bar if not simply disappearing.

In the Project Overview: 16/3/2000 – 28/2/2001[12], which contains much useful information and some different views from the Reviewer on the point of HIV/AIDS it is stated: "They study real problems existing in their villages and communes. However the problem of HIV/AIDS is not regarded as major problem in the community. In addition, the Farmer Trainers are no medical experts and they do not have enough knowledge to be able to educate on HIV/AIDS." The Reviewer, in the field had a different perception. The point is that the goal of the HESA is not to ferret out HIV/AIDS as a problem, nor to transform the FLS trainers as health and HIV/AIDS educators, but, through the HESA, i) decrease vulnerabilities and increase resilience in general and thus pre-empt the HIV issue, and ii) build the capacity of the FLS trainers to recognise the need for outside expertise and call on it. The Reviewer was present in one such case when a health official had been invited to provide information on HIV/AIDS.

B. Why does the model work?

The model does not only enable the farmers to understand the problems, but gives them tools to find and implement solutions and follow up if there are difficulties of implementation. The farmers who apply the HESA can see results and so can the other farmers who observe the process. The operating unit is the farm-household, so there is an individual motivation as the consequences of the farmer's decisions are individually experienced and perceived. In villages where a community level also exists, there are broader benefits.

As mentioned earlier, once the farmer has understood the concept of a healthy crop through the FFS in the IPM perspective, it is easy to move to the concept of a healthy farmer from a development and from a primary prevention perspective in the FLS framework.

[11] Farmers do not know their serostatus and are not encouraged to find out by the doctors, as there are few possibilities for effective treatment and because of fears of rejection. HIV/AIDS is therefore presumed by the farmers in certain cases.

[12] Ou Chhaya, Kep Sokunthearath

When this happens, the farmer disposes of two powerful tools derived from the FFS:

i) The Human Ecosystem Analysis (HESA) is a close transposition of the Agro Ecosystem Analysis (AESA): instead of the rice plant being the centre and finality of the system, it is the farmer and the household. The HESA studies all the supporting and non-supporting factors under six headings: health, economy, social factors, education, environment and culture. The farmers quickly see the internal inter-relations and their relations to AESA and that success in one has impacts on the other. They also learn to think through the impact of processes over time and that undesirable future impacts can emerge despite immediate gains and therefore farmers have to consider the tradeoffs of different options. One important dimension of the HESA process is the constant search for root causes by challenging each explanation provided by the farmer so that he/she has to analyse more in depth and justify the situation. As will be shown this process needs to be developed further.

ii) One of the strong methods of FFS is direct experimentation and observation. Of course, direct transposition of experimentation is not possible in HESA, but the farmers have developed the closest corresponding *experiential* method. In the interviews of different types of farmers (poor farmers versus successful ones, married farmers versus widows, healthy households versus households with sick members, etc.) in the village by the FLS trainees, a lot of emphasis is placed in collecting experience of what happens in various cases observed. Comparing different experiences and also confronting them with their own bring out vividly causal relations as well as choices possible at crossroads. A consequence is that issues no one has experienced cannot be dealt with and, as mentioned HIV/AIDS does not emerge if the villagers are not aware of cases, however, as the epidemic spreads to rural areas, this is becoming a moot issue.

The Reviewer was impressed at how farmers were able to work their way through complicated, and for the outside observer, rather hopeless situations and identify options and margins of manoeuvre within their own means, inadvertently demonstrating one of Sartre's tenets on liberty!

C. Cost effectiveness of the FLS

According to the document Project Overview: 16/3/2000- 28/2/2001[13] Annex 3: Indicative budget for Farmer Life School 2000, the average cost for 20 trainees is US $301. This is approximately $ 15 per trainee and includes all the costs for materials, snacks and 3 farmer trainers' allowances.

D. Issues and some problems

First, some fundamental questions need to be raised on the conditions in which the FLS can succeed and how it might affect the future of IPM. Second, some questions on the method are raised focusing on root cause identification and utilisation of outside expertise. Third, some questions are raised on the relations to institutions.

[13] By Ou Chhaya and Kep Sokunthearath

1. *The conditions where the FLS can succeed and influence future IPM developments*

Before going further, it is necessary to remind that the report until now is based on a project in its initial phase, especially at a stage when it is still fragile. The number of FLS trainees and of trainers has not reached a critical mass. The project needs support without micro-management, which would dis-empower the farmers of their newly won capacities.

Can the FLS be introduced in all villages? The answer is that it needs to be related to an IPM FFS basis, but all trainees do not necessarily have to have been through the IPM FFS. Therefore, non-IPM villages can be mixed with IPM ones. As the "Cambodian IPM has trained some 20,000 farmers and created a cadre of more than 150 government trainers"[14], on the basis of the estimates of the costs given, the provision of FLS training for these 20,000 farmers would be roughly $300,000. To this basic number can also be added farmers from neighbouring villages to the IPM ones.

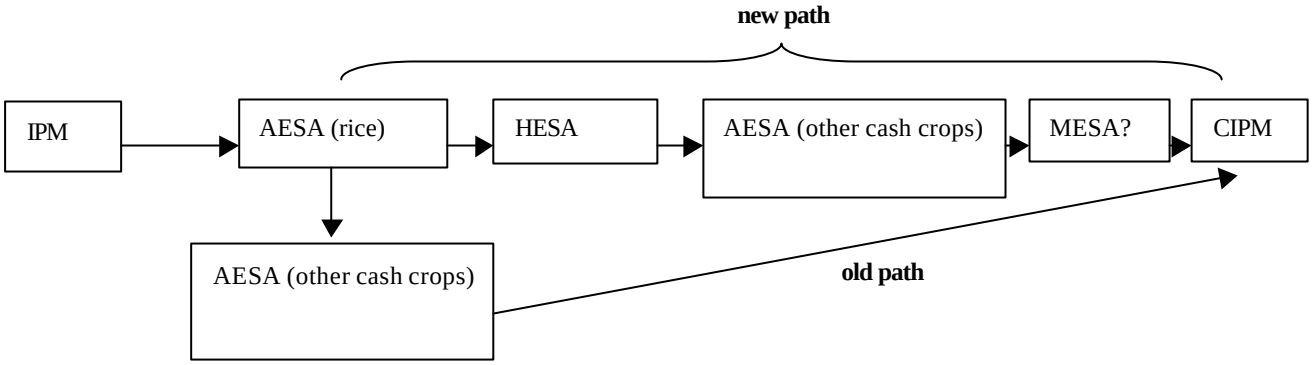
In the Main Report just quoted, there is a very thought provoking annex by the team leader Niels Röling[15] with a presentation of a figure on Community IPM (CIPM) and the Miller/Bawden Quadrants (see Annex 4). Röling distinguishes four quadrants representing "different ways of thinking… about natural resource use. The quadrants are based on two dimensions: an epistemological dimension, dealing with assumptions about the nature of knowledge, and an ontological dimension dealing with the assumptions about reality". The first one corresponds to the traditional transfer of technology and the second one to management of ecosystems. The Reviewer considers that in such circumstances FLS cannot succeed because the dimensions of human potential are ignored: the farmers would be dispossessed of the power to build their life. The third quadrant presents a holistic approach in which "Ecological sustainability emerges from human interaction." In the words of Röling "quadrant III is a crucial step few scientists have been able to take…human behaviour itself is given central attention because it is human behaviour that determines the outcome" If the authorities and technicians are not ready to accept activities operating in the 3rd quadrant, but insist on them taking place in the first two, then the FLS would lead to disappointing results. In other words, a degree of governance is necessary for the FLS.

This being said, the Reviewer would like to raise a question. IPM naturally tends to grow out of its technical framework and evolve towards Community IPM. As the FLS are integrated in the future of IPM, both the FLS and FFS will influence each other. This mutual influence could change the path foreseen at present for the evolution from IPM to CIPM. The present process envisaged is:

[14] FAO Inter-Country Programme for Community IPM in Asia: Phase IV Mid Term Review 2000, Main Report, December 2000. Page 14.
[15] The Conceptual Basis of the CIPM Programme. Annex I, Main Report, pages 53-59. CIPM = Community IPM.

IPM → CIPM as shown in the lower part of Figure 1. This can be broken down into intermediate steps:

Figure 1: A new path towards CIPM?



Note: AESA - Agro Ecosystem Analysis;
HESA - Human Ecosystem Analysis
MESA - Marketing Ecosystem Analysis

The FLS generally bring the farmers to realise that to break out of poverty they need to introduce cash crops, which are handled through other forms of IPM (vegetables, cotton, etc.) However, as the farmer moves out of self subsistence based on rice towards cash crops, the Reviewer wonders then if there is not a missing piece which would need to be developed and introduced into the process: the tentatively called Marketing Ecosystem Analysis (MESA?) MESA could also include credit and investment issues. It is important that the farmers reach the market under the best possible circumstances rather than see their contributions siphoned off by middlemen. The farmers and their communities need to retain as much of the value added of the IPM as possible. IPM staff and the farmer trainers could discuss this question. If a MESA were introduced, then this would impact on the present view of CIPM, which presently appears too narrow, and provide a greater role to community governance issues.

This leads to the difficult question of the FLS and the trend towards CIPM resulting in increasing socio-economic differences in the villages: a successful elite and the farmers left behind. This is to some degree unavoidable when change occurs, however a deliberate effort should be made to extend the FLS to as many farmers in a village as possible. This is one of the reasons for recommending internal extension and to neighbouring villages before expanding to new areas.

2. Methodology

As mentioned, the review document of the project referred to (Ou and Kep) has identified a number of these and there is no need to repeat them here. The Reviewer would just like to point out the following points:

i) The search for the root cause(s) in HESA: although every effort is made to do this, culture issues in certain cases can derail the process. For example, the

root cause for the vulnerability of a widow was identified as due to the loss of her husband rather than exploring the reasons of her dependence on her husband such as her lack of skills. Furthermore, in the decision-making process there is a need to take more into account the individual characteristics of the farmer concerned so that he/she are better able to implement their decisions tailored to their precise situations; otherwise there appears to be a risk of coming up with standard decisions.

ii) There is a difficult problem of integrating outside expertise such as presented by a health official on HIV/AIDS. Such information is provided within a health sector framework, which does not really fit in the more holistic one of the project. The HIV/AIDS information and education needs to be adapted to fit in the HESA. There is no easy or standard answer as it will depend on the issue, but the Reviewer noted that when the trainers were aware of the issue they discussed it among themselves to find solutions.

iii) There is a need to reach a critical mass of FLS trainers. The project depends too much at present on too few exceptional individuals. This is an urgent issue as it has been stressed that the project results and process are still fragile as is to be expected after just a few months of project implementation.

3. Institutional issues

i) The holistic approach of the project makes it difficult for national or provincial authorities used to working in well identified sectors to deal with and relate to the FLS. A mechanism of official support, but without possible negative impacts of well wishing but misguided interventions needs to be found.

iii) It would be useful to develop a monitoring system of HESA implementation. Such a system should include measures of the changes in the degree or nature of vulnerabilities and resilience, which impact on HIV risk exposure.

V. Extending the Project

A. Inside Cambodia

In view of the results until now, the Project should be scaled up and extended inside Cambodia. At present, the project is doubling the number of FLS trainers from 20 to 40. First priority should be therefore to increase the number of FLS trainers, which is a prerequisite for expansion inside the country.

There are two options: i) expand inside the villages in order that as high a proportion as possible in the village are trained. At present, one FLS training cycle trains only 10 - 20% of the households, This will never be 100% as the trainees are volunteers; ii) expand to other villages in order to cover as many villages as possible.

The Reviewer thinks that option one is preferable in a first phase as it enables to consolidate the results in a given village, requires less logistics and could be expected to

create positive synergies. It would also correspond to a demand as many households, once they see how others are satisfied with the FLS, want an opportunity to benefit from the training. Option two could lead to spreading too thinly the resources and jeopardise the results.

One important consideration: if, as one can expect, the present Highway Route 5 rehabilitation programme is going to open wide the villages to the outside world and to HIV, there is a certain urgency in attempting to at least cover the IPM villages directly concerned by the road building programme in order to mitigate the impacts. The bottleneck could be the lack of trainers rather than financial ($300,000 estimated to train in FLS all the present IPM graduates.) The selection of new priority villages should be done based on the location of IPM villages in relation to the road programme.

B. Introducing the FLS to other South East Asian countries

As mentioned in several parts of the report, the FLS cannot be successfully introduced in just any environment. Perhaps the most suitable potential candidates would be Indonesia because it has the strongest IPM programme. The Reviewer is not in a position to say more on this question as he has not discussed this issue with Indonesian officials. The extension to other countries should be pursued.

C. Introducing the FLS to other regions

The Reviewer considers that Africa could greatly benefit from the FLS being introduced in existing IPM projects and this could constitute a valuable possibility of South-South cooperation between Cambodia and some other countries. One might wonder as to the value of the FLS primary prevention to high prevalence countries, but in these it is crucial to carry out prevention for youth in order that they have the possibility to escape the present infection mechanisms. It is also possible that the farmers in high prevalence countries might adapt the FLS to impact mitigation. These are issues that need to be further explored.

VI. Recommendations

1. On the basis of the pilot project results, it is recommended to the Cambodian authorities that the project be expanded inside Cambodia focusing first on the training of FLS trainers, then on the villages where the FLS has already been held in order to cover as many of the households as possible and then to the IPM sites most concerned by the road building programme.

2. A collection of the HESA case studies should be constituted and their content analysed in order to better understand the farmers' concerns and priorities as well as some of their decision-making processes.

3. Other countries with IPM activities could gain from the Cambodian experience with FLS and this should be explored by FAO, UNDP South-East Asia HIV and

Development Project and UNAIDS. As this could constitute an excellent case of South-South cooperation, the Cambodian authorities should be involved.

4. The project could be usefully presented at the 6th ICAAP in October 2001.

5. FAO has a unique niche through the IPM programme to make a significant contribution to fighting HIV/AIDS in rural populations. FAO should fully explore this possibility. FAO should also disseminate information on the project and could consider holding a press conference in Rome on the subject jointly with UNDP South East Asia HIV and Development Project. UNAIDS has suggested that FAO present the project at UN Theme Group Cambodia. In addition, the convenor has included a presentation of this UNDP-FAO joint project at the UN Regional Task Force on mobile populations and HIV vulnerability.

6. As this project is at the heart of the HIV/AIDS and development process (poverty, governance, environment), UNDP and UNDP South East Asia HIV and Development Project should consider continuing to provide HIV and development technical support for the expansion in Cambodia and in other countries.

7. The report has identified a number of technical issues, which need to be worked on. Some of these concern processes (e.g. the future development of IPM itself, introducing new components such as the suggested MESA.) Whereas others are one-shot problems. FAO needs to monitor the project regularly in order to find solutions or help the farmers do it if the problems are at their level. FAO also needs to continue their commitment to the IPM program with consideration to integrate FLS into the existing IPM and other relevant programmes.

8. This project is an innovation; its success could not be predicted for certain. Donors for understandable reasons are often hesitant to fund new approaches and are more comfortable staying with the familiar health focused responses such as condom promotion, sexually transmitted infections (STI) reduction, treatments or vaccine research. However, in view of the continuing spread of the HIV/AIDS epidemics, innovation is necessary. Donors are encouraged to assume such funding risks as part of their support; otherwise it could be difficult to establish truly innovative strategies. An equivalent to venture capital would be extremely useful: donors should consider the tradeoffs between "wasting" some funds against the benefits in terms of saving lives if more effective strategies can be developed.

Annex I

Literature related to the UNDP/FAO HIV Community IPM Pilot Project Cambodia
Review Mission 5-15 March 2001

I. Inception mission report: *An exploration of possibilities for introducing health promotion initiatives focusing on HIV/AIDS under the UNDP-FAO project.* Ken Kampe *et al*, 26 March 2000.

II. Back to office Report: *Data Reviewing and Collecting for the exploration of possibilities for introducing health promotion initiatives focusing on HIV/AIDS along Route 5.* Moth Sokhon *et al*, 4 May 2000.

III. Project Progress Report: *UNDP-FAO Mobilization and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to reduce HIV vulnerability*. FAO-IPM, May 2000.

IV. *Minutes of The Progress Report Meeting*. UNDP, Bangkok, 26 May 2000.

V. Proposal for trip: *Preparation trip for the pre-meeting workshop for Farmer Trainers*. Moth Sokhon, 3 July 2000.

VI. Consultant notes: *Farmer Trainer curriculum workshop preparation.* Randall Arnst, 18-22 July 2000.

VII. Workshop report/notes: *Farmer Trainer curriculum development training workshop.* Farmer Trainer Group, 25 July - 1 August 2000.

VIII. *FLS Report for Battambang Province.* Farmer Trainer Group, 13 August - 9 December 2000.
Schedule for FLS in Boeng Trosh Village, Banteay Meanchey. Farmer Trainer group, 13 August - 16 December 2000.

IX. Video cassette and VCD: *Local Heroes - Farmers and IPM in Cambodia*. FAO-IPM, December 2000.

X. Mid-term review report: *FAO Inter-Country Programme for Community IPM in Asia - Phase IV Mid Term Review 2000.* Niels Röling *et al*, December 2000.

XI. Newspaper article: *Cambodia faces new enemy.* Vasana Chinvarakorn (Bangkok Post), 12 December 2000.

XII. Meeting Report: *UNDP/UNAIDS Regional Task Force Meeting on Mobile Populations and HIV Vulnerability - fourth meeting report.* UNDP/UNAIDS, 25 October 2000.

XIII. Brochure: *Staying Alive long route 5 - UNDP-FAO Mobilisation and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to reduce HIV vulnerability.* FAO-IPM, 2001.

XIV. IPM brochure, FAO-IPM, January 1998.

XV. Map of target project area.

XVI. Project Overview: *UNDP-FAO Mobilisation and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to reduce HIV vulnerability, 16/3/2000 - 28/2/2001.* FAO-IPM, February 2001.

NB. These documents were given to the Reviewer. A few other documents were also found useful and are mentioned in the footnotes.

Annex II

Cambodian itinerary for the review mission of the UNDP/FAO HIV Community IPM project
5-15 March 2001

Date	Time	Activities
Mon, 05/03/01	13:00	Arrival of review mission at Aranya Prathet, Thai border, cross the border into Cambodia
	13:20	Lunch in Poipet, Banteay Meanchey Province
		Travel to Sisophon, Banteay Meanchey province, by FAO car
	16:30	Briefing on the HIV IPM project activities and presentation of the project by Farmer Trainers – lead farmer trainer Mr Sin Chhitna (at Mrs. Yim Vuthang's house)
	Evening	Brothel area inspection, Sisophon train station and Karaoke shop in Sisophon town, Banteay Meanchey.
		Overnight in Sisophon
Tue, 06/03/01	8:00	Visit a Farmer Life School, Kokoh village, Slorcram commune, Svay Chek district, Banteay Meanchey province
	12:30	*Lunch*
	13:30	*Visit graduate farmers of a Farmer Life School from 2000, O Sngout village, O Prasat commune, Mongkolborey district, Banteay Meanchey province.*
	15:30	***Travel to Battambang province by car***
	17:20	*Visited Ek Phnom temple at Ek Phnom district, Battambang.*
	18:30	*Meeting with Alexandra Gartrell, PhD studying Disability in rural area, discuss on impact of HIV in village.*
	18:30	**Overnight in Battambang town**
Wed, 07/03/01	7:30	Visit follow-up activity of the HIV/AIDS IPM project, Kokoh village, O Taki commune, Thmor Koul district, Battambang province.
	10:00	*Visit a farmer infected with HIV (FLS participant), Kokoh village, O Taki commune, Thmor Koul district, Battambang province*
	11:00	*Visit AIDS orphans, Wat Kor village, Balang commune, Banon district, Battambang province.*
	12:00	**Lunch at Battambang town**
	13:30 17:30	Visit the Farmer Trainer Orientation Course (FTO) for the Farmer Life Schools, Bekchan Agriculture station, Battambang province. Visited the meeting of the core team of Farmer Trainers of the HIV IPM project at Kokosh village, Otaky commune, Thmar Kul district, Battambang.
	17:30	Visit Wat Norea Peaceful Children's Home (Venerable Muny Van Saveth, monk who went to Thailand with UNDP study tour)
		Overnight in Battambang
Thu, 08/03/01	8:30	***Travel to Pursat province by car***
	12:00	***Lunch in Pursat town***
	14:00	*Visit farmers who graduated from a Farmer Life School in 2000, Krabei Sar village, Pursat province.*
	16:30	*Visit farmers who graduated from a Farmer Life School in 2000, Por Khoeun village, Pursat province*
		Overnight in Pursat town

Fri, 09/03/01	7:30	*Visit Farmer Life School , Takeo Leu village, Tnot chum commune, Krakor district, Pursat province*
	11:00	***Departure for Kampong Chhnang by car***
	14:00	Lunch at Kampong Chhnang
	15:30	***Travel to Phnom Penh by car***
	18:30	***Arrive Phnom Penh***
Sat. 10/03/01		*Informal meetings and report writing*
Sun. 11/03/01		*Informal meetings and report writing*
Mon. 12/03/01	7:30	***Check out of hotel***
	8:00	*Meeting with H.E Tia Phalla, National AIDS Authority*
	9:00	*Meeting with Mr. Ngin Chhay, National IPM Coordinator* Debriefing at FAO Community IPM Office
	10:30	Meeting with Mr. Jean Claude Rogivue, Deputy Resident Representative, H.E. Phalla, NAA and Mr. Tea Phauly, UN Theme Group Chair Mrs. Yoshiko Zenda
	14:00	*The mission debriefing, FAO IPM Office*
	15:00	*Meeting with World Education. Richard Geeves.*
	16:00	*Meeting with Mr. Katsudi Okajima, JICA*
	17:15	*Departure for airport*
	18:45	**Flight TG 698 Phnom Penh-Bangkok**
Tues. 13/03/01		*Bangkok UNDP debriefing*
Wed. 14/03/01		*Bangkok UNDP debriefing*
Thurs. 15/03/01		*UNAIDS Geneva debriefing*

Annex III

List of names, title and address of Cambodian staff of UNDP-FAO HIV Community IPM project who were involved in review mission
5 -12 March, 2001

Name	Title	Address
Mr. Tea Phauly	UNDP HIV National Program Officer	UNDP, Street Pasteur, #51, Phnom Penh, Cambodia Tel:(855-23) 216167 phauly@undp.forum.org.kh
Mr. Nuth Sakhan	Director Department of Agronomy	# 10 Monireth Blvd., Phnom Penh Tel: (855-23) 982 835.
Mr. Ou Chhaya	HIV IPM National Training Consultant	World Education # 46, Street 294, Phnom Penh Tel: (855-23) 216854, (855-12) 848 089 wecam@camnet.com.kh
Ms. Kep Sokunthearath Ms. Nguon Sokunthea	FAO HIV IPM Coordinator (Retiring) FAO HIV IPM Coordinator (New Coordinator, taking over from Sokunthearath)	#8, street 398, Phnom Penh, Tel: (855-23) 215202 (855-12) 893268 HIV.IPM@bigpond.com.kh / 012893268@mobitel.com.kh
Mrs. Yim Vuthang	Farmer Network Training Officer, Banteay Meanchey province.	Banteay Meanchey province Tel: (855-12) 948 486 npaid.ssp@bigpond.com.kh
Mrs. Yim Sophy	HIV IPM Focal Point, Field Coordinator, Pursat province.	Provincial Department of Agriculture, Pursat province.
Mr. Sin Chhitna	FAO HIV IPM, Field Coordinator.	Balang village, Vathkor Commune, Battambang district, Battambang province.

Annex IV

Figure 1.CIPM and the Miller/Bawden Quadrants