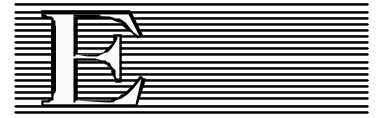




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**REPORT OF THE
WORKSHOP ON WOMEN'S REPRODUCTIVE HEALTH AND
HOUSEHOLD FOOD SECURITY IN AFRICA**

**Addis Ababa, Ethiopia
11–13 October 1999**

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PART I
REPORT OF THE WORKSHOP

A. **Attendance and Organisation of Work**

1. The Workshop on Women's Reproductive Health and Household Food Security in Africa was held in the United Nations Conference Centre, Addis Ababa (Ethiopia) from 11 to 13 October 1999. The meeting was formally opened by Prof. P. K. Makinwa-Adebusoye, Chief of Food Security and Sustainable Development Division (FSSDD) of the Economic Commission for Africa (ECA) on behalf of the Executive Secretary. A list of documents distributed during the workshop is given in Annex I.

2. The participants of the workshop were drawn from individual experts, universities, national and regional training/research institutions. A list of participants is given in Annex II.

B. **Account of Proceedings**

Opening address

3. In her opening speech, Prof. P. K. Makinwa-Adebusoye, welcomed the participants and indicated that most available studies have focussed on the linkages between women's reproductive roles, through linkages to maternal, infant and child mortality, and population growth and development. This workshop is designed to focus attention on the linkages between reproductive health and women's productive role in ensuring household food security.

4. Furthermore, Prof. P. K. Makinwa-Adebusoye argued that multi-dimensional nature of reproductive health and the multiple spheres of household food security greatly increase the complexity of any research on the linkages between reproductive health and food security.

5. In conclusion, she expressed her gratitude to the participants for their support to the work of the ECA and expressed the wish that the adopted guidelines for research agenda will strengthen research methodologies and facilitate future work in the linkage between reproductive health and household food security.

C. **Agenda**

Adoption of the Agenda and Programme of Work (Agenda Item 1)

6. Before adopting the Agenda and the Programme of Work (ECA/FSSDD/POP/RH/99/1) the meeting suggested that some of the participants could volunteer to lead the discussion on the working papers.

7. The Agenda and the Programme of Work were then adopted as shown below:

Agenda items

1. Introductory remark by the Chief of Food Security and Sustainable Development Division (FSSDD) of ECA.
2. Presentation and discussion of the working paper "Relationships between women's reproductive health and household food security in Africa."
3. Presentation and discussion of the working paper "Women's reproductive health and food growing/processing."
4. Presentation and discussion of the working paper "Women's reproductive health and family nutrition."
5. Presentation and discussion of the working paper "HIV/AIDS and Household food security."
6. Presentation and discussion of position paper on "Women's reproductive health and household food security in Africa."
7. Discussion on research priorities.
8. Presentation and discussion on orientations for a research agenda on the relationships between women's reproductive health and household food security in Africa.
9. Discussion on modalities for implementation of the research agenda.
10. Working group on research agenda and modalities for implementation.
11. Adoption of the research agenda.
12. Closure of the meeting.

D. Discussion items

Presentation and Discussion of the working paper: "Relationships between women's reproductive health and household food security in Africa" (Agenda item 2)

8. The paper "Relationships between women's reproductive health and household food security in Africa" (ECA/FSSDD/POP/RH/99/2) takes into consideration the traditional approach used to study the relationships between women's reproductive health and food security, the methodologies adopted, the lacunae identified, the way forward and the priority areas for future research.

9. According to the paper, a lot of work has been done on the two issues of food security and reproductive health. However, the past research did not focus extensively on the relationship between women's reproductive health and household food security. Although research has looked at the impact of some aspects of reproductive health on household food security, the objective was to study how to make women healthy so that they can produce enough food. The studies of the role of women have hardly focused on the improvement of women's wellbeing as an end in itself.

10. As a way forward, the paper suggests that future research should focus on the improvement of women's reproductive health in the general context of the improvement of their quality of life. Based on this premises, future research should focus on the

evaluation of the relationships between the various components of household food security and reproductive health as well as on how the two issues are jointly affected by external elements. In this connection, HIV/AIDS, rural-urban migration and adolescents should receive priority in the research agenda for future research.

11. During the discussions, the meeting congratulated the authors for the quality of the paper. Comments and suggestions to improve the orientations for the research agenda proposed in the paper were made as follows:

- a) The issue of women's reproductive health and household food security should be linked to the issue of poverty. Prioritisation of issues implicated is necessary, using poverty as a binding framework. Methodology should be sought afterwards on the data requirements and the unit of analysis, taking into account what can be actually collected. Given existing constraints new methodologies of research should be found.
- b) It is important that the research agenda focuses also on adolescent groups. This young-age group should be brought into discussion, as it constitutes a good labour in the informal sector of food production, storage and preparation, and, on the other hand, most of harmful practices are undertaken during this age period. There is need to create networking at the national and global levels in conducting research on the issue. The girl-child and education of girls should be considered as important objectives in the overall picture.
- c) The proposed research should also focus on the elderly group who are likely to contribute significantly to the agricultural production and household food security, despite the fact they no more participate in the reproduction.
- d) Special concern was expressed about vulnerable population groups, such as nomads, forest people etc., that are neglected and marginalised from the main screen of activities and most negatively affected by the consequences of globalisation.
- e) The impact of war on fertility should be studied. The problem of its demographic impact on the shape of future population profile should be addressed. The marriage rate, especially the polygamy practice spreading out after the war, when there are fewer men than women, should also be studied. Research studies could be carried out on reproductive health and household food security inter-linkages in conflict zones, especially in the refugee camps.
- f) Citing the example of Nigeria where some returnee soldiers come back home with HIV infection to die later on, it was said that these specific cases of HIV/AIDS could also be considered in the research.

- g) The problem of land mines as a factor of agricultural land depletion could be tackled. The issue of preventing women from going to forest to collect wood or fruits should be considered too. Women with their food storage become targets of robbery for rebel groups and bandits on their way to markets or back home, which causes inevitably serious problems to household food security.
- h) The environmental impacts on RH and on HFS should be reconsidered. In the conceptual framework of the working paper (chart 1), there should be an arrow going from the population-topic box to the environment box, given that there are constant demographic impacts on the environmental changes.
- i) The quality of life, used as inter-linking element between RH and HFS in the conceptual framework, should be carefully looked at, as it comprises both subjective and objective measurement in spite of its variability depending on individuals and country.
- j) The rural-urban migration has impacts not only on household food security but also on fertility since it breaks out all the traditional mechanisms and deprives many urban dwellers of utilities and reproductive health care system, such as family planning services.

12. In response to these remarks, the authors of the paper said that in the past research on the linkages between RH and HFS, RH was considered as the independent variable that impacts on the availability of labour. The proposed conceptual approach aims at assessing the quality of life of women in connection with reproductive health and household food security, both considered on an equal level of importance. They further argued that they tried to touch upon all relevant variables but that at the same time they wanted to focus on the relationships between RH and HFS as stated in their terms of reference. They added that given the list of all issues related to RH and HFS, the prioritisation should be done according to the interests of researchers and available resources.

Women's reproductive Health and Food Growing/processing: The case study of Nigeria (Agenda item 3)

13. The paper titled "Women's reproductive health and food growing/processing" (ECA/FSSDD/POP/RH/99/3) situates women's reproductive health and food production/processing problems within the larger context of socio-economic and sustainable development in Nigeria, makes an analysis of the relevant concepts and reviews studies on women's reproductive health in Nigeria. Regarding concepts, the paper notes that the biological determinism considered women the weaker sex, created for pregnancies and caring babies. This view is often reinforced by socio-cultural beliefs and practices, including religious views that have generally regarded women as being subordinate to men. Women are not really weaker than men, since they live longer than men in spite of the socio-economic disadvantages they have. Reproduction and production concepts raise a critical question about what women produce. The question is whether women are producing babies, goods or poverty.

14. On women's studies, the paper shows that three different strands could be identified in Nigeria. These are agro-socio-economic, nutritional, obstetric and gynecological studies. These strands remained separate until the beginning of the 1980s. Some convergences then emerged especially through the primary health care programme and activities of the Federal and State Governments of Nigeria.

15. Women's reproductive health in Nigeria mainly dealt with child bearing, labor, puerperium, the care of the newborn and breast-feeding. A broader view of reproductive health for women should encompass much more, covering virtually the whole of women's life cycle, including the health of the girl child, adolescent sexuality, contraception, menopause and sexually transmitted diseases.

16. Regarding food growing/processing activities, it was stated that in the past the view generally held was that men were better farmers and that women's place is at home. This resulted in men being used as contacts or reference for development policies and projects while women became a marginal group with regards to education, commercialization of agricultural products and general involvement in the modern economy.

17. The paper also focus on women's health, work and life and shows that women's reproductive and socio-economic role in Nigeria as well as in many African countries exceeded their low status, in relation to men. This is often due to socio-cultural and religious factors, with the resultant male-female imbalance in food consumption rate, health care, workload, access to farm inputs, income, etc.

18. The paper finally shows that maternal mortality rate is still high and that there is inadequate care for the girl-child and female adolescent. Although women occupy an important position in food production, food processing and trade, they often have limited access to resources. Empowering women for sustainable development is therefore important and requires appropriate strategies aimed at the grass roots for mass mobilization and action programmes. Women should be involved in identifying their own problems and solutions.

19. After this presentation, participants suggested a number of future research topics including the following:

- a) Effect of globalization on women's reproductive health and household food security.
- b) Assessment of the impact of on going programmes and projects on poverty alleviation and on the situation of women.
- c) Impact of Structural Adjustment Programmes on women's reproductive health and household food security.
- d) Research on constraints to women access to appropriate technology and other inputs.

The Relationship between Women's Reproductive Health and Family Nutrition in Africa (Agenda item 4)

20. The paper on the "Relationship between women's reproductive health and family nutrition in Africa" (ECA/FSSDD/POP/RH/99/4) highlights the definitions of nutritional status and reproductive health. Nutritional status is a state where the body has been provided with the nutrients that provide good health and optimal utilisation. Reproductive health is the state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity, in all matters relating to reproduction, its functions and processes.

21. The literature review showed that:

- a) Nearly one-third of all Sub-Saharan African children under the age of five years is underweight due mainly to malnutrition. The age and physical development of infant are significantly correlated with breastfeeding frequency. Maternal education is a significant determinant of nutritional status of children and child survival improves with increased education among women.
- b) Malnutrition and high fertility are closely related: "more babies means more mouths to feed with consequent malnutrition when food is scarce".
- c) Pregnancy and childbirth are affected by dietary insufficiencies caused by inequitable distribution of food and various forms of infections. Under-nourished pregnant women are likely to have under-weight babies who are especially vulnerable to infections.
- d) The nutritional status of children of female-headed households may be better than that of children of men-headed households suggesting that when women have more control on resources, more go to the children.

22. The theoretical framework used by the presenter included four clusters of factors: demographic factors, eating habit of households, government actions to implement policies, and health status of households.

23. The main findings of the study include:

- a) About 43 per cent of the population of Sub-Saharan Africa are malnourished. The number of people who are food-energy deficient has reduced in the other parts of the world but not in Africa where the percentage of people suffering from severe malnutrition has increased due to high population growth.
- b) All countries under consideration have high maternal death. Countries with high contraceptive prevalence rate (CPR) and low total fertility rate (TFR) tend to have low infant and child mortality rates.

- c) The four most vulnerable periods associated with health and nutrition are the weaning period, lactation period, pregnancy period, and the 2-9 years old period. In this last period children are being treated as adults and placed on adult diet even if, because of their fast growth, their nutritional needs are higher.

24. In conclusion, the paper formulates policy and programmatic implications of the situation. On the policy side, the paper states that there is a need to integrate nutrition and family planning; to pay more attention to adolescents, refugees and disabled; to improve socio-economic conditions including female education; to carry out more research on ways to improve the nutritional status of households; and to formulate more policies to promote family planning. On the programmatic side, countries must provide the necessary support to enable mothers to make their choice whether to breastfeed or use substitutes.

25. During the ensuing discussions, the following comments and suggestions were made from the floor:

- a) The paper should go beyond the fertility and family planning issues to capture the full concept of reproductive health as indicated in ICPD-PA.
- b) The male aspect of the question, particularly as it is related to the boy child, is not covered by the study.
- c) It is increasingly recognised that the studies of post-partum aspects of the reproductive health and nutrition nexus are not enough to fully capture the effects of this nexus on both the child and mother at various stages of their life cycle. There is a need to expand these studies to cover the full period of the pregnancy.
- d) The status of reproductive health and nutrition in Africa is not the same for all the continent's sub-regions. For instance performance indicators are much better for North Africa than for Sub-Saharan Africa. Thus, studies should reflect on performance differentials among sub-regions to allow easy identification of intervention domains and priorities.
- e) The population-development relationship as presented in the paper was one point of contention. The paper asserted that poorer families have high fertility levels that result in low nutrition among its members, thus creating a vicious circle. But participants argued that the relationship is not direct. In fact, it was said that the impact of population growth on nutrition should be considered differently in different countries with different socio-economic backgrounds and at different times. After all it was observed that in some cases such as in Europe and North America, high population growth has forced the society to innovate ways and means for better living and economic growth. In other countries, high population growth has been shown as an impeding factor to development. Moreover it was said that there exist many other factors such as governance and national resources utilisation that come into the population-development equation. One participant remarked that there is an understanding nowadays

that although high population growth is not the cause for poverty, countries with lower population growth do better in their living conditions.

- f) Physical and financial access to food is not sufficient to prevent malnutrition. Infections also interfere with good nutrition. Moreover, the inadequacy of food availability is caused not only by lack of appropriate food processing technology but also by food production technology that remains primitive in many parts of Africa.
- g) A question was raised as to why it was necessary to relate the study on nutrition based on international standard as these standards do not apply to all societies in Africa. In response, it was said that developing standards is a very tedious task, though some countries have local standards. Moreover, studies so far have shown that children, at a certain age, irrespective of their ethnic/racial background, follow a similar path of growth. The use of international standards is thus still valid. In this connection, it was mentioned that the United Nations University is launching a project on Growth Standards.
- h) Another question raised was whether the practice of breast-feeding was a social class issue. A need was raised to study more on women who breast-feed and on women who do not, and find out their reasons. The implication of formulas as a substitute to breast-feeding should also be investigated. A research was suggested on the implications of female labour force to the extent of breast-feeding.
- i) Breast-feeding is believed to be the best food for children up to two years. But, because of the fear of vertical transmission of HIV/AIDS, mothers with HIV/AIDS are discouraged to breast-feed their babies. In that case, where do the poor mothers get the substitutes? Are the formulas affordable by these poor mothers? These are some issues that require research. In this connection, it was reported that UNFPA, WHO, and UNICEF have sponsored studies in this area.
- j) The impact of environmental factors on the nutrition of children is not treated adequately in the paper. After all, in many poor families, the sanitation of their surroundings affects the nutrition of their children through infections.
- k) Due to globalisation, privatisation and Structural Adjustment Programmes, governments are finding it difficult to provide social services like education and health. Thus, it is necessary to undertake research on the impact of globalisation, privatisation and Structural Adjustment Programmes on nutrition of the lower class of the society, particularly for women.

26. At the end of the discussions, the OAU representative informed the workshop that the OAU Secretariat prepared a document entitled "Declaration for the African Plan of Action concerning the situation of women in Africa in the context of family health". He stated that this document, which was presented to the Assembly of Heads of States and Governments, thirty-first Ordinary Session held in Addis Ababa from 26 – 28 June 1995, contains many issues that are under discussion in the workshop.

HIV/AIDS and Household Food Security in Africa (Agenda item 5)

27. The paper "HIV/AIDS and Household Food Security in Africa" (ECA/FSSDD/POP/RH/99/5) highlights that past studies on HIV/AIDS have focused on the socio-economic impact of the epidemic on the family and household economy as a whole, without distinguishing in detail how men and women are affected and how male/female morbidity and mortality affect food and livelihood security.

28. A gender analyses of HIV/AIDS is necessary because more women than men in Africa are directly affected by HIV/AIDS. Women are biologically, socio-economically and socio-culturally more at risk of HIV infection than men regardless of their marital status, age and socio-economic background, even when they are sexually monogamous.

29. On the relationships between HIV/AIDS and household food security, HIV/AIDS tends to exacerbate the factors that contribute to food insecurity through its catalytic, systemic effect. Thus, HIV does not merely affect certain aspects of food security leaving others unaffected. Rather, it disrupts the entire food system. The effects of HIV/AIDS on household food security vary, depending on socio-economic status and size of the family, the number and age of dependant children, and the number and gender of persons suffering from HIV/AIDS.

30. Female morbidity and mortality has a particular dramatic impact on the family. Studies have shown that children's nutritional status is more closely related to the mother's work and income than to the father's. Food insecurity is also the main impact of HIV/AIDS on single mother or widows and their families.

31. On rural household, HIV/AIDS have a detrimental impact on the productive capacity, which is typically felt on at least three parameters: labour quality and quantity, income and expenditures, and dependency ratio. In conclusion, the paper states that for rural household the impact of HIV/AIDS disrupts the household productive-domestic labour interface, which primarily affects women (subsistence farming is characterised by a close relationship between household domestic activities and production activities).

32. Concerning future research, the paper suggest the following thematic priorities:

- a) The interface between productive and domestic labour. As entry point of AIDS impact in the rural household, the disruption of this interface raises several questions that need to be addressed.
- b) The impact of HIV/AIDS on genders roles in agricultural production at the household level and in particular the constraints that the epidemic poses on women's ability to cope with food insecurity.

- c) Gender-differentiated effects of HIV/AIDS on household income and expenditure. It is not known how household expenditure change under the impact of HIV/AIDS male/female and what the implications of changes in household expenditure patterns are for the nutrition of young children and women.
 - d) Assessment of the impact of HIV/AIDS on the various types of food insecurity (in terms of how this affects women and their reproductive health): chronic food insecurity, seasonal and cyclical food insecurity and transitory or temporary food insecurity.
 - e) Sexual services as a coping mechanism to food insecurity. Understanding the dynamics behind this coping strategy will contribute to a more complex understanding of women's responses to food insecurity but also of determinants of women's RH.
 - f) Research into the linkages between HIV/AIDS, women and household food security should include the cultural parameters through which these linkages are defined. This refers to the social perceptions and beliefs that shape culture and which are responsible for male and female attitudes to a wide range of issues from reproductive health to decision-making rights within a marriage.
33. Methodological priorities of future research identified in the paper include the following:
- a) HIV/AIDS does not affect all women in the same manner because women's are not a homogeneous group, particularly when it comes to how they are affected by the HIV/AIDS epidemic.
 - b) A need of reliable household data on the impact of HIV/AIDS in general and on women in particular should be stressed. Data would help identifying household coping mechanisms and its cost effectiveness.
 - c) Research on the impact of HIV/AIDS on rural household should only be undertaken in the context of processed-oriented action research that combines data collection with raising awareness of HIV/AIDS.
34. In the ensuing discussions participants made a number of comments and observations including the following:
- a) HIV is difficult to transmit other than by blood transfusion. Blood-borne infections have a low transmission rate. It is also difficult to make differential diagnoses. WHO definition is very vague.
 - b) AIDS is the only disease reported cumulatively. UNAIDS now combines infection and disease, causes and death. Most statistics are projections, but rarely, if ever, do we know assumptions on which projections are based or parameters of mathematical models.

- c) SAPs, privatisation, austerity programmes, etc. destroy routine health care for most Africans, while food insecurity grows and education becomes less and less affordable.
- d) Africans have developed the most innovative approaches to health care. The primary health care system, the public drug sector (essential drugs, centralised purchases of generics, etc.), all come out of Africa, with countries like Tanzania and Mozambique experimenting with new ideas.

35. Some participants argued that, as stated in the paper, there is a need to study copying mechanisms at the household level for the survivors and victims of HIV/AIDS in order to deal with food insecurity. There is also a need to establish copying mechanisms at the national level in order to maximise the capacity of the survivors and victims of HIV/AIDS to deal with risk factors. These copying mechanisms should be analysed to identify those that are realistic. Participants have explored many options: crop insurance, which was believed to be neutral; national social security system; and education of adults in self-reliance in rural areas. It was also observed the example of Botswana where the insurance is paid every 2-5 years and people prefer contract jobs instead of life span jobs.

36. Other participants expressed their disagreement for studies and projects based merely on HIV/AIDS pandemic. Other equally devastating diseases such as malaria, tuberculosis etc., and in some cases related to AIDS, should be included. Otherwise there is a danger of going back to a single purpose projects, which was represented by the era of family planning focus.

37. The question of geographical differences in HIV/AIDS prevalence was touched. It was decided that the most important point is the political commitment of governments to fight the spread of the disease. Comparison studies on copying mechanisms were suggested.

38. It was also observed that there are major gaps in information provision, which need to be bridged. It should be established how information can better reach rural women and be understood by them. Very often the result of research done at grassroots level is not communicated back to them whereas it would make a great impact if the people involved in research are given an opportunity to discuss it.

39. The need to study particular groups or communities was also stressed. Focus should not only be on rural women but also women living in urban slums. In the area of research, the issue of stereotypes among sexes should be studied, targeting the roles of men and women as well as the socialisation practices upbringing male and female children. It is also necessary to study some of the traditional practices, including marriage, widowhood and re-marriage, and their impact on HIV/AIDS; the effects of policies, including SAPs, which promote privatisation and austerity programmes and their impact in intensifying HIV/AIDS problems; the migration patterns of HIV/AIDS. Debriefing the studied community on the findings as well as using the appropriate way to do research and to deliver services should therefore be stressed by the research agenda.

Women's Reproductive Health and Household Food Security in Africa (Agenda item 6)

40. The paper "Women's Reproductive Health and Household Food Security" (ECA/FSSDD/POP/RH/99/6) was presented as a position paper. Starting with the premises that food security and health comprise two vital and interrelated aspects of human welfare particularly for the women in Africa, the paper first explains the reproductive health situation among African women and its implication for household food security.

41. Reproductive health is defined by the paper as a state of complete physical, mental and social well being. It is a human right of both man and woman to decide if, when, and how to procreate, to be well informed, and to have access to safe, effective, and affordable methods of family planning. The paper states that people are unable to attain optimal reproductive health because of incomplete knowledge about health and human sexuality, gender bias, high-risk sexual behaviour and the non-availability or poor quality of reproductive health care services. Although the burden of ill health associated with reproduction is shared between the two sexes, the paper emphasises that women bear the bulk of it. Thus, only women face the health hazards of pregnancy and child birth, very high incidence of sexually transmissible diseases including HIV/AIDS, which result in a high mortality and morbidity rate among women.

42. Not only are reproductive health issues central concerns to African women throughout their entire lives, but also food security issues. Food security is defined by the paper as the ability of individuals or household to have both physical and economic access to adequate and nutritious food without undue risk of losing such access. The paper states that several factors prevent women from having adequate access to food and nutrition even though they spend a disproportionate portion of their time in farming. Their poor nutritional status tends to confine them in a web of poverty, low esteem, low birth weight for their children and stunted growth.

43. The paper further notes that, to address the reproductive and food security problems of women requires a number of social and economic programmes that address population growth, reproductive health, poverty, and food production technology. In fact, policies to promote food security must link the issue with those of poverty alleviation, education and health services especially reproductive health services.

44. As a way forward, the paper identifies some issues for further research. These include unmet needs for family planning, emergency reproductive health, post-abortion care and reproductive health for displaced persons and refugees. Other issues for research include people living with AIDS and their survivors, linkages between population growth/reproductive health, environment and household food security.

45. Based on the presentation, remarks and suggestions made from the floor include the following:

- a) The role of education in improving health of women and men in Africa must be stressed. In this connection it was also stressed the need for educating women and men in reproductive health. Studies have already shown that 1/3 of maternal mortality rate could be prevented through education.
- b) Since the issue of family planning and fertility is still more critical in Africa than anywhere else in the world, some participants suggested re-packaging the family planning message and correctly address the nexus of reproductive health and nutrition in Africa.
- c) Concern was also raised regarding capacity building in the area of the relationship between reproductive health and nutrition, as the available expertise in the field is limited. It was suggested that the research agenda should reflect the need for capacity building.
- d) A query was raised why the findings of Dr. Sen, 1998 Nobel Prize winner in economics, were not reflected in the current literature. Dr. Sen's findings, which were based on research in India and some African countries (e.g. Ethiopia), were that poverty and famine are not caused by the inadequacy of food production but the access to food.
- e) Comment was also made that the paper emphasized reproductive health and HIV/AIDS at the expenses of other sexually transmitted diseases and other reproductive health problems.

Research priorities and orientations for a research agenda on the relationships between women's reproductive health and household food security in Africa (Agenda Items 7. and 8.)

46. The proposed draft guidelines for a research agenda stresses the need to focus the agenda on the relationships between reproductive health and household food security and on feasible and realistic research. It also places emphasis on the need for a holistic approach in the research agenda to target the quality of life of women.

47. In the ensuing discussions, participants agreed that the research agenda should be structured around the following headings: justification, themes, methodological considerations and geographical considerations.

48. For the justification of the research agenda, participants agreed that the following arguments should be put forward:

- a) Both the vulnerability and the contribution of women to the relationships between reproductive health and household food security should be considered.
- b) Even if the two issues of RH and HFS have been largely studied, there is a considerable gap in the research on the relationships between the two.

49. The following themes for the research agenda were discussed and agreed upon:
- a) RH and HFS have both several dimensions and, for each concept, any one of its dimensions can be linked to several of the dimensions of the other. These linkages provide the framework for looking at the relationships between the two concepts. Further research should evaluate the relationships between the various indicators of reproductive health and household food security, as well as how these relationships are conditioned by the status of women.
 - b) Research should also focus on ways in which both outcomes may be jointly determined by other factors, including:
 - ?? Rural-urban migration
 - ?? Wars and political instability
 - ?? Household demographic profile
 - ?? General health and sanitary conditions
 - ?? Women's status
 - ?? Governance
 - c) Political commitment and good governance as factors having an impact on RH and HFS were explained as follow:
 - ?? Political commitment at the highest level possible will ensure effective implementation of policies, appropriate re-allocation of resources, and the development of proper regulatory mechanisms that influence RH and HFS.
 - ?? Good governance practices are now well known and includes accountability (proper utilization of resources), transparency and other good management practices. This whole issue is fairly "hot" and the way forward should be to identify researchers with such expertise. Good governance is not only responsibility of governments but of anybody who assumes a leadership and management role such as governments at various levels, NGOs, program and project managers, and church leaders.
 - ?? In terms of research, some good practices should be documented and the role played by good governance and political commitment on RH and HFS should be identified.
50. Under the methodological considerations some approaches were suggested including:
- a) The need to specify and identify groups to be studied in the research. These groups may include adolescent/older women, educated/uneducated women rural/urban women, women in slum areas etc.
 - b) The need to follow a participatory research approach where women are involved in defining problems and solutions.

- c) The need to follow micro as well as macro approaches in looking at the relationships between reproductive health and household food security.
- d) The implementation of the research agenda should be action oriented research.
- e) The outcome of the research should be disseminated to those entities at the grass roots/community level, which are concerned.
- f) It was suggested to include gender analysis as an item of the methodological considerations. The research should have a gender perspective notwithstanding the actual methodology adopted.

51. Regarding the geographical considerations several suggestions were made.

- a) Comparative research should be carried out focussing on geographical areas with different socio-economic and cultural background and with different levels of reproductive health and household security problems. Similarly, a comparative research on different ecological zones in Africa was suggested.
- b) Geographical considerations should include intra-country and inter-country comparisons, areas of high and low prevalence, areas with high food production, areas with different linguistic and socio-cultural factors.
- c) With respect to rural migration the participant suggested to study the reproductive health and nutrition linkages at both ends.
- d) Another suggestion made was to consider countries where a strong political commitment exist and countries where such commitment do not exist. Countries with greater economic progress and their implications on reproductive health and household food security need also to be considered.

Modalities for implementation of the research agenda (Agenda Item 9)

52. On the modalities for implementation of the research agenda, participants made several suggestions and raised some questions. Questions included: i) the role of ECA in terms of implementation of the research agenda; ii) the role of the participants of the workshop at the end of the meeting; iii) the follow-up of the recommendations of the workshop; and, iv) the role of other institutions partners of ECA in implementing the recommendations of the workshop.

53. In response, it was said that ECA will serve as a coordinating and advocating agency in the implementation of the recommendations of the workshop. Partners at different levels would be involved to finalize the research agenda as well as to advance recommendations for its implementation. Countries and research institutions would also be asked to assist in advancing ideas and programmes. Partners would include experts, research institutions, NGOs, agencies such as UNFPA/CST, IPPF, WHO, UNICEF. Moreover, ECA would solicit funds from donors and research institutions for the implementation of the research agenda. In this connection ECA first needs to identify the key areas that require priority research.

54. The representative of ONFP-Tunisia invited the meeting to organize in Tunis a workshop aiming of discussing the implementation of the research agenda, including identifying projects to be submitted for funding. It was added that for this purpose all relevant bodies that were not part of this workshop may be invited to the workshop in Tunisia.

55. It was observed that ownership of the research agenda by the experts should be recognized. Each participant has the responsibility to assist in the implementation of the recommendations of the workshop. In this regard it was mentioned the role of the Advisory Board on the work programme of FSSDD. Along the same line, suggestion was made to constitute a small working group to assist in the identification of donors and research works, among other things.

56. On the mobilization of funds, the meeting identified a number of donors and organizations which could provide some support, including:

- ?? The Rockefeller Foundation, which has two of four major themes related to the research agenda: food security and health;
- ?? IDRC, which finances projects, among others, related to women;
- ?? UNFPA, which is interested in some aspects of the research agenda;
- ?? ADB, which has some funds for research on African development issues;
- ?? Many European donors, such as SAREC, CIDA;
- ?? Foundations such as The McArthur Foundation and even, the foundations headed by Ted Turner or by Bill Gates.
- ?? In addition, some NGOs, such as OXFAM and CARE International could be associated to the implementation of the research agenda.

57. The implementation of the research agenda requires networking and linking together research institutions and individual researches as well as coordination among donor agencies. Ways of setting people to work together on the research agenda include:

- ?? Networking among researchers and research institutions
- ?? Linking senior researchers with junior researchers.
- ?? Identifying persons and sending names and CVs to appropriate institutions which can promote networking;
- ?? Using existing networks, such as networks on women issues;
- ?? Setting up a web site with links to related sites;
- ?? Strengthening of collaboration within a country;
- ?? Teaming up with an existing project, such as the CARE project to help doctors to work together;
- ?? Implementing small-scale researches through small grant programmes. These researches would carry out studies that investigate linkages between specific dimensions of reproductive health and household food security. On the other hand, more holistic studies could be implemented by research centers.

58. The participants discussed ways of making the best use of available funds. In order to avoid replication of studies, a comprehensive review of literature should be carried out. This review could be shared by researchers and could be done either on a sub-regional or on thematic basis.

Working group on research agenda and modalities for implementation (Agenda Item 10)

59. The working group was composed by the participants who contributed as rapporteurs to the workshop. Other participants contributed also on voluntary bases. The working group worked in two sub-groups. The first one was in charge of the first part of the draft research agenda including justification, themes, methodological considerations and geographical considerations. The second group was in charge of drafting the section of the research agenda on modalities of implementation. Participants of the working group took into consideration remarks and suggestions developed during the workshop in order to draft the research agenda.

E. Adoption of the research agenda (Agenda Item 11)

60. The meeting discussed the draft research agenda prepared by the working group. Several remarks came from participants including the following:

- a) On the justification section, it was asked to change the order of the considerations. In addition, it was mentioned to add the fact that studying the two issues of RH and HFS together gives the opportunity to carry out interdisciplinary studies.
- b) On the thematic section, it was suggested to substitute the subject of “urban slums” with “poverty” that is more generic and comprehensive. Moreover, the subjects of education, socialisation of children, and appropriate technologies should not be considered as separated points but added to the list of factors affecting both RH and HFS.
- c) On the methodological considerations, it was suggested to add a point on the necessity to use both quantitative and qualitative approaches. Moreover, the two points on participatory research and on micro and macro approaches should be reformulated by FSSDD in order to become more understandable.
- d) On the geographical considerations, it was suggested to take also into consideration different cultural zones for conducting comparative research.

F. **Closure of the meeting (Agenda item 12)**

61. The workshop adopted, with amendments, the research agenda on the relationships between women's reproductive health and household food security. This research agenda, containing the amendments proposed and adopted, is annexed to the present paper (Part II).

62. The Director of FSSDD, on behalf of the Executive Secretary, Dr. K.Y. Amoako, and on behalf of the Division, thanked most sincerely the participants for their hard work. She then expressed her gratitude to every participant, by names, for the excellent contributions provided and she also hoped that they would come back again. She then thanked all colleagues in the Division, professionals and supporting staff, for their work and support.

63. Participants expressed their positive feelings over the meeting, including work accomplished. They expressed also gratitude to the Chief of the Division for the initiative of providing a forum for discussion of the relationships between RH and HFS and for the formulation of the research agenda to help move on the research on the issue. Participants stated that the workshop had been a learning experience for them and that it had promoted useful dialogue among experts of different backgrounds.

PART II

RESEARCH AGENDA ON THE RELATIONSHIPS BETWEEN WOMEN'S REPRODUCTIVE HEALTH AND HOUSEHOLD FOOD SECURITY IN AFRICA

RESEARCH AGENDA ON THE RELATIONSHIPS BETWEEN WOMEN'S REPRODUCTIVE HEALTH AND HOUSEHOLD FOOD SECURITY IN AFRICA

INTRODUCTION

Although much research exists on food security and on reproductive health as separate issues, researchers have paid little attention to the relationship between the two. The dual roles that women play in producing and preparing food, as well as in bearing and rearing children make the comprehension of the relationships between reproductive health and household food security extremely crucial. We need a more complete understanding of the strengths and significance of these relationships in order to optimally develop policies that improve the quality of life of women and their families.

Participants in the Workshop on Women's Reproductive Health and Household Food Security in Africa, held in Addis Ababa, Ethiopia, on the 11-13 October 1999, proposed the following research guidelines to the ECA. Additional information is contained in the report of the workshop and in the background papers that were commissioned by ECA. The list of participants is attached.

JUSTIFICATION

1. Women make an important contribution to the food security of their families from production to consumption, while they also play a principal role in child bearing and child rearing.
2. Inequalities in society make women more vulnerable, than men, to problems related to reproductive health and household food security throughout the life cycle.
3. Past research, partly because of disciplinary focuses, addresses each of these areas separately but does not adequately address the linkages between reproductive health and household food security. In this regard, interdisciplinary research is in itself of interest, but in this case it is especially justified because it is crucial and necessary for deriving optimal solutions to the set of problems outlined here.
4. There are advantages to focusing on the relationships between the two sets of issues: there are interdependent linkages between the concepts of women's reproductive health and household food security such that improving either or both of them should improve the overall wellbeing of women and their families.

THEMATIC AREAS

1. Reproductive health and household food security both have several dimensions. For each of these concepts, any one of its many dimensions can be linked to several dimensions of the other. These linkages provide the framework for examining the relationship between the two concepts. Future research should evaluate the relationships between the various indicators of household food security and reproductive health, as well as how these relationships are conditioned by environmental, socio-political and cultural factors. See attached conceptual framework upper boxes.
2. Research should focus on ways in which outcomes of both reproductive health and household food security may be jointly determined by other factors such as those that follow. See attached conceptual framework bottom boxes as related to top row including the following:
 - ?? Poverty
 - ?? Rural-urban migration
 - ?? Wars and political instability
 - ?? Household demographic profile
 - ?? General health, nutritional and environmental conditions
 - ?? Women's socio-economic status
 - ?? Political commitment and governance
 - ?? Formal and informal education
 - ?? Socialization of children into gender roles
 - ?? Reproductive Health and Household Food Security technologies
 - ?? Etc.
3. HIV/AIDS and Household Food Security: There are gender-differentiated effects of HIV/AIDS on household resources and labour patterns. These include how household resources and labour patterns change under the impact of HIV/AIDS depending on whether it is the male or female partner that is affected. Also, what are the implications of changes in household resources and labour patterns for the nutrition of young children and women? What are the coping strategies of the unaffected partner, their children and relatives?
4. Investigating the underlying dynamics associated with the mechanisms of coping with food insecurity such as sexual services, child labour, etc. will contribute to a better understanding of women's responses to food insecurity and also of the determinants of women's reproductive health.
5. Because health services neglect adolescents and also because adolescents contribute significantly to household food security, studies of adolescent reproductive health and household food security must be a priority.
6. Because too little is known about male responsibilities and roles as partners in reproductive health and household food security, this area should also be a priority.

7. Reproductive health and household food security linkages in special and neglected groups should be studied:

- ?? Forest people
- ?? Traditional fisher folk
- ?? Hunter/gatherers
- ?? Pastoralists
- ?? Nomads
- ?? Etc.

METHODOLOGICAL CONSIDERATIONS

1. Researchers should adopt a holistic view of women's welfare involving not only their health but also their socio-economic well being at the household, community, and national levels.
2. Women are not a homogeneous group: there is a need to clearly specify and identify the groups to be studied.
3. As a gender perspective is essential to this research, the use of methodologies that employ gender analysis is of high priority.
4. Micro and macro approaches are needed to look at the relationships between reproductive health and household food security.
5. Quantitative and qualitative approaches should be employed, either independently or in conjunction.
6. Capacity development must be build into research, such that junior researchers are mentored and the ability of institutions to carry out research at the very local level is strengthened.
7. Participatory approaches through which women play a significant role in defining both problems and solutions should be encouraged.
8. Process-oriented action research is encouraged such that researchers can address related population needs as they carry out their study.
9. It is important to disseminate research results to communities and particularly at the grass-roots level.

GEOGRAPHICAL AND COMPARATIVE CONSIDERATIONS

1. Comparative research that looks at different levels and magnitudes of reproductive health and household food security problems is important in eliciting linkages.

2. Comparative research on different geographic and political situations, cultural, linguistic and ecological zones in Africa is also important.

MODALITIES FOR IMPLEMENTATION

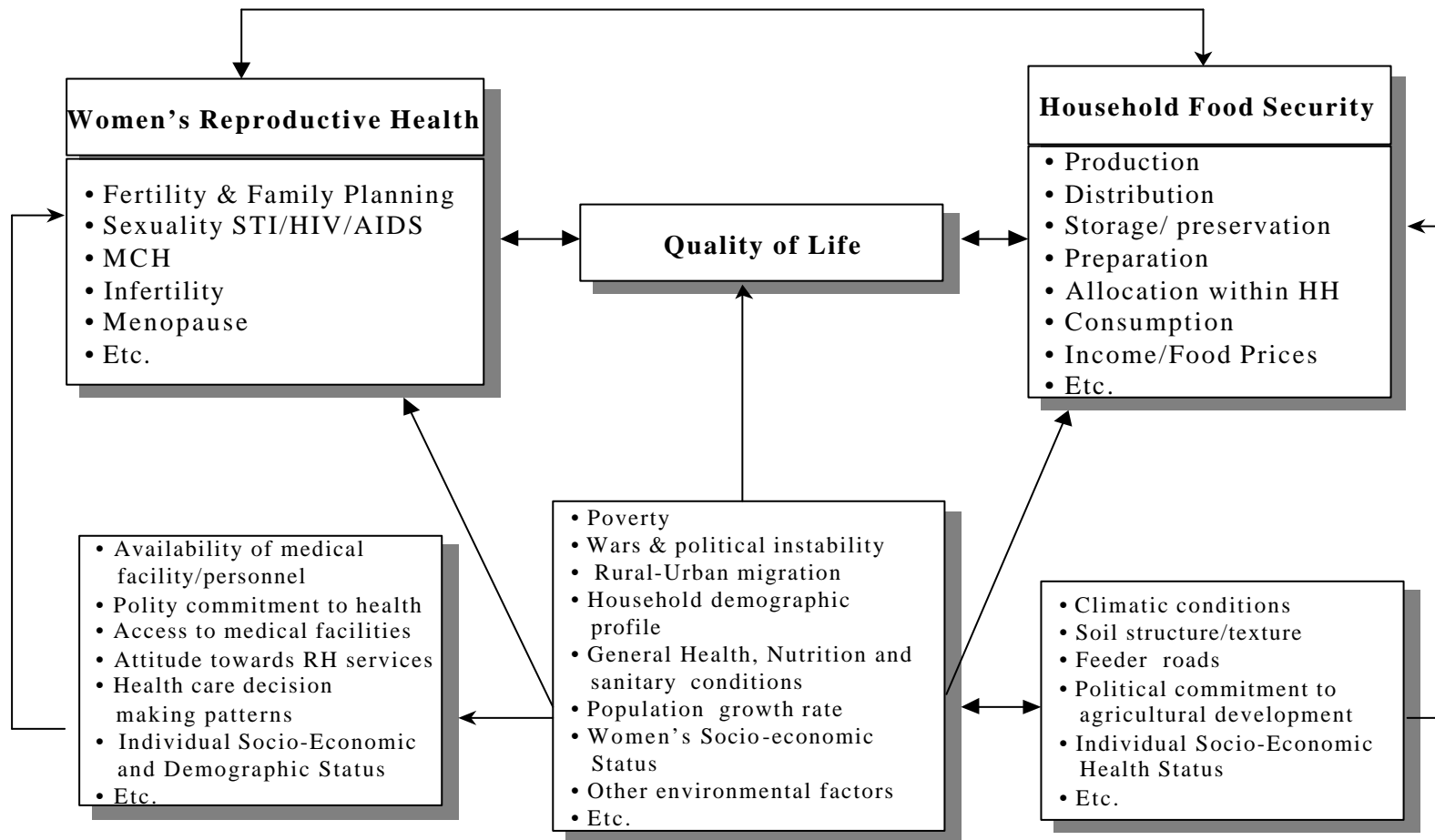
Steps for Implementation

1. ECA will seek funding to execute the research.
2. ECA will call for research proposals.
3. Preliminary screening by ECA (with, perhaps, additional outside experts).
4. ECA will contact (or convene) a panel of experts from the steering committee to review proposals.
5. Workshop of selected grantees will be convened together with scientific experts to discuss modalities for research projects (methodology workshop) (e.g. in Tunisia).
6. After direction on modalities, researchers proceed with work (researchers should have available to them a pool of technical experts to facilitate their research and data analysis).
7. Submission of draft reports to ECA.
8. Convene a meeting of all grantees to report on completed work to stakeholders of ECA member countries.
9. Revise reports/local dissemination of findings.
10. Submit final reports to ECA for publication.

Networking

1. ECA will present the final research agenda to a donor forum.
2. ECA may approach individual funding agencies
3. Coordination to foster networking between individual researchers and institutions, between junior and senior researchers, etc.
4. ECA will create web site with listserve to foster dissemination and exchange of information.

CONCEPTUAL FRAMEWORK FOR A RESEARCH AGENDA ON WOMEN'S REPRODUCTIVE HEALTH AND HOUSEHOLD FOOD SECURITY IN AFRICA



Annex I**LIST OF DOCUMENTS**

- | | | |
|----|---------------------------|---|
| 1. | ECA/FSSDD/POP/RH/99/1 | Provisional Agenda |
| 2. | ECA/FSSDD/POP/RH/99/Add.1 | Provisional Annotated Agenda |
| 3. | ECA/FSSDD/POP/RH/99/Inf.1 | Provisional Programme of Work |
| 4. | ECA/FSSDD/POP/RH/99/2 | Relationships Between Women's Reproductive Health and Household Food Security in Rural Africa |
| 5. | ECA/FSSDD/POP/RH/99/3 | Women's Reproductive Health and Food Growing/Processing: The Case of Nigeria |
| 6. | ECA/FSSDD/POP/RH/99/4 | The Relationship Between Women's Reproductive Health and Family Nutrition in Africa |
| 7. | ECA/FSSDD/POP/RH/99/5 | The Implications of HIV/AIDs for Household Food Security in Africa |
| 8. | ECA/FSSDD/POP/RH/99/6 | Women's Reproductive Health and Household Food Security in Africa |
| 9. | ECA/FSSDD/POP/RH/99/7 | Report of the Workshop |

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