

# Exploring the Intersection of Agriculture and Health Among HIV+ Populations in Western Kenya

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The interaction of microcredit and appropriate technology in Western Kenya could be the next step in improving livelihoods and care of HIV+ farmers. Spending the summer working on the Shamba Maisha (Kiswahili for “Farming Life”) randomized control trial in Western Kenya and gaining an understanding of the HIV/AIDS epidemic has been a valuable experience and built on the interdisciplinary course work of a first year Masters in Sustainable Development Practice (MDP) student.

The MDP summer practicum at UF uses the focus of “what is the problem people face in their lives, and what can we (the community and the practitioner) do together to work on solving the problem?” With this in mind I was fortunate to work with Family Aids Care and Education Services (an HIV/AIDS care organization) in Nyanza Province, Kenya on the Shamba Maisha trial. The central question of the Shamba Maisha trial is “what are the effects of microcredit to purchase treadle pumps for people living with HIV/AIDS who are food insecure and taking anti-retroviral treatment?” The changes will be measured by the intermediate outcomes of the farmer’s irrigated agriculture production and income changes, and the final clinical outcomes of their general health (BMI, CD4 count, etc.), transmission behavior risk, and female empowerment.

My summer practicum involved background research, interviews, focus group discussions, and writing measures for Shamba Maisha. I specifically created the agriculture and economic instruments to measure the changes using validated instruments as my starting point. With these tools in mind, I interviewed farmers who were part of the initial Shamba Maisha pilot study, to understand their economic and production pathways.

I also prepared and commissioned four focus group discussions to predict the outcome of the intervention. These discussions were accomplished with the help of Great Lakes University Kisumu and I was



lucky enough to be able to hire two of their trained moderators. This was an experience in capacity building, with a day spent training the moderators in Shamba Maisha and the discussion guide. We headed to rural Migori District, to outlying clinics and held gender-separated discussions at two different clinics. The initial outcomes of the discussions show nutrition in the family would increase as well the opportunity to send children to school. Farmers saw this intervention as positive and understood how it could benefit them.

Finally, I spent about 10 days between Migori and Rongo district hospitals conducting interviews to determine their similarity as control and intervention sites. Community health workers, Ministry of Agriculture, agriculture input suppliers, vegetable wholesalers and retailers, as well as patients who were farmers were all interviewed. The principal investigator and I analyzed the data and deter-

mined that the two sites were similar enough to be used in the trial. I finished my field work by piloting the entire survey instrument of the trial (including health, transmission behavior, stigma, empowerment, agriculture, income, etc.) to ensure that it is culturally appropriate, had good fit, and can be conducted in a reasonable amount of time.

This combination of health and agriculture in an intervention is what makes Shamba Maisha an innovative approach to HIV treatment and care. The MDP summer practicum has given me a better understanding of development research and HIV/AIDS in East Africa. I hope other MDP students can have similar opportunities to work on these important issues in western Kenya.

*Elihu Isele is a second-year MDP (Masters in Development Practice) student. Funding provided by a MacArthur Foundation MDP Summer Practicum Grant.*