UNIVERSITY OF
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International Development Department

Urban families under pressure: conceptual and methodological issues in the study of poverty, HIV/AIDS and livelihood strategies

Urban household livelihoods and HIV/AIDS

Working Paper 1

Emmanuel Nkurunziza and Carole Rakodi

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Summary

The livelihood strategies and well-being of urban households in sub-Saharan Africa have been affected by short-term shocks and long duration stresses due to economic decline, increasing poverty, deteriorating living conditions and the HIV/AIDS epidemic. Some households are more able to adapt and recover from shocks and stresses than others. Their responses are likely to depend on the assets available to the household; the economic context; past migration history and contemporary rural links; the prevalence of disease and whether the household itself is afflicted, affected or unaffected; the social/ethnic group to which the household belongs, with its associated patterns of kinship, marriage, access to land, inheritance etc; the nature of associational life in the settlement in which the household lives and beyond; the capacity of government to deliver services; and the activities of NGOs.

This paper sets the context for a project that will investigate the impact of short-term shocks and long duration stresses due to economic decline and ill-health, especially HIV/AIDS, on the livelihood strategies of poor urban households and their wider social networks in Kenya and Zambia. It summarises related research, describes the broad characteristics and extent of the HIV/AIDS epidemic, identifies the conceptual framework that will be used for the research, discusses a range of methodological issues and briefly reviews current debates about approaches to care and mitigation for poor households and individuals affected by ill-health, especially HIV/AIDS.

Preface

This paper has been prepared as part of a research project which aims to investigate the impact of short-term shocks and long duration stresses due to economic decline and ill health, especially HIV/AIDS, on the livelihood strategies of poor urban households and their wider social networks, in order to inform policies intended to reduce poverty and achieve the MDGs. The research is being carried out a selected low-income settlement Nairobi in the capital city of Kenya and in two urban centres in Zambia (Lusaka and Ndola). It is receiving funding under the UK Department for International Development's short-term Policy Relevant Research Programme. The project is coordinated by Professor Carole Rakodi. The research teams comprise Ms Wendy Taylor (team leader) and Dr Harrison Maithya in Kenya, and Ms Sharon Mulenga (team leader) and Dr Albert Malama in Zambia, together with research assistants. Research assistance in Birmingham is provided by Dr Emmanuel Nkurunziza.

Data collection and preliminary analysis will be completed during the second half of 2005, and research findings presented to workshops in the two countries studied in mid-2006.

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1. Introduction

Since the 1980s economic shocks and socio-political changes in Africa have resulted in changes not just to household livelihood strategies but also to the social relationships within and between households and families, affecting the social resources available to people for constructing secure livelihoods and protecting themselves against shocks and stresses. Economic decline and the effects of the HIV/AIDS pandemic have impoverished many and trapped large numbers in permanent poverty. Recent reviews stress the need to understand the dynamics of poverty, especially the factors that impoverish households or enable them to escape poverty, permanently or temporarily (Hulme and Shepherd, 2003). Policy needs to be based on an understanding of

- individual and household vulnerability to economic decline, retrenchment and ill-health
- short-term household responses to shocks and stresses, and
- the longer term changes to households, livelihood strategies and the relationships between individuals and their kinship and community networks that may mitigate risk or increase vulnerability.

Because the majority of poor people still live in rural areas where the incidence and depth of poverty may be greater, research and policy attention has focussed on them, even though the proportion of people living in urban areas continues to rise and the proportion of poor people who are urban is increasing (Haddad et al, 1999). Most published research on the livelihoods of African urban households was undertaken in the context of economic decline and the early years of structural adjustment (e.g. Rakodi, 1995; Kanji, 1995; Moser and Holland, 1997; Devereux, 1999). Perhaps inevitably, this research highlighted the impoverishment of households affected by structural adjustment policies and paid less attention to factors that enabled households to improve their well-being. It also focused on households' short-term coping strategies, rather than longer term changes in household assets, livelihood strategies, and socio-political relationships. There have been more recent studies in some countries e.g. Ghana (Ashong and Smith, 2001) and South Africa (Murray, 2000). Also, some NGOs have subsequently used a livelihoods framework for baseline studies prior to specific projects. There appears to have been no in-depth follow-up research in urban locations studied earlier, to ascertain longer-term livelihood trajectories and adaptations, although there have been national/rural quantitative panel or repeated cross-sectional studies in Uganda, Cote d'Ivoire, Ghana and South Africa (quoted in McKay and Lawson, 2003).

Several recent reviews have drawn attention to the dearth of research that investigates the impact of HIV/AIDS and the benefits of using a livelihoods approach for this purpose (White and Robinson, 2000; Seeley and Pringle, 2001; Stokes, 2003; Tobin, 2003). What work there is often focuses on a single country and the research projects do not use comparable methods. Nor does the available research analyse whether and how the impacts of economic decline and ill-health (especially HIV/AIDS) differ, in both the short and long term. The

reviewers assert that policy should not be confined to improving treatment and prevention and stress the need for systematic research as a basis for interventions to mitigate the impact of HIV/AIDS and other shocks and stresses on household livelihoods.

To date, almost all the studies on the impact of HIV/AIDS focus on rural households (Seeley and Pringle, 2001; Tobin, 2003; Mesko et al, 2003), although a few (e.g. some in Ainsworth et al, eds, 1998) have included urban as well as rural sites. Others focus on particular impacts e.g. school attendance by Oxfam in Kibera, Nairobi; the care of orphans; the death of adult women in Zimbabwe (Mutangadura, 2000); the effects on women in Zambia in the mid-1990s (Baylies, 2002). Stokes' proposal for FAO is concerned solely with measuring the impacts of HIV/AIDS on rural livelihoods and food security, although White and Robinson suggest that there is also a need for case studies which track connections and exchanges among households and communities across rural, urban and peri-urban groups (Stokes, 2003; White and Robinson, 2000).

While there is no substitute for sound macro-economic policies and economic growth to achieve poverty reduction, policies that address contributory factors (e.g. low health status and low levels of education), mitigate short-term shocks (e.g. retrenchment, illness, drought) and tackle chronic poverty are also needed. Too many initiatives to address urban poverty in general and the impacts of ill-health, especially HIV/AIDS, in particular are based on unsubstantiated assertions (Tobin, 2003) and are small-scale, ineffective or sustainable. Research which improves understanding of urban households' short and longer term livelihood strategies in the context of wider social and economic changes can, therefore, inform policies designed to support people's own efforts to develop their assets, provide social protection and improve care for those living with HIV/AIDS.

1.1 Aims of the research

This paper sets the context for comparative research on the impact of HIV/AIDS on urban household livelihoods in Kenya and Zambia. The aim of the research is to investigate the impact of short-term shocks and long duration stresses due to economic decline and ill health, especially HIV/AIDS, on the livelihood strategies of poor urban households and their wider social networks, in order to inform policies intended to reduce poverty and achieve the MDGs, especially policies to mitigate the impacts of the epidemic. The research questions that it will address are as follows:

- What evolving forms do the livelihood strategies of poor urban households take in a context of economic and social shocks and stresses? What explains the options open to and strategies adopted by households? What are the impacts on those strategies of ill health, especially HIV/AIDS, and what are their outcomes in terms of poverty and well-being?

- How are relationships between household members changing, in particular household composition and inter-generational relationships, and why? What are the links in both directions between these changing relationships and livelihood strategies and outcomes?
- How are relationships between urban households and their wider families and kinship networks in both urban and rural areas changing, as reflected in, for example, labour force participation, marriage patterns and practices, migration, remittances, caring for dependants (including orphans and the sick), and inheritance? What explains the short and longer-term changes?
- How are relationships between urban households and their social and political communities changing? What social safety nets are available, and what access do people have to social networks and political institutions, with what outcomes?
- What attempts are being made in local communities to assist urban households build up their assets, increase their security, protect themselves against shocks and stresses, and deal with the effects of HIV/AIDS on their livelihoods? What are their outcomes?

This paper sets the context for the research by reviewing the wider literature on a livelihoods approach to understanding household livelihood strategies and how households and individuals respond to adverse circumstances including economic difficulties and ill health, especially HIV/AIDS. It also examines methodological issues raised by the adoption of a livelihoods approach to assessing the impact of HIV/AIDS on households and briefly examines some areas of possible policy intervention. First, in the remainder of this introduction, the broad characteristics and dimensions of the epidemic are described.

1.2 The HIV/AIDS pandemic in Africa

The HIV/AIDS pandemic has, over the past two decades, emerged as, arguably, the most serious crisis in international health, with significantly damaging impacts on virtually all other sectors of society. Indeed, as Parker (2000) points out, it has been described as the quintessential epidemic of our times. While the epidemic was initially thought of as a health issue, the effects it has on different sectors of society and the socio-economic dynamics of households and communities has meant that it is now perceived as a much broader development issue.

The scale of the epidemic in terms of the numbers of people contracting or dying of the disease has increased tremendously over a short period of time. As of 2002, over 42 million people were living with HIV/AIDS, with almost three quarters located in Sub-Saharan Africa (UNAIDS, 2002). According to UNAIDS (2002), HIV/AIDS has killed over 20 million people since it was first clinically identified in 1981. AIDS has now surpassed other killer diseases such as malaria as the leading cause of death in some parts of Sub-Saharan Africa. For instance, in the small towns of Uganda where HIV prevalence[1] is estimated at 20%, nearly

[1] The most commonly used measure of HIV rates is *seroprevalence* referring to the percentage of a given population that is estimated to be HIV positive at the time of reporting. It takes about 5 – 10 years for a seroprevalence figure to transform into AIDS prevalence (Barnett, 2004).

three quarters of all adult deaths are attributed to HIV/AIDS. Even in areas such as rural Tanzania, where the HIV prevalence is still low (about 4%), AIDS accounts for about 35% of all adult deaths. These increases in mortality rates, particularly amongst children and young adults, have led to a substantial life expectancy decline in many Sub-Saharan African countries. According to White and Robinson (2000), life expectancy in Botswana has fallen from over 60 to under 50 years, and the situation is worse in Uganda, where life expectancy has fallen to under 40 years.

While it is indisputable that SSA, as a region, has the highest HIV/AIDS prevalence rates in the world, individual countries within this area have been affected to varying extents. For instance, whereas nearly a quarter of the population in some Southern African countries, such as Botswana and Zimbabwe, is infected with the virus, the HIV/AIDS prevalence rate is still quite low in some other SSA countries, such as Ghana, where about 2.4% of the adult population is HIV positive (White and Robinson, 2000). The inter-country variation in HIV/AIDS prevalence rates is attributed to a number of factors, including socio-cultural norms, particularly those relating to sexual behaviour and gender relations; movement and migration; public policies; prevention strategies and resources committed to the task; the phase of the epidemic; and the strain of the virus. To Farmer (1999), poverty and inequality are most culpable in the spread of HIV, as these increase susceptibility and decrease resilience to infection.

Intra-country HIV prevalence rates also show regional variations, with the commonest differences occurring between urban and rural areas, although the gap between the two is narrowing in most countries. In the early years of the epidemic, the most affected areas were towns and cities, but due to migration and other forms of rural-urban linkage, HIV/AIDS prevalence rates in rural Africa have been rising, and continue to rise sharply. It is argued that the narrowing of the urban/rural HIV prevalence ratio within countries has tended to be faster in countries with developed transport systems, such as South Africa, Botswana and Zimbabwe, and slower in countries with restricted mobility, such as Tanzania and Uganda (White and Robinson, 2000).

There is also a gendered aspect with regard to susceptibility to HIV infection. For physiological reasons, Mutangadura (2000), quoting NACP (1998), posits that women are two to four times more likely to contract the HIV virus than men if they engage in unprotected sex, primarily because of the larger surface area exposed to contact during intercourse. She further argues that most women in Zimbabwe, like much of SSA, “do not have the right to sexual and reproductive autonomy” (Mutangadura, 2000:2) and therefore find it hard to exercise the option of utilising some of the main preventative methods such as abstinence or condom use.

Despite the already alarming HIV prevalence levels, infection rates continue to rise in many SSA countries and the virus is also spreading in other parts of the world, including some of

the world's most populous nations such as India, China and Russia. The HIV/AIDS epidemic is made more complicated by its primary means of transmission. Over 90% of all HIV infections in Africa are through heterosexual intercourse and because of this there are greater possibilities of transmission within the family between sexual partners and to unborn children. Furthermore, as Barnett (2004) argues, because the HIV virus is mainly sexually transmitted, its major victims are those within the most productive ages, thereby affecting the structure of populations and the supply and quality of labour.

Besides the aforementioned impact of HIV/AIDS on mortality rates, the pandemic has far reaching effects at all levels of society, ranging from the micro (individual/household) to the global level. As Barnett and Whiteside (1999) correctly point out, the effects of HIV/AIDS may be manifested as either an immediate and severe exogenous shock when an individual develops AIDS or more complex long-term changes, at both micro and macro levels, as a result of the epidemic becoming endogenous. It is because of the latter effects, which continue to be felt long after the death of the infected individual(s), that Barnett and Blaikie (1993) have described the pandemic as a 'long-wave' disaster.

Because most efforts, particularly in the early stages of the epidemic, were focused on prevention and treatment, there has been limited research on the non-medical aspects of the pandemic, such as its socio-economic impacts, the coping strategies adopted by those affected and ways in which its effects might be mitigated. Much of the contribution from the social sciences has been in the areas of prevention of infection and modelling economic and demographic effects (White and Robinson, 2000). Barnett et al (2001) aptly capture the state of affairs with regard to research on the impact of HIV/AIDS when they point out that "for a disease that threatens the lives and livelihoods of millions, HIV/AIDS has attracted very little attention from non-economic social scientists… Most of the work in economics has been concerned with macro and sectoral impact with a significant but limited effort towards understanding impact on the household, mainly rural but to a small extent urban".

One model that has so far provided a useful framework for studying the impact of HIV/AIDS on household and community livelihoods is the Sustainable Livelihoods model. In the next section the major features and principles of this framework are presented, followed by an examination of the ways in which it has been applied for analysing the impact of HIV/AIDS.

2. The household livelihoods approach

The road to the development of the household livelihoods framework is well documented elsewhere (Carney, 1998). Suffice it to say that it is premised upon a few key principles, including the acknowledgement that poverty is not just a lack of wealth but rather a condition of insecurity. It further appreciates the fact that poverty is not a stable, permanent or static condition, but rather contends that poor individuals and households move in and out of relative poverty, depending on opportunities at their disposal and the shocks and stresses to

which they are exposed. The livelihoods approach also takes as its starting point not deprivation but the 'wealth of the poor' (UNDP, 1998). While the accentuation of the positive aspects of the poor's capabilities is one of the key strengths of the framework, it is also a source of criticism. Some analysts view this as being overly romantic or patronising because, as Moser (1998) suggests, many livelihood strategies are adopted out of necessity rather than choice.

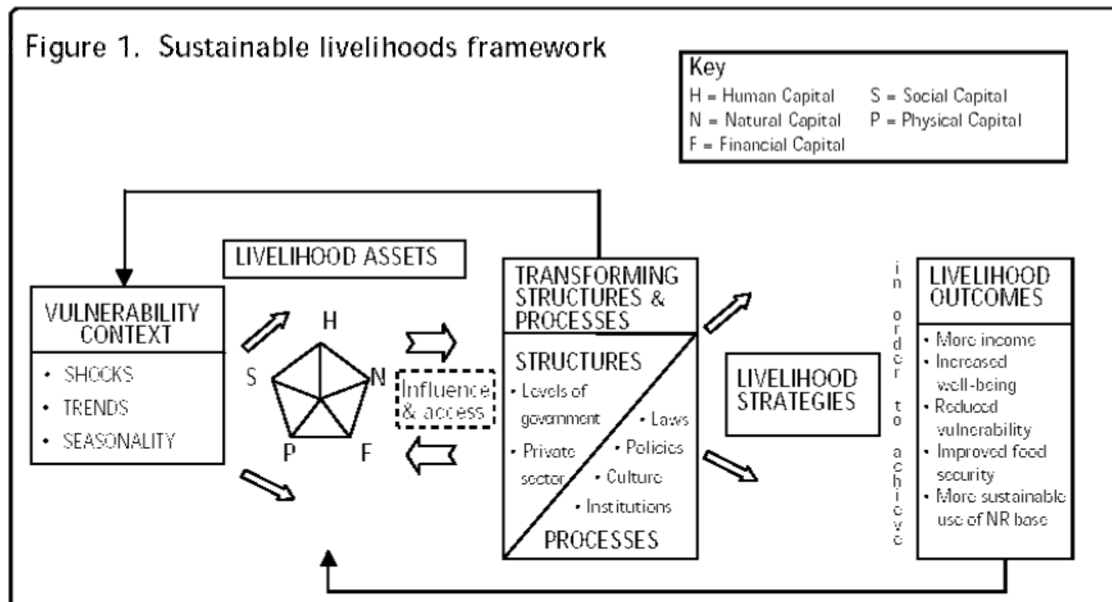

Figure 1. Sustainable livelihoods framework

http://www.livelihoods.org/info/guidance_sheets_pdfs/section2.pdf accessed on 28 May 2005

The main components of the SL framework are livelihood assets, classified into five different forms of capital[2]: social, human, natural, financial and physical; transforming structures and processes; and livelihood strategies and outcomes. According to the model, households possess five forms of assets that they can deploy in their livelihood strategies, namely human capital, financial capital, social capital, natural capital and physical capital (Carney, 1998). To secure their well-being and cope with the challenges of their economic, social, physical and political environments, households are said to adopt livelihood strategies that draw on these five forms of capital (Stokes, 2003). It is contended by the model that an individual or household's ability to evade or reduce vulnerability is dependent upon both their initial asset endowment and their capacity to manage and transform their assets. As Meikle et al (2001) correctly point out, the existence of assets is not sufficient for individuals/households to build sustainable livelihoods. What is critical is how they obtain access to these assets, which is largely determined by their entitlements. The latter are in turn influenced by contextual/transforming factors. The term 'sustainable' has a variety of different possible meanings. Developed for use in understanding rural households, its use in

[2] There has been much discussion of the concept of capital in livelihoods analysis. It refers to ".. stuff that augments incomes but is not totally consumed in use" (Narayan and Pritchett, 1999, p.871). Thus capital is a stock that can be stored, accumulated, exchanged or depleted and put to work to generate a flow of income or other benefits (Rakodi, 2002).

the version of the model illustrated in Figure 1 includes an important emphasis on the environmental sustainability of livelihoods. This is arguably less appropriate in urban contexts, where households do not directly and primarily depend on natural and environmental resources for their livelihoods. What appears to be crucial to urban households is security (Beall, 2002; Rakodi, 2002; Wood, 2003).

Moser (1998), in her 'Asset Vulnerability Framework', proposes an alternative configuration of assets that she deems appropriate for analysing urban livelihoods. She argues that, in the urban context, housing, as a productive asset on which income-generating activities can be based, plays a similar role to land in the countryside[3]. In the asset vulnerability framework, the suggested assets of urban residents are: labour (commonly identified as the most important asset of poor people); human capital (health status, which determines people's capacity to work, and skills and education, which determine the return to their labour); productive assets, of which the most important is housing; and social capital.

The capitals and capabilities model, on the other hand, suggests that household assets can be classified into five forms of capital: produced, human, natural, social and cultural capital (Sen, 1981). Produced capital incorporates physical and financial capital as defined in the sustainable livelihoods framework. The important addition that the capabilities framework makes is the introduction of 'cultural' capital, referring to people's perceptions of the meaning of poverty/wealth or, more broadly, to subjective assessments of 'quality of life'. It is these subjective perceptions that the framework argues are key in determining the relative importance of all other assets, and therefore in shaping livelihood strategies. To Tacoli (1999), cultural capital is the asset that distinguishes the capitals and capabilities framework from both the livelihood framework portrayed in Figure 1 and money metric measures of poverty. Cultural capital, together with social capital, is considered to be critical in enhancing people's capacity to be their own agents of change. Some analysts feel that political capital should be distinguished from social capital (Beall, 2001; Rakodi, 2002).

Contextual factors (defined as the public sector, the private sector and civil society) and processes (referring to legislation, policies, culture and institutions) are crucial, as they are likely to influence entitlements and affect livelihood strategies and outcomes by either facilitating or constraining access to different forms of assets. The mark of household livelihood security is the ability to adjust to threats within a household's environment in a manner that does not undermine its ability to effectively respond to similar and other shocks in the future. Social norms, policies and legislation embody power and gender relations and have a significant impact on the access of individuals and households to the different types of assets and on the effective value of those assets (Rakodi, 1999). The reverse relationship is also possible, whereby possession of certain kinds of assets, particularly political and social capital, provides capabilities to renegotiate and change existing processes and structures (Rakodi, 1999).

[3] See also Wood and Salway, 2000.

Another key component of the livelihoods framework concerns the livelihood strategies adopted by households, individuals and communities to transform the assets available to them into income and to use them to meet other needs. The livelihood strategies adopted are determined by a combination of the assets available, the contextual factors which determine the availability and possible use of these assets, and the household's objectives. To Moser (1998) livelihood strategies are more than a simple response to the assets available and contextual factors; they are also the result of the poor's objectives and preferences, which are affected by both individual and household preferences. Livelihood strategies may be short-term, adopted out of necessity, or long-term, designed to invest in future capacity to improve well-being (Moser, 1998). In practical terms these strategies can be categorised as income earning; expenditure reducing; collective support strategies that draw on kin and other social networks; and external representation strategies in collaboration with, or through, other institutions that provide key services and facilities (Tacoli, 1999).

Being a people-centred framework, the livelihoods model places considerable emphasis on the strategies adopted by the poor, who are considered to be the 'experts' on their personal circumstances and the context in which they live. Moser (1998), however, takes issue with this stance, arguing that poor households and individuals often lack access to information, broader overviews and experiences outside their immediate neighbourhoods, thereby compromising their ability to devise the best possible livelihood strategies. Even where these constraints are overcome, households may adopt strategies that are either environmentally unsustainable or favour their more powerful members, rather than strategies that secure the best interests of the family or community as a whole. There are also arguments against the use of the term 'strategy' with respect to actions taken by poor households to secure their livelihoods. It is contended that such households can only react opportunistically to changes within or outside their households, rather than adopt the goal-oriented behaviour implied by the use of the term 'strategy' (Rakodi, 1999). There is a further argument that using the concept 'household strategy' implies that household decisions are arrived at jointly and equally by household members, thereby ignoring power asymmetries that exist within families and communities and concealing individualistic behaviour (Rakodi, 1999).

The efficacy of the livelihood strategies adopted by different households is reflected in the level of success achieved in transforming the assets at their disposal into income or basic goods and services, or what are referred to as livelihood outcomes. Livelihood outcomes can be aggregated and seen in relation to a household or individual's position on a continuum between vulnerability and security. As some household members have more power and influence, outside or within the household, than others, livelihood outcomes may not affect all members in the same way.

Although initially the sustainable livelihoods framework was rural in focus, it is being increasingly used in urban contexts. While there is great similarity in the principles underlying the livelihoods framework in rural and urban areas, there are contextual differences between

the two domains as well as among urban areas themselves. It has been argued that livelihoods are often more complex in urban areas (Rakodi, 1999; Chambers, 1995). The context within which the urban poor operate presents both opportunities and constraints that influence their livelihood strategies. Urban areas are generally more culturally diverse and socially fragmented and are often less safe than rural areas, but also present greater economic opportunities. There is greater dependence on cash income in urban areas and because the urban economy is highly commercialised, the cost of living is much higher for the urban poor than their rural counterparts. The commoditised nature of the urban sector means that labour is urban poor people's most important asset, generating income either directly in terms of its monetary value through the wages from employment, or indirectly through informal sector self-employment activities. Furthermore, because of their dependence on the delivery of infrastructure and services by urban authorities, urban households are more likely to be linked into the structures of governance than rural households. Meikle et al (2001) outline the vulnerabilities that are common among the urban poor:

- Quite often the urban live in poor environmental conditions that pose a threat to both their safety and health, thereby undermining one of their chief assets, human capital.
- The majority of the urban poor have precarious legal status with respect to employment and residence in the city. Limited or absent labour rights arising from being engaged in informal employment make the majority of the urban poor vulnerable to exploitation, harassment by state agents and working in unsafe environments. In the majority of cases, poor households in the urban areas live on illegally occupied land or in informal low cost rental housing without legal tenure rights thereby exposing them to poor living conditions, denial of access to basic infrastructure and social services, and vulnerability to summary eviction.
- There is a contention that the social context in urban areas is fragmented and characterised by crime and other social problems, which significantly reduces the stocks of social capital on which households can draw as they seek to secure their livelihoods. It is argued that the high levels of social and economic heterogeneity that characterise urban areas weaken community and inter-household mechanisms of trust and collaboration (Moser, 1998). This is in contrast to rural areas, where the 'moral economy' is significant and the right to make claims on others or the obligation to transfer a good or service is embedded in the social and moral fabric of communities. Some assert that kinship networks in African urban areas are being maintained and adapted (Samuels, 2000), while others suggest that poor households can no longer rely on support from kin.
- Poor households and individuals in urban areas are also more vulnerable to changes in market conditions than their rural counterparts because of their dependence on the cash economy. They may also be more dependent on purchasing services such as transportation and education than are rural dwellers

Allied to the increasing recognition of the various mechanisms that individuals and households use to secure their livelihoods is the adoption of a more dynamic analysis of poverty which has been developed in recent years and which shows that people tend to move in and out of poverty, depending on how vulnerable they are to external shocks and stresses, and how rapidly they can recover from such crises.

According to Chambers (1989:1), vulnerability refers to "exposure to contingencies and stress, and difficulty in coping with them. Vulnerability thus has two sides: an external side of risks, shocks, and stress to which an individual is subject; and an internal side which is defencelessness, meaning a lack of means to cope with damaging loss". Despite the often interchangeable use of vulnerability and poverty, the two concepts differ, primarily distinguished by the static nature of the latter as opposed to the more dynamic nature of the former (Moser, 1998). Vulnerability is used to reflect the dynamic nature of poverty, whereby the efforts of poor families and individuals are countered by a wide range of risks within their environment that make their livelihood trajectories far from linear, as they move in and out of poverty (Prowse, 2003). Indeed, Kantor and Nair (2003) define vulnerability as referring to the "probability of falling into, or deeper into, poverty due to exposure to external economic shocks and stresses".

To Devereux (2001), vulnerability is determined by both the risk factors that are *generic* to groups that share a geographical connection or risk characteristics, and the risk factors that are *specific* to individual households or individuals. However, analysing vulnerability ought to go beyond identifying the risks and threats to examine households' resilience in resisting and recovering from the negative effects of a changing environment or their ability to exploit opportunities. The means of resistance are the assets and entitlements[4] that individuals, households, or communities can mobilise and manage in the face of hardship. Vulnerability is therefore closely linked to asset ownership – the more assets people have, the less vulnerable they are, and the greater the erosion of people's assets, the greater their insecurity. As Rakodi (1999) points out, the assets available influence the scope for a household to improve its well-being, both directly by increasing its security and indirectly by increasing people's ability to influence the policies and organisations which govern access to assets and define livelihood options. To Moser (1998), reducing vulnerability does not just depend on initial assets but also on households' and individuals' capacity to manage and transform such assets into income, food or other basic necessities.

The magnitude and intensity of the effects of external shocks and stresses on both households and particular individuals within households depends on the nature of the type of shock or risk event experienced, household characteristics and the status within the family of the individuals in question. Some of the household characteristics that may influence risk

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[4] Sen (1981) in his entitlement approach, distinguishes between ownership endowments (of land, labour etc.) and exchange entitlements. Entitlements are defined as commodities over which one person can establish command and an entitlement set as a bundle of such commodities.

levels include occupation, education levels, household size and composition, gender of the household head, and ethnicity/race (Kantor and Nair, 2003).

The sources of shocks and insecurity that threaten well-being can be economic, ecological, health, social or political in nature. Devereux (2001) outlines a simple typology that can be used to categorise such shocks and stresses thus:

- ***Scale***: macro-level (national to international) economic shocks, such as global recession or terms of trade volatility; meso-level (sub-national to community) covariant shocks such as civil war or extreme weather events; and micro-level (individual or household) idiosyncratic shocks such as ill health.
- ***Predictability***: cyclical variability (economic cycles such as seasonality, which is predictable in its timing but not its severity); stochastic risk (e.g. of drought or floods); and unpredictable downturns.
- ***Trigger***: illness and injury, old age etc.

One way of analysing vulnerability is to divide the population into functional categories and to identify the sources of risk faced by each category.

3. HIV/AIDS and household livelihood assets and strategies: impacts and responses

HIV/AIDS is a threat that has potentially shattering effects on a household's ability to secure its immediate well-being and adjust to future shocks.

3.1 The impact of HIV/AIDS on household livelihood assets

One of the most common shocks that impoverishes poor households is illness (Kabir et al, 2000). The most explicit and widely referred to impact of HIV/AIDS on households relates to the loss of human capital. It is argued that HIV/AIDS afflicted individuals lose their production abilities as a result of the illnesses, stress, depression and eventual death caused by the syndrome. Further loss of human capital comes by way of the household labour that is expended on caring for the afflicted household member(s). The necessity to provide such care diverts other members of the household from their daily activities, including schooling in the case of children. While all these suppositions are correct, it is also true that the effects on human capital alluded to can be caused by death resulting from illnesses other than those associated with HIV/AIDS. However, given the fact that HIV/AIDS affects the most productive population cohort, its impact on household and community livelihoods is arguably more devastating than some other types of illness. Furthermore, the intergenerational nature of HIV/AIDS and the fact that it tends to cluster within families significantly amplify the impact of the disease on household human capital in comparison to other forms of illness and human loss. In addition, the stress and depression associated with the stigma attached to suffering from HIV/AIDS distinguishes the effects of the disease from most other illnesses. Finally,

“(l)oss of income, rising expenditures and the need for adjustment of household management systems may produce internal tension and conflict” (Kabir et al, 2000:714).

The human capital asset losses engendered by HIV/AIDS affect other livelihood assets, particularly financial capital. Financial capital refers to financial resources such as savings and credit that households call upon to achieve their livelihood objectives. Inevitably, the human capital losses described above translate into financial shortfalls, as incomes earned by both afflicted and affected household members decline or disappear. Treatment of HIV/AIDS induced illnesses also levies a heavy financial burden on households’ already diminished resources. Further financial demands arise in the form of funeral expenses when the death of an afflicted household member occurs. Saving is halted, existing savings depleted and debt may be incurred.

The effects of the loss of human and financial capital invariably impact on a household’s natural capital assets. Natural capital includes natural resources, such as land, from which resource services essential for livelihoods derive. It is posited that households with HIV/AIDS afflicted and affected individuals are often compelled to dispose of their natural capital assets so as to meet the financial demands occasioned by HIV/AIDS. Distress land sales are often attributed to illnesses in the household, regularly arising from HIV/AIDS. Cases of over-exploitation of natural capital assets or deterioration of such assets as a result of neglect have been reported and linked to the financial demands and loss of human capital caused by HIV/AIDS.

The social stigma often associated with HIV/AIDS has been reported to be one of the factors that contribute to the depletion of social capital. Fear of contamination and ascription of guilt to afflicted individuals results in the breakage of social networks and increased social exclusion. It has been argued that traditional safety nets within communities that are highly affected by HIV/AIDS are breaking down, thereby increasing the vulnerability of those affected and afflicted. “Given the systematic nature of HIV/AIDS and its correlation within families and communities, social capital may become severely strained over the long term” (White and Robinson, 2000:21).

Physical capital is said to comprise of basic infrastructure, production equipment and tools that enable households to maintain or enhance their well-being. The hypothesised effect of HIV/AIDS on physical capital emanates from diminished labour resources, as the sick or those busy caring for them become unable to do the necessary house maintenance, repair or replace faulty equipment, or join in community initiatives to construct or maintain local infrastructure such as access roads. Physical assets may also be sold in a bid to cope with the financial demands of treating and caring for afflicted household members.

3.2 Responses to HIV/AIDS

Delving into the general literature on vulnerability and risk can provide useful insights into how individuals, households and communities respond to livelihood threats such as HIV/AIDS (their risk management strategies). Risk management strategies can be classified as either ex-ante (pre-crisis) risk mitigation or preventative measures, or ex-post coping or adaptive strategies (invoked after the event) (Devereux, 2001). As indicated, ex-ante strategies can be either preventative or mitigating, with the former aimed at reducing the probability of a negative event occurring through measures such as improving hygiene behaviour (Kantor and Nair, 2003). Mitigating strategies, on the other hand, seek to lessen the income reduction caused by an external shock or stress and include actions such as diversifying income sources and asset portfolios. Unlike ex-post actions, which are often ad hoc and reactive, ex-ante strategies are often deliberate and planned, although some analysts have challenged the level of agency ascribed to the poor in managing their livelihoods and planning risk management measures. Generally, ex-ante risk management strategies may be effective in the short-term but are often economically inefficient, as there is a tendency for households and individuals to choose lower but less variable yields over yield maximisation, given the fact that variability is a crucial determinant of vulnerability (Devereux, 2001; Wood, 2003). Using evidence gathered from a study in Tanzania, Dercon (1996) suggests that this behaviour contributes to the rural poverty trap.

Ex-post risk management strategies may be classified as coping or adaptive. Davies (1996:35) defines coping strategies as “short-term responses to unusual food stress” and adaptation as “coping strategies which have become permanently incorporated into the normal cycle of activities”. In essence, adaptive strategies are adjustments to adverse trends or processes. Based on a number of studies undertaken in African and South Asian countries, Corbett (1998) identified three typical stages of household/individual response to external shocks and stresses: recourse to existing insurance mechanisms, such as savings; disposal of productive assets; and destitution behaviour such as distress migration and household break-up. As Kantor and Nair (2003) point out, households adopt particular coping strategies based on their effectiveness, as well as the cost and reversibility of the actions involved. It is argued that strategies with relatively lower long-run costs are opted for first, followed by those that are costly and difficult to reverse, only resorting to the most desperate survival strategies in situations of economic destitution and failure to cope. Some typical coping strategies include reducing or changing consumption patterns by eliminating expenditure items such as clothing and entertainment, postponing medical treatment, reducing social expenditures, and cutting back on the number of meals or types of food items; mobilising extra labour by increasing the number of workers or extending working hours; and selling assets. Moser (1998) provides the following outline summary of household strategies for mobilising assets in response to economic hardships:

- ***Labour*** – increase the number of women working, mainly in the informal sector; allocate a disproportionate share of women's time to meet increasing responsibilities; allocate more time to obtaining services in response to the declining quality of infrastructure; increase reliance on child labour;
- ***Housing*** – diversify income through home-based enterprises and renting out; adopt inter-generational plot development and subdivision strategies to accommodate children's households;
- ***Social and economic infrastructure*** – substitute private for public goods and services
- ***Household relations*** – increase reliance on extended family support networks; increase labour migration and remittances;
- ***Social capital*** – increase reliance on informal credit arrangements; increase informal support networks among households; increase community-level activity.

Chen and Dunn (1996) posit a three-stage process of loss management:

- ***reversible mechanisms***, such as migrating to find work, borrowing or reducing spending; and ***disposal of self-insurance assets***, such as selling jewellery or chickens, or drawing on savings
- ***disposal of productive assets*** such as land or equipment/tools; borrowing at exorbitant rates; further reduction in consumption, education and health
- ***destitution***, implying dependence on charity, household disintegration or distress migration.

As indicated above, recourse to informal safety nets is another strategy often adopted by households and individuals under economic stress. Informal safety nets refer to non-market transfers of goods and services between households. They involve drawing on social networks within and outside the extended family and with both individuals and organisations (such as faith-based organisations) for assistance in times of need, with or without expectations of reciprocity. Conceptually, informal safety nets are one manifestation of social capital. These non-market transfers can be classified as either 'vertical' (patron-client) or 'horizontal', distinguished by the power, wealth and status gap between the parties involved. There is increasing empirical evidence from many SSA countries that points to the disappearance of traditional practices of 'vertical' redistribution under pressure from processes of commercialisation (Moser, 1998). While 'horizontal' redistributive practices remain widespread, they are highly vulnerable to covariant risk given that they are heavily concentrated among the poor themselves (Devereux, 2001).

It is clear from this discussion of the conceptual framework provided by a livelihoods approach to analysis that urban households are subject to both long-term stresses and periodic internal and external shocks. Some households are in a better position to adapt and recover from such stresses and shocks than others. It is hypothesised for this research that their composition, livelihood strategies, wider social relationships and well-being vary with

- The amount and diversity of assets and resources available to the household
- The economic context: the extent of diversification and growth or decline in the urban economy and the associated economic opportunities and labour market trends
- Past migration patterns and contemporary links with rural areas
- The prevalence of disease, especially HIV/AIDS, and whether the household itself is afflicted, affected or unaffected
- The characteristics of the settlement in which the household lives, including the nature of associational and political life in that settlement, which affect access to opportunities and assets, especially land and vulnerability to environment-related ill-health
- The social/ethnic group to which the household belongs, with its associated patterns of kinship, marriage, access to land, inheritance etc
- The availability of services provided by both government and non-governmental organisations, especially health, water and sanitation.

4. Methodological issues in studying the impact of HIV/AIDS on household livelihoods

In this section, some of the methodological issues that arise when attempting to analyse the impact of shocks and stresses on household livelihoods are reviewed, drawing on the approach adopted by similar studies. First, the need for a mixed method approach is asserted and a range of suitable data collection instruments identified. In Sections 4.2 to 4.4 a number of issues that raise particular difficulties when studying the impact of HIV/AIDS on livelihoods are discussed: identifying individuals' and households' HIV status, analysing the effects of ill-health on households' asset base, and distinguishing the effects arising from HIV/AIDS from those arising from other shocks and stresses.

4.1 An overview of methodological approaches to HIV/AIDS impact studies

Most existing studies on the impact of HIV/AIDS on households have been based on survey methods which, as White and Robinson (2000) observe, fail to capture the dynamics of household and intra-household allocation and the relations that underlie household decision-making.

Assessing the impact of HIV/AIDS on household livelihoods is, in essence, an examination of the livelihood trajectories of households affected by the epidemic. According to Bagchi et al (1998:457), the term 'livelihood trajectory' refers to "the consequences of the changing ways in which individuals construct a livelihood over time". Livelihood trajectories are influenced by both shocks at the individual or household level and longer-term changes within the ecological, economic and socio-political context. Therefore, to understand livelihood trajectories, "historical data at the level of the individual, household and local community are vital, but must be linked to longer term change and the broader context, of which government policy is a part" (Bagchi et al, 1998:457).

Studies of such a nature call for a multi-method research strategy that is capable of collecting arrays of both quantitative and qualitative data, through progressive aggregation from individuals, through households to local communities and upwards. It is also important to acknowledge that livelihoods can only be fully understood in a specified personal and cultural context, which demands a detailed understanding of contextual issues relating to the area under study. In sum, a synthesis of the research strategies adopted by various studies of the impact of HIV/AIDS and livelihood trajectories points to the following techniques:

- A review of secondary data.
- Community level focus group discussions and in-depth interviews with households in order to draw out qualitative information that is partly used to guide the development of a quantitative study.
- Household sample survey: a questionnaire survey produces quantitative data that can reveal the socio-economic characteristics of the households under study; the incidence of ill-health and treatment sought; and the interrelationship(s) between assets, consumption and experiences of HIV/AIDS over time for households and individuals, as well as differences in the strength of the relationships between groups. Kantor and Nair (2005) argue that, while the household is an important unit of analysis, understanding the effects of shocks on livelihoods demands that data collection should be extended to the individual level, as focusing on households might hide inequalities in access to and control over assets, and therefore in levels of well-being and security. They urge that all adult members of the family should be interviewed about their experiences of risk and the impact of crisis events on their well-being, in order to examine intra-household differences.
- Life histories based on open-ended interviews with individuals, concentrating upon the changes in their lives and livelihoods since being afflicted or affected by HIV/AIDS. Life histories add depth, focus and analytical strength to a study, and can ask questions that a household survey failed to ask. Since information collected by life histories is not used to make statistical inferences, the need for statistical representativeness is not as important as the quality of insights gained from the life history. The focus of the life history is to study processes of livelihood change, particularly relationships between people.
- Social network mapping to identify the social networks of individuals and households, in order to understand coping strategies and assess the impact of adverse livelihood shocks on social capital.
- Area mapping to establish rapport between researchers and members of the local community and to identify major issues of local interest, and social mapping (including wealth ranking) to determine community social assets and other resources. Venn diagrams/institutional profiles may be used to determine the presence and maturity of organisations in an area, including those offering health care services and social support.
- Time lines, mobility maps, and other PRA type techniques to understand changes over time at individual, household and community levels, and participatory techniques that enable people to reflect on and evaluate the changes they have experienced.

- Key informant interviews with local community leaders, staff at health centres and hospitals, and representatives of local NGOs.

4.2 Identifying HIV/AIDS affected households during sampling

Another methodological maze to weave through relates to the identification of those households that have experienced an AIDS death or that have individual(s) currently afflicted with HIV/AIDS. Stokes (2003) proposes an indirect strategy for identifying HIV/AIDS affected households in situations where people are unable or unwilling to voluntarily attribute deaths or illnesses to the epidemic. He outlines the strategy thus:

- Knowledge of a community's attitude and willingness to discuss HIV/AIDS is crucial to determining how a household survey should proceed.
- If people are unwilling to attribute illnesses or deaths to HIV/AIDS, an indirect measurement strategy must be employed: Ask individuals if anyone in the household has died in the past three years and, if so, how long they were ill before they died. In addition their age and sex should be ascertained. In NAADS (2003) households were asked whether the deceased died of TB, pneumonia or chronic diarrhoea (some of the illnesses that are associated with HIV/AIDS).
- The health status of each household member should be obtained.
- A list of symptoms can then be obtained for each person said to be suffering from a chronic illness and those typical of AIDS identified.
- In the FAO (2004) study on the impact of HIV/AIDS on rural livelihoods in Northern Province, Zambia, staff at local health centres were utilised to identify or confirm HIV/AIDS affected households and/or the presence of chronically ill household members.

Among other factors, the choice of methodology will depend on whether the research wishes to focus solely on afflicted households or to compare afflicted household with others and estimate the proportion of all households that have experienced particular effects or adopted particular strategies.

4.3 Analysing the effects of ill-health, particularly HIV/AIDS, on livelihood assets

Potential indicators that can be used to analyse the impacts on households of the various types of asset loss that may be associated with HIV/AIDS are identified below. Indicators of human capital are essential, because preserving and enhancing human capital is essential to poverty reduction. Therefore, indicators of human capital effects should be central to any measurement of the epidemic's impacts. The level of analysis adopted in a particular study (household or community) will influence which indicators to use. Further, the stage of the epidemic and prevalence rates in a community will influence the impacts expected. For instance the impact on social capital in communities with a short history of the epidemic and low infection rates is likely to be limited compared to those with a long duration epidemic and high infection rates. In addition, the level of awareness of HIV/AIDS and the perceived

seriousness of the epidemic are likely to influence perceptions of its impacts. At the household level, the overall economic impact of an adult death on surviving household members is likely to vary according to a number of characteristics (White and Robinson, 2000):

- Those of the deceased individual, such as age, gender, income and cause of death
- Those of the household itself, such as its composition and asset array
- Those of the community, such as attitudes towards helping needy households and the general availability of resources – the level of life – in the community.

The following list of potential indicators is grouped by type of capital assets, possible responses and effects, and, in brackets, some of the specific indicators that might be used.

i) Effects on human capital:

- Illness of household member(s) [chronic illness of household member(s) and frequency of illness episodes]
- Death of household member(s) [Child(ren) orphaned; out- or in-fosterage of orphaned child(ren)]
- Change in children's school attendance or enrolment [reduced attendance or withdrawal of child(ren) from school]
- Size and composition of the household [change in age or sex of household head, change in household dependency ratio, temporary migration of household member for work, addition of relative in household to assist with housework and/or childcare, sending women and/or children back to rural areas to reduce food expenditure]
- Labour availability [loss of labour leading to reduced/increased work participation, intra-household reallocation of labour, change in occupation of household members, sex work on a casual or commercial basis]
- Nutritional status [incidence of malnutrition, especially amongst children]

ii) Effects on financial capital and income:

- Use of self-insurance mechanisms [drawing on savings, selling stores of value e.g. jewellery or small livestock]
- Credit availability and use [change in borrowing patterns and sources, exhaustion of credit facilities, increased debt]
- Productive assets [change in stocks of land, equipment/tools]
- Reliability of income [demand for services or products of the self employed; access to casual or regular employment]
- Changes in income [changes in labour force participation amongst household members, changes in income earned, changes in remittances sent/received]
- Impact on expenditure patterns [quality of food consumed, expenditure on social services including education and health, investment/divestment in assets, postponed expenditure, resort to foraging/scavenging/begging]

iii) Effects on social capital:

- Relationships with extended family [presence of additional extended family member(s) in household; in- or out-fosterage of orphaned child(ren); frequency of contact/visiting; frequency, amount and direction of remittance flows]
- Intra-family tension and conflict [levels of domestic violence, family coherence/break-up]
- Links to formal and informal organisations [membership of, participation in and/or support received from social support groups and HIV/AIDS support/self-help organisations; community labour sharing for housework, childcare etc; change in time spent participating in community organisations; political links and participation in political organisations; bureaucratic contacts]
- Networks related to work [access to credit and other financial service providers, links to economic networks and associations]

iv) Effects on natural capital:

- Change in land tenure/size of holding [renting/claiming additional land for rural or urban cultivation or leasing out portions of the household's landholdings, inheritance of land/appropriation of land by deceased husband's relatives, purchase/sale of land]
- Use of natural resources [access to and use of natural resources e.g. wood for fuel and construction, clay for brickmaking, land and grazing for agriculture, including the impact of such use on the resource and its sustainable future use]

v) Effects on physical capital:

- Household tangible assets [change in condition of dwelling (improvements made/repairs needed/postponed); acquisition/ sales of household, goods and equipment; owners occupying/renting out additional rooms]
- Business equipment [acquisition/disposal of tools and equipment for income generation; maintenance and repairs maintained/postponed]

4.4 Separating the impact of HIV/AIDS from other deleterious effects on households

As White and Robinson (2000) correctly note, one of the major weaknesses of most studies undertaken to assess the impact of HIV/AIDS on livelihoods is their inability to overcome the methodological challenge of separating out the effects of HIV/AIDS from other deleterious effects. To overcome this shortcoming, Stokes (2003) proposes that detailed knowledge of local conditions should be sought so as to identify the major alternative factors likely to produce similar changes in livelihood assets. This should then be followed by an assessment of whether alternative explanations for changes in livelihoods, such as drought, affect households differently or can be taken as constants. If they are variable, data on the severity of their effects on each household should be gathered and then a partial control for the effects of such a variable can be incorporated into multivariate analysis. In the study by NAADS on the impact of HIV/AIDS on the agricultural sector and rural livelihoods in Uganda, "the impact of drought was assessed (and so separated from that of HIV/AIDS) by making

drought one of the reasons that respondents could give for changing the area cultivated, changing household expenditure patterns and explaining why their households did not have enough food" (NAADS, 2003:6).

Other methodological approaches that might ameliorate this problem include:

- Incorporating communities that have contrasting levels of HIV/AIDS prevalence in a study, to assist in isolating effects of the disease from other factors
- Focusing on a subset of livelihood assets deemed to be most affected in a given community or region, to help limit the number of plausible alternative explanations
- Avoiding the selection of study areas that are suffering (or have recently suffered) major disruptions such as armed conflict or civil disorder
- To Aliber et al (2004) all the above approaches can be enhanced by probing further into the circumstances under which the noted changes (for example in household composition, income and consumption) have occurred. A number of other studies, such as Mesko et al (2003), see the collection of qualitative data as one way of ascertaining any linkages that exist between HIV/AIDS and noted effects on household livelihood assets.

An alternative approach to getting round the above-noted methodological dilemma, which has been used in a few studies, such as Menon et al (1998), Over (1998), Grant and Palmiere (2003) and Aliber et al (2004) – see below, involves collecting data on both households which have experienced HIV/AIDS related death and those with non-HIV/AIDS related death (as opposed to the common focus on affected families) and then assessing whether there are significant differences in their livelihood trajectories. This approach appears to be based on the same principle as the proposition to undertake HIV/AIDS impact studies in areas with quite different prevalence levels. The question still remains, however, whether any noted differences can be entirely attributed to HIV/AIDS, because it is almost impossible to select families that have similar circumstances (for example, with the respect to the age of the household head and dependency ratio) and differ only with regard to whether they are affected by HIV/AIDS.

Menon et al (1998) found that households experiencing the death of an HIV-positive adult saw a statistically significant drop in household ownership of durable goods, which was not the case with households that experienced the death of an HIV-negative adult. The study in Kagera (Tanzania), however, did not find any such difference (Over, 1998). In their study of the economic impact of HIV/AIDS on households in Bulawayo, Zimbabwe, Grant and Palmiere (2003) found that, in households with non-HIV related deaths, the deceased tended to be in an older age group and the households at a stage when there were fewer dependants present.

5. Policy implications: responding to the impacts of the HIV/AIDS epidemic on household livelihoods

The welfare regimes framework provides a useful conceptualisation of alternative arrangements through which households and individuals might seek social insurance and assistance. In the framework, the term 'regime' is used to refer to repeated systemic arrangements through which people seek livelihood security both for their own lives and for those of their children and descendants (Bevan, 2004). The model seeks to depart from a hitherto prevalent legal discourse about rights and entitlements that perceives them as existing only in a statutory sense, with formal sanctions to ensure the fulfilment of correlative duties. Instead it introduces a possibility that, for poor people in developing countries, meaningful rights and correlative duties may be realised through informal community arrangements. The welfare regimes model extends Esping-Andersen's three worlds of welfare capitalism (the state, market and family) and adds a 'community' domain. This domain includes a wide range of institutional practices between the state and the household, involving hierarchy as well as reciprocity. It represents a continuum from immediately local and ascriptive social groups (e.g. kinship networks) to wider and purposive organisations (CSOs). The model also adds a global dimension to Esping-Andersen's framework, in recognition of the increasing reliance of poor developing countries upon international actors and transfers in all four domains.

In brief, the welfare regimes model distinguishes three broad categories of regime: welfare state regimes, informal security regimes and insecurity regimes. A welfare state regime refers to the systems that are found in most developed countries, reflecting a set of conditions where citizens can reasonably expect to meet their social security needs through participation in labour markets, financial markets, and the financial and provisioning roles of a welfare state. The second category, an informal security regime, refers to a situation where people are heavily reliant on community and family relationships to meet their security needs. At the other extreme is an insecurity regime, representing conditions that generate gross insecurity and block the emergence of stable informal mechanisms to mitigate, let alone rectify, this insecurity.

It is hypothesised that, with economic crisis and increasing poverty, vertical redistribution within society has been reduced in poorer countries (Devereux, 2001). In addition, it is suggested that the horizontal inter-household non-market transfers on which an informal security regime relies are also under threat. The only other domains of recourse are the market and the state. As far as the market is concerned, most commercial actors, such as banks and insurance firms, perceive the poor as unattractive clients because of information asymmetries, chronic poverty, lack of collateral, covariant risk and high transaction costs (Devereux, 2001). While micro-finance institutions have the potential to overcome some of these constraints their coverage to date is still limited. This is not to suggest that there is no role for commercial institutions in providing livelihood insurance measures to the poor. Indeed, as Devereux (2001) points out, there is great potential for commercial 'insurance'

provision because there is emerging evidence to suggest that the poor prioritise convenient savings mechanisms over credit and, when it comes to credit, that it is not the cost of credit, in the form of high interest rates, that is the major barrier to loan uptake by the poor but rather access to such facilities. Therefore, if access to formal savings and institutional credit were increased, it could play a useful function in the livelihoods strategies of poor households.

Nevertheless, given the inadequacies of the market and the limited capacity of poor households to sustain themselves through livelihood shocks and stresses by drawing on their own resources, there is a strong case for public intervention. State intervention by way of social protection can serve not only as a safety net ('social insurance') but can also provide an important springboard out of poverty ('social assistance'). Devereux (2001) suggests some guiding principles for designing such a social policy. He suggests that social protection should aim "to help the poor maintain access to basic social services, avoid social exclusion, minimise the adoption of erosive coping strategies following livelihood shocks, promote the adoption of higher return economic activities, and avoid inefficient risk-sharing mechanisms". He makes a strong case for social policy in developing countries, arguing that the contention that comprehensive social protection is unaffordable is not entirely convincing, since all public spending allocations are policy choices.

Responses to the HIV/AIDS epidemic should be set within a broader framework for social policy and health care provision. Conventional responses to HIV/AIDS typically comprise four elements: prevention, care, treatment and mitigation (Loevinsohn, and Gillespie, 2003). These responses are not discrete but rather form a continuum and can be mutually reinforcing.

Prevention of HIV/AIDS has mainly focused on inducing behaviour change, promotion of safe sex practices and other measures aimed at reducing susceptibility to infection by the HIV virus. ***Treatment*** involves provision of medication to counter opportunistic diseases associated with HIV/AIDS and, increasingly, the provision of retroviral therapy. In order to promote prevention, increase understanding and enable infected people to cope with their status and subsequent ill health, there has also been a focus on voluntary counselling and testing. Previously, fear, ignorance and stigma deterred people from obtaining a test. People's lack of knowledge of their status and unwillingness to admit it has encouraged the spread of the epidemic and constrained the provision of appropriate care and treatment, as well as reducing the reliability of estimates of prevalence rates. Recently, the increased availability of cheap ARV drugs in African countries has enabled health care providers to offer improved treatment prospects, normally starting with high priority groups and transmission channels (e.g. mother-to-child transmission). As these drugs become more available, it is likely that more people will volunteer for testing and be more willing to admit their HIV status. Much domestic and international effort has gone and continues to go into

prevention and treatment, but these aspects of a coordinated responses are not the focus of this research.

Care for those with AIDS has a number of dimensions, involving care providers both in medical facilities and in the home and community. One approach focuses on the provision of nutritional care and support to prevent or forestall nutritional depletion. Hospitals in poor countries are under-resourced, particularly as a result of under-investment since the onset of economic decline and the adoption of structural adjustment policies. They are over-stretched as a result of the increasing scale of the epidemic. In response, there has been an increasing emphasis on home-based care for those suffering from opportunistic infections, depression and terminal illness (with support from medical and social work personnel). The burden of such care tends to fall unevenly on household members, with women typically bearing the brunt, although this does not always appear to be recognised in home-based care policies. If a household is left with only one adult, the responsibility may fall on children, adversely affecting their school attendance. At a later stage, the loss of adults may give rise to child-headed households or the break up of a household, with children being taken into foster care by relatives who themselves may have insufficient resources to cope but for whom support is not always provided. Children may even be forced to live on the streets. More policy attention is today being paid to the growing number of orphans (children who have lost one or both parents). There appears to have been little evaluation of the type of support households need to sustain additional burdens of care, alternative ways of providing such support, the nature of support to home-based carers needed from health care providers and the capacity of local service delivery agents to provide that support.

There are, however, increasing efforts by organisations such as UNICEF and USAID to provide support to both government and non-government organisations involved in caring for those afflicted and affected by HIV/AIDS. UNICEF, for instance, argues that the best way to deal with the increasing demand for care for orphans is to prevent them from being orphaned by prolonging the lives of their parents through expanded access to anti-retroviral drugs. For those that are orphaned, UNICEF provides support to NGOs and community groups involved in their care in a variety of ways, ranging from providing psychological counselling and helping parents with succession planning, to job training, paying school fees and providing basic health care. USAID is also supporting nutritional projects in most of the countries that have high HIV/AIDS prevalence rates.

Mitigation refers to measures designed to enable households to cope with the impacts of ill health. It may include policies designed to

- support household efforts to develop (or not lose) their assets
- provide social protection to prevent impoverishment and sustain those who are chronically poor, and
- create a context in which improved livelihood security and well-being can be achieved.

Some of the appropriate policies will not be specific to households affected by HIV/AIDS but will be designed to reduce poverty in general by, for example, addressing contributory factors (e.g. low health status and low levels of education), providing protection against short-term shocks such as illness or retrenchment, and providing long term support to the chronically poor. The strategies and interventions should respond to varying patterns of the spread of the disease and the different ways in which it is affecting communities (Bonard, 2002). It is important that mitigation strategies are based on the correct assessment of the progression of the disease within a household or community and that they reach and involve both infected and affected individuals and households (Bonard, 2002).

As Barnett and Whiteside (2002) correctly point out, there is limited documentation of attempts to mitigate the impact of HIV/AIDS. In general, mitigation has remained low on the agenda of most agencies and countries. To Husain and Badlock-Walters (2002), governments and non-governmental organisations alike are trapped in an awareness, prevention and care paradigm, which, while vital, fails to recognise the systemic erosion of social organisation and well-being caused by the pandemic, which threatens socio-economic collapse. Moreover, the mitigation strategies that are currently in place are largely short-term intervention measures relating to food security and rural livelihoods.

What can be discerned in the existing literature are suggestions on how the different socio-economic impacts of HIV/AIDS, such as labour loss as a result of HIV-related death, can be mitigated.

As indicated earlier, arguably the most direct impact of HIV/AIDS is on household labour, resulting in depletion of the household's human capital assets. To mitigate the consequences of the inevitable human capital losses caused by HIV/AIDS, a number of interventions, albeit biased towards rural livelihoods and food security, have been proffered. It is recommended that losses in labour resources can be ameliorated through the introduction of less labour-intensive livelihood strategies. These include a range of options aimed at reducing the overall demand for household reproduction, food production or other income-earning labour. Some of the recommended options are small-farm mechanisation, low labour-input agriculture, use of agricultural tools that can be handled by children and the elderly, sharing childcare responsibilities, improved post-harvest technology and handling aimed at extending food stocks and thereby reducing the need for food purchases, improved seed varieties that require less labour for weeding, and improved access to services such as water and energy that take so much of women's time to gather (Topouzis, 2001; Stokes, 2003).

Related to the labour loss caused by HIV/AIDS are the knowledge, practices and skills that disappear with the deceased. In societies where roles and responsibilities are gender- and age-specific, the loss of a household member often means the loss of skills and knowledge associated with the role hitherto played by the departed individual. As Stokes (2003) points out, in an agricultural context, women and orphan headed households are particularly

disadvantaged because many agricultural tasks are gender-specific and knowledge is not shared between the sexes. Similarly, men who lose their partners are often ill-equipped to carry out what are locally defined as female tasks. To mitigate knowledge and skills loss and expand employment opportunities, skills enhancement programmes such as agricultural extension, as well as household management and vocational training, for survivors have been recommended (Bonard, 2002). It is argued that there is a need for re-orienting current education and training programmes, which are often directed to male members of households and more well-to-do households. The re-orientation should seek to meet the needs of households that have lost one or more adult members of either sex (Stokes, 2003). The design of such education and training programmes should be based on a correct assessment of the information and skills needs of the target individuals and households, with an in-built mechanism for monitoring and review.

Besides being more physically susceptible to HIV infection than men, women are also more vulnerable to the pandemic's negative social and economic outcomes, primarily because of existing social-cultural and legal institutions that put them in a disadvantaged position. For instance, institutions regulating access to and control of resources and livelihood assets such as land favour men. Problems often arise when a husband dies and his relatives are quick to grab his property, leaving the widow and orphans vulnerable to dispossession and impoverishment. There have been attempts in a number of countries to review existing legislation to give women inheritance rights to land when their husbands die but enforcement is often hampered by existing traditions and customs. It is thus important that further efforts are made to examine and evaluate local laws and traditions, with a view to establishing gender-sensitive and equitable access to land and other productive resources at the local level. Alongside inheritance traditions, other local customs, such as those relating to funerals, may need modification so as to reduce the financial burden and stigmatising effect of HIV/AIDS related deaths (Bonard, 2002).

To enable those afflicted by HIV/AIDS to ward off opportunistic infections, delay the onset of full-blown AIDS, remain active/productive and live longer, special dietary provisions are often required. There is an urgent need to improve nutrition in general and meet special nutritional needs in particular. Some of the suggested mitigation efforts include nutrition education and support programmes for infected and afflicted individuals, orphan support programmes, infant feeding, increased agricultural productivity through improved plant varieties and better crop management practices (Stokes, 2003). There is also a potential role for direct food provision in emergency situations or through food-for-work programmes, both of which represent short-term answers to the problem of food security (Stokes, 2003).

The discussion above should not be construed as suggesting that strategies to mitigate the impacts of HIV/AIDS should be focused entirely on assisting individuals and households to cope with the effects of ill-health and death, since community organisations and institutions are also impacted. Efforts should, therefore, also be directed at reinforcing the capacity of

both formal and informal local institutions and service providers, to enable them to provide the necessary assistance needed by individuals, households and communities in coping with the epidemic. As well as the support programmes of governments and formal NGOs, informal institutions, such as those based on traditional labour-sharing arrangements, as well as self-help and locally-based efforts to provide home care for sick household members, childcare, apprenticeship training for orphans, or educational and nutrition assistance, should be evaluated and, where appropriate, reinforced.

6. Conclusion

The aim of this paper was to set the context for a project that will investigate the impact of short-term shocks and long duration stresses due to economic decline and ill-health, especially HIV/AIDS, on the livelihood strategies of poor urban households and their wider social networks in Kenya and Zambia. To achieve this, it has summarised related research, described the broad characteristics and extent of the HIV/AIDS epidemic, identified the conceptual framework that will be used for the research, discussed a range of methodological issues and briefly reviewed approaches to care and mitigation for households and individuals affected by ill-health, especially HIV/AIDS.

Over the past two decades HIV/AIDS has emerged as, arguably, the most serious crisis in international health, with significantly damaging impacts on virtually all other aspects of society. While the epidemic was initially thought of as a health issue, the effects it has on different sectors of society and the socio-economic dynamics of households and communities has meant that it is now perceived as a much broader development issue. The scale of the epidemic in terms of the numbers of people contracting or dying of the disease has increased tremendously over a relatively short period of time. In addition to the increased mortality, the impacts of HIV/AIDS are far-reaching. They may be manifested as either an immediate and severe exogenous shock when an individual develops AIDS, or as more complex long-term changes, at both micro and macro levels.

Despite the scale of the problems, most efforts, particularly in the early stages of the epidemic, were focused on prevention and treatment. As a result, there has been limited research on non-medical aspects, such as the socio-economic impacts of the epidemic, the coping strategies adopted by those affected and the ways in which its effects might be mitigated. This is changing as greater efforts are being channelled towards understanding the longer-tem effects of the epidemic on the livelihoods of affected households and communities. A number of frameworks have been deployed to try and unpack the impacts of HIV/AIDS, amongst which is the livelihoods framework reviewed in detail in this paper. This framework appreciates the fact that poverty is not a stable, permanent or static condition. It contends that individuals and households may move in and out of poverty, depending on the assets available to them, the opportunities that arise and the shocks and stresses to which they are exposed. HIV/AIDS is one such shock. It impacts on all the key assets on which

households and individuals draw for their livelihoods, on the scope for responses, and on the prospects for recovery and improved well-being.

In order to develop an appropriate methodological approach, the methods used in some past studies of the impact of HIV/AIDS on household livelihoods were reviewed and significant methodological challenges identified. First, most of these studies employed cross-sectional survey approaches, which have general weaknesses with respect to capturing the dynamics of household and intra-household resource allocation and unpacking the relations that underlie household decision-making. Second, most studies have encountered methodological difficulties in identifying those households that have experienced an AIDS death or that have individual(s) currently afflicted with HIV/AIDS in situations where people are unable or unwilling to voluntarily attribute deaths or illnesses to the epidemic. Third, most studies have been unable to overcome the methodological challenge of separating out the effects of HIV/AIDS from shocks and stresses such as economic decline or drought that are likely to have similar deleterious effects on household assets and livelihood strategies. Some ways in which these methodological shortcomings can be overcome, albeit largely untested, have been identified in the paper. Overall a multi-method research strategy that is capable of collecting arrays of both quantitative and qualitative data, through progressive aggregation from individuals, households to local communities and upwards, seems to provide most potential. In addition to detailed studies of the life histories and livelihood strategies of individuals and households, therefore, it is necessary to develop a thorough understanding of the changing national, local and personal socio-economic and cultural context in which people live.

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UNIVERSITY OF
BIRMINGHAM

International Development Department
School of Public Policy
J G Smith Building
Edgbaston
Birmingham B15 2TT

www.idd.bham.ac.uk