

Food Security, Livelihoods & HIV/AIDS

A Guide to the Linkages, Measurement & Programming Implications

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV/ ART	Anti Retro-Viral/ Anti-Retro-Viral Therapy
CI	Chronic Illness
CBO	Community-Based Organisation
C-SAFE	Consortium for Southern Africa Food Emergency
DFID	Department for International Development, UK
FFW	Food-for-Work
GDP	Gross Domestic Product
HDI	Human Development Index
HEA	Household Economy Approach
HIV	Human Immuno-deficiency Virus
IHA	Individual Household HEA
PLWHA	People Living with HIV/AIDS
PRA/ RRA	Participatory Rural Appraisal/ Rapid Rural Appraisal
RDA	Recommended Daily Allowance
SADC	Southern African Development Community
SL	Sustainable Livelihoods
VAC	Vulnerability Assessment Committee
WFP	World Food Programme
WHO	World Health Organisation

EXECUTIVE SUMMARY

This paper is intended both for managers and technical staff working either in food security and livelihoods or in HIV/AIDS and reproductive health who require an introduction to the linkages between the two areas, and as a guide to the many issues that need to be considered when carrying out assessments (or reviewing others' assessments) and when planning interventions. The focus is specifically on economic impacts of AIDS, and does not address important emotional, psychological and social impacts.

HIV/AIDS/ Livelihoods Linkages

HIV/AIDS affects food security and livelihoods in very different ways for different households. The impacts will vary according to the assets of the household, its demographic composition and the circumstances in question, i.e. whether they are affected by the chronic illness of a member, the recent death of a member, or whether they are supporting orphans.

The mechanisms by which households are affected is best understood using a sustainable livelihoods framework, and considering impacts on each of the different types of assets available to the household.

During chronic illness the main effects are: loss of labour due to illness; loss of labour due to increased caring; increased requirements for spending on healthcare.

Death leads to an immediate loss of labour, but can lead to other changes in household composition that can positively or negatively affect labour availability. There can be changes in livelihood patterns as remaining members try to optimise their available assets. This can lead to successful coping, or following a period of unsustainable response (e.g. by selling productive assets) could ultimately result in the dissolution of the household.

The economic effects of taking in an orphan depend on the existing composition of the household and then on the age, gender and skills of the incoming orphan, which determines the net contribution of the orphan to the household.

Measuring Impacts

To understand the impacts of AIDS, we need to know what happens to a household once it becomes affected, and the extent to which that is related to HIV/AIDS or to other factors. Ideally there should be two sets of comparisons, therefore:

- (1) A comparison of the situation of the household between when they were unaffected and affected, i.e. the change following illness/ death/ addition of orphans.
- (2) A comparison of affected households with unaffected but otherwise similar households, to try to control for non AIDS-related factors.

Studies must specify the definition of "AIDS-affected" and distinguish between chronic illness, death and the support of orphans, and must then use proxy indicators that are relevant to that group and that can be feasibly collected in the field.

A variety of methodologies and tools are available for looking at the impacts of AIDS, including qualitative studies, quantitative household surveys, the Household

Economy Approach and Individual Household HEA. The relative strengths and weaknesses of each approach are indicated. The decision on which approach(es) to take should also be guided by:

- the specific purpose of the assessment and the type of information that is sought
- the level of detail and precision that is required, and
- the use to which that information will be put (e.g. is it simply to shed light on a problem, or will it be used for designing interventions?)

Translating Linkages into Programming Responses

A proposal to undertake programmes to mitigate the impacts of HIV/AIDS on livelihoods should first consider how it fits into a broader programme of prevention care and treatment of HIV/AIDS, and second whether there are equally pressing food security problems not directly related to HIV/AIDS which also need to be addressed.

Empirical evidence to date shows that not all AIDS-affected households are food insecure, and that many unaffected households are food insecure, and therefore the blanket labelling of AIDS-affected households as a vulnerable group in need of food security assistance is inappropriate. Targeting of food aid or other emergency interventions is still best done using socio-economic/ wealth criteria rather than demographic or health criteria.

Other issues to consider when planning food aid interventions in particular are:

- Ability to identify the target group
- Potential role of stigma
- Ensuring participation of women and children in programmes
- Appropriate siting of distribution points and manageable packaging of rations
- Designing appropriate rations, in terms of nutritional context, palatability and digestibility

Proposals for food- or cash-for-work programmes should particularly assess the implications for household labour availability and the profitability of the work in contexts of high HIV prevalence.

School feeding is likely to be harder to justify as a response to HIV/AIDS, particularly if it is not combined with other interventions. In particular, a school meal is unlikely to counter-balance the increased demands on children (particularly girls) to assist at home with caring and with productive activities, while feeding specifically targeted at orphans or otherwise-affected children could have a stigmatising effect.

A wide variety of potential interventions could be considered in relation to enhancing livelihoods, and these are categorised according to whether they primarily address human, financial, social, physical or natural capital. Strong emphasis on monitoring and evaluation and on documenting experience is necessary to fill in current gaps in knowledge of what “works” and what doesn’t in different contexts. A well thought out combination of interventions – particularly if they build upon possible synergies between one another and with interventions in other sectors relating to prevention, care and treatment – will be most effective.

1. INTRODUCTION

The humanitarian crisis in Southern Africa from 2002 resulted in the interaction between HIV/AIDS and food security rapidly receiving greater attention both from operational agencies and from academic and research institutions. Pressure has – quite correctly – been placed on agencies to ensure that their activities address these linkages. As this is a relatively new area, there is a risk that the rush to adapt existing interventions or establish new programmes to tackle food security problems in a HIV/AIDS context may lead to inappropriate interventions. This paper is intended both for managers and technical staff working either in food security and livelihoods or in HIV/AIDS and reproductive health who require an introduction to the linkages between the two areas, and as a guide to the many issues that need to be considered when carrying out assessments (or reviewing others' assessments) and when planning interventions.

The paper is not necessarily designed to be read from start to finish. The first section on HIV/AIDS – food security linkages will be useful for any technical staff working in either sector, or for programme management who are not currently familiar with the literature in this area. The second section on methodology is particularly intended either for those considering carrying out research into the linkages, or for programme managers who rely on external research for planning interventions and for whom guidance on evaluating the quality of such research would be important. The final section on linking assessments or research to interventions will be particularly useful for programme managers considering how best to mitigate the impacts of HIV/AIDS on food security, and also for those carrying out assessments and research who may find guidance on making recommendations for interventions useful.

Box 1: Basic Figures on HIV/AIDS and Development

The table below provides some key figures for reference on HIV/ AIDS, human development and economic growth in countries in which Save the Children has food security programmes, and in the UK for comparison. The figures highlight the seriousness of the HIV/AIDS epidemic, and reflect the fact that AIDS is both a factor in slowing down development in its own right (e.g. by reducing life expectancy), but is also aggravating existing problems of slow economic growth and development.

<u>Country</u>	<u>Adult HIV Prevalence 2001</u>	<u>No. Adults & Children Living with HIV/AIDS</u>	<u>No. Orphans living in 2001</u>	<u>AIDS Deaths 2001</u>	<u>Total HDI % change '90-'01</u>	<u>Annual GDP Growth '90-01</u>
Zimbabwe	33.7%	2,300,000	780,000	200,000	-19.2%	-0.2%
Swaziland	33.4%	170,000	35,000	12,000	-10.5%	0.1%
Lesotho	31.0%	360,000	73,000	25,000	-9.7%	2.1%
Malawi	15.0%	850,000	470,000	80,000	6.0%	1.5%
Kenya	15.0%	2,500,000	890,000	190,000	-8.6%	-0.6%
Mozambique	13.0%	1,100,000	420,000	60,000	12.3%	4.3%
Rwanda	8.9%	500,000	260,000	49,000	17.5%	-1.3%
Burundi	8.3%	390,000	240,000	40,000	-1.7%	-4.3%
Tanzania	7.8%	1,500,000	810,000	140,000	-2.0%	0.4%
Ethiopia	6.4%	2,100,000	990,000	160,000	17.7%	2.4%
Angola	5.5%	350,000	100,000	24,000		-1.1%
Uganda	5.0%	600,000	880,000	84,000	21.3%	3.6%
DR Congo	4.9%	1,300,000	930,000	120,000	-12.9%	-7.7%
Sudan	2.6%	450,000	62,000	23,000	16.2%	3.2%
Somalia	1.0%	43,000	n/a	n/a	n/a	n/a
Bangladesh	0.1%	13,000	2,100	550	21.3%	3.1%
Bulgaria	0.1%	400	n/a	n/a	0.4%	-0.6%
Pakistan	0.1%	78,000	25,000	4,500	13.4%	1.2%
UK	0	34,000	n/a	n/a	6.4%	2.5%

Sources: UNAIDS, UNDP

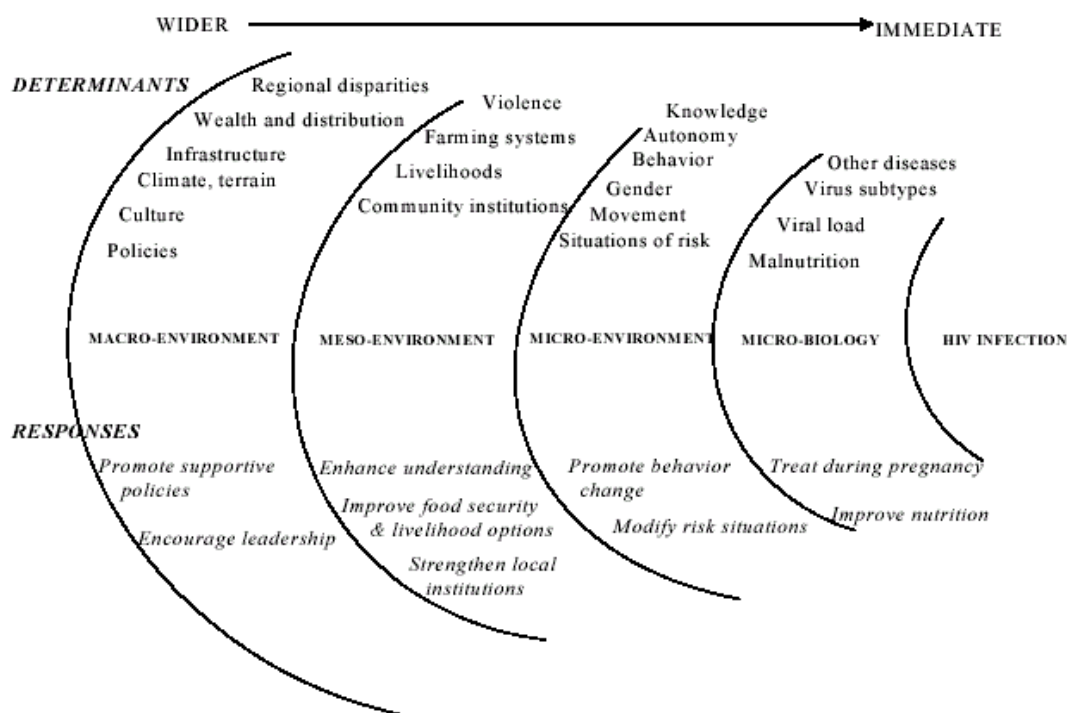
2. HIV/AIDS/ LIVELIHOODS LINKAGES

The links between HIV/AIDS and food security are bi-directional: HIV/AIDS can increase the vulnerability of households and communities to food insecurity, while food insecurity can also increase the risk of a person becoming infected with the HI virus. Most of what follows in this paper will focus on how HIV/AIDS affects food security and livelihoods, and how those effects can be measured and mitigated. This section, however, will start with a brief overview of how livelihoods can affect the transmission of HIV.

2.1 How Livelihoods can Affect the Transmission of HIV and Progression to AIDS

The modes of infection of HIV, such as sexual transmission, mother-to-child transmission, infection through blood/ blood products and through intravenous drug use, are well described elsewhere (e.g. Barnett & Whiteside, 2002). But behind each of these immediate causes are various circumstances and conditions which determine the risk or likelihood of infection occurring. These range from immediate micro-biological factors such as the prevalent HI virus sub-type in an area and the nutritional status of the population, to much broader factors such as the prevailing culture and policy environment. Livelihoods and food security are among these determinants. Loevinsohn & Gillespie (2003) illustrate the range of factors determining HIV transmission – and possible responses to mitigate them - as follows:

FIG 1: HIV/AIDS EPIDEMICS: DETERMINANTS AND GENERIC RESPONSES



Some of the main ways in which livelihoods and food security can directly or indirectly affect transmission are as follows:

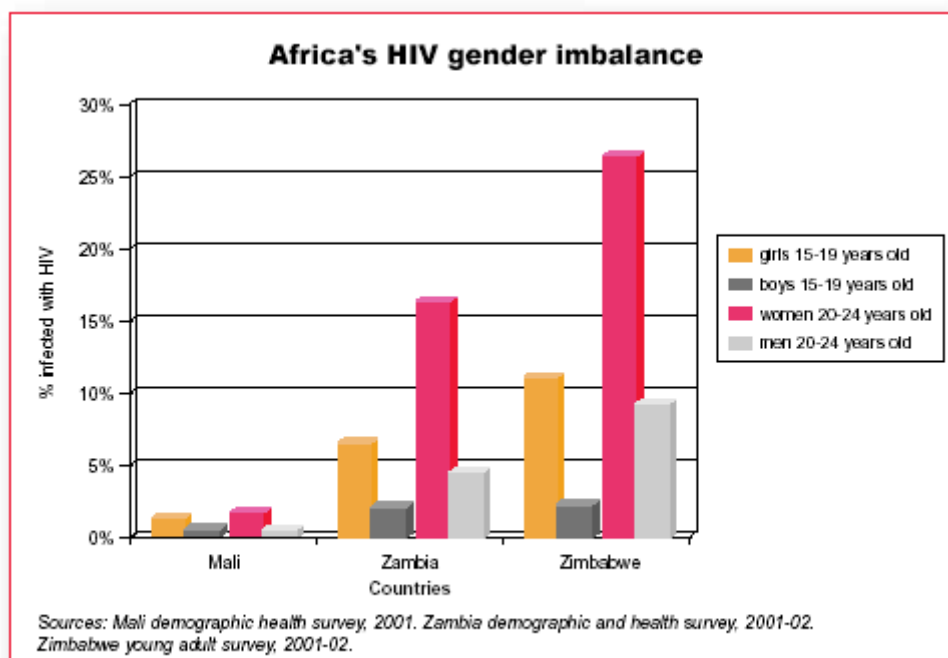
- **Nutritional status:** The direct links between nutritional status and HIV infection are still disputed. There are some suggestions that better nutritional status can

reduce the risk of infection, and that certain micro-nutrients can reduce the likelihood of mother-to-child transmission. What is less disputed, though, is that poor nutrition, which can be caused by food insecurity amongst other factors, hinders immunity and can worsen the effects of opportunistic infections and in turn speed up the progression from HIV to AIDS.

- **High-risk behaviour and poverty/ hunger:** various “coping strategies” in times of food insecurity can put people at higher risk of HIV infection. For example, women and girls may resort to commercial sex work or transactional sex if it is one of the only income-generating options open to them, and unprotected sex commonly is more lucrative than sex with a condom¹. Another example is migratory work. As people – particularly young men - move farther away from home in search of work and spend less time with their families, their isolation and more limited social constraints mean that they are more likely to have unprotected sex, and HIV infection rates tend to rise.
- **Sexual exploitation and poverty/ hunger:** Poverty and hunger can disempower people and place them at risk of sexual exploitation by those who control access to resources, whether it is within households or in the wider community. This applies especially to young women and girls. The example of food aid rations being provided in return for sexual favours in West African refugee camps is an occurrence of this.

As is shown in the graph below from UNAIDS, it is important to highlight the large gender imbalance in HIV infection rates that results from these factors. The examples from three African countries show HIV infection rates for older girls and young women that are 2-4 times higher than those for boys and young men of the same ages. This is linked to the prevalence of sexual relations between older men and younger women. Interventions to prevent infection and to mitigate the effects of AIDS must therefore be sensitive to the gender issues involved.

Figure 2: Differences in HIV Infection Rates by Gender



Source: UNAIDS (2003)

¹ This economic factor can exacerbate an underlying problem of young women lacking the “power” to negotiate safe sex with their partners.

As with any of the determinants of HIV infection, interventions to respond to one factor will be of very limited value on their own. Providing people with knowledge about safe sexual practices is unlikely to be successful if the economic, social and cultural environment does not enable people to act on their knowledge. Similarly, economic empowerment on its own may not be enough to overcome other harmful power imbalances in relationships. A coherent, multi-faceted approach to prevention is always required.

2.2 How HIV/AIDS Can Affect Food Security & Livelihoods

2.2.1 The Sustainable Livelihoods Framework

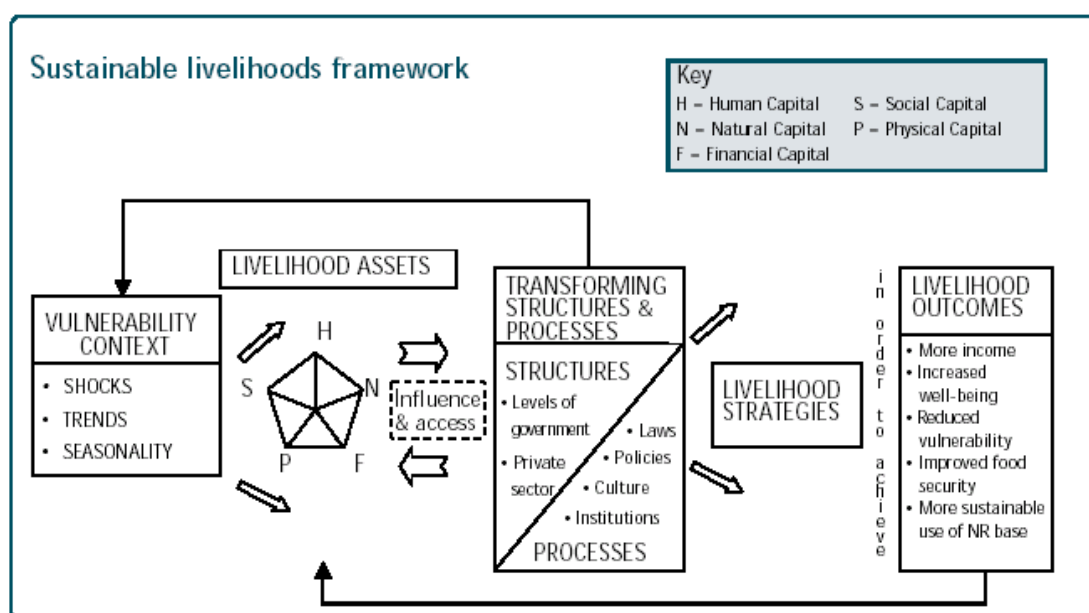
The Sustainable Livelihoods framework has provided quite a clear basis for understanding how HIV/AIDS can impact on various aspects of livelihoods in many different ways.² The framework depicts livelihoods as being determined in the first instance by the range of assets available to the household. “Assets” is used as a broad term, and 5 categories of assets or capital are identified.

- Human: Human capital represents the skills, knowledge, ability to labour and good health that together enable people to pursue different livelihood strategies and achieve their livelihood objectives.
- Social: the social resources upon which people draw in pursuit of their livelihood objectives, including networks, membership of formal and informal groups, and relationships of trust and reciprocity.
- Natural: the natural resource stocks from which resource flows and services useful for livelihoods are derived (e.g. lands, trees, water sources)
- Physical capital comprises the basic infrastructure and producer goods needed to support livelihoods (e.g. buildings, roads/ transport, water supply, communications)
- Financial: the financial resources that people use to achieve their livelihood objectives, including stocks (savings, convertible assets, including livestock) and flows of income.

Two sets of factors external to the household but which exert a significant influence on their livelihoods, are “processes and structures” and the “vulnerability context”. Processes and structures include such factors as the legal environment, culture and institutions within society, which affect the way the people can put their assets to use and also how they can accumulate assets. The vulnerability context refers to the ways that external shocks and trends affect asset levels. All of these factors determine the livelihood strategies that people pursue, and ultimately their livelihood outcomes (including income levels and food security). DFID have illustrated the framework in the following way:

² See especially Loevinsohn & Gillespie (2003), Stokes (2003) and Harvey (2003).

Figure 3: The Sustainable Livelihoods Framework



Source: DFID Sustainable Livelihoods Guidance Sheet 2

The language of “vulnerability” varies in the literature. Vulnerability is often described as having two components: “external vulnerability”, which refers to exposure to shocks or hazards; and “internal vulnerability”, which refers to the capacity to cope with or withstand those shocks. In the SL framework, the former is represented by the “vulnerability context”. The concept of “resilience” is increasingly used in a similar way to “internal vulnerability”, and is determined by the combination of the five types of assets available to the household.

The use of “vulnerability” as an absolute status - for example by simply describing chronically ill or female-headed households or orphans as vulnerable groups – should be avoided. It should especially not be used synonymously with need, as it should reflect the likelihood of a particular outcome arising for that group in the future.

Box 2: Vulnerability & Responses: A Simple Analogy

Is someone near the edge of a cliff “vulnerable”? They could be vulnerable to being blown over the edge by a gust of wind.

- Their **internal** vulnerability is equivalent to how close to the edge they are. If they are perched on the edge then a relatively small gust of wind could send them over it, but if they are 10 metres away it would need to be a very strong and persistent wind to push them closer to the edge and eventually over it.
- Their **external** vulnerability is equivalent to how windy a day it is. If there is no wind they are unlikely to fall over, but it would still be preferable to be further away, just in case.

So, someone walking close to the edge on a windy day is very vulnerable to being blown over, but someone walking at a reasonable distance from the edge on a calm day is significantly less vulnerable.

And what is the appropriate response to hearing that someone is walking near the edge of a cliff? It would be right to be on the alert. But they would only need a rescue helicopter and medical team if they had fallen over. Otherwise, it would be more appropriate to assist them to move to a safer distance from the edge, or to provide them with some shelter from the wind, or to put a barrier in place to stop them falling over the edge. We should also make sure that there aren't other people near the cliff edge in addition to the person we are focused on.

Similarly with AIDS-affected households. We need to be concerned about them from a food security point of view. But we should not automatically assume that they have fallen over the edge, and that an emergency response is required. We must first find out where they stand, and then take appropriate measures to mitigate those factors that make them vulnerable. We should also remember that there may be many other households who are close to the edge for unrelated reasons.

2.2.2 What is an “AIDS-Affected” Household: Three Sets of Circumstances

While it is common to see broad references to “the impact of HIV/AIDS”, in reality there are 3 main ways in which a household can be affected by AIDS, and which have different sets of impacts that should be examined separately.³

- Chronic Illness
- Death
- Support of Orphans

Within each of these categories, the existing wealth or socio-economic status and the demographic composition of the household have a very substantial bearing on the extent of the impact of AIDS on their livelihoods. De Waal and Tumushabe also highlight that the centrality of labour in livelihood system increases the extent of the impact. Hence, where there are labour bottlenecks (e.g. areas with one rainfall season, with peaks of activity), or where there is not enough land or capital to absorb the available labour, or where there are inflexible gender roles (e.g. where a widow is prevented from doing a “man’s work”), the impact of the illness or death of a productive adult will be greatest.

While in the overwhelming majority of cases the impact of AIDS will be negative, for many other households the severity of that impact may not be so great as to be unmanageable, and at the extreme there may be circumstances where there is no impact or even a positive impact.

2.2.3 Impacts at the Household Level

Impact of Chronic Illness

The period of chronic illness of an adult can often place the greatest acute stress on household livelihoods. There are 3 main problems:

- (a) The ill person is often unable to work, reducing the income available to the household and/ or the output from agricultural activity.
- (b) Other household members are required to spend time caring for the ill person; these are typically older children - usually female - and/ or adults, and the time spent on care can take away from productive activities, from caring for other children or from education if the carer is a child. The potential double loss of income at this stage can make households particularly food insecure and can seriously compromise children’s rights.
- (c) There is a need for a greater spending on healthcare and associated costs. Depending on the existing level of food security in the household, this can

³ The period of infection with HIV prior to the onset of AIDS is not considered here partly because it is not thought to interfere significantly with livelihoods and partly because lack of knowledge of status means that the vast majority of those infected are not aware of it, making measurement of impact almost impossible.

mean spending is switched from other household needs to healthcare or that assets are sold to raise extra cash. In already very poor households, their options may be so limited that they make the difficult decision to forego such spending on healthcare to maximize the welfare of remaining members.

Impact of Death

The death of an adult can have a mixed set of effects. The contribution to agricultural production and income from that member is permanently lost. There are immediate costs in terms of the funeral, and potentially the loss of assets for widows and orphans where inheritance practices leave them without entitlements. Compared to the pre-illness phase they will certainly be worse off, except in extreme cases where the lost adult was not employed or productive and contributing to the household in the first place. On the other hand, there may be some improvement compared to the illness phase as healthcare costs and caring requirements are reduced again.⁴

It takes time for the full impact of the loss of a household member to become apparent, as the household may be undergoing significant transformation at this point. The death of one family member can change the household composition in additional ways, for example an older girl subsequently leaving the household to get married, or additional relatives may return to the household to provide support⁵. Remaining productive members may also change their livelihood strategies to optimize the opportunities available to them.

Whereas the situation for some may stabilize at a point where they can more or less provide for their families, other households can descend into a spiral of poverty that may ultimately result in the dissolution of the household. In the short term, a household may appear to be accessing sufficient food, but it may be doing so through unsustainable activities such as selling off livestock and productive assets to buy food. It is necessary to clarify whether a household is “coping” in a successful and sustainable way, or “struggling” (Rugalema: 2000, Baylies: 2002). Assessments of impact should therefore try to understand where in the process of response and adaptation the household is and in what direction they are heading, rather than simply taking a “snapshot” of their current situation.

It is also important to look at the overall outcome for a household. The research on this subject can often simplify the situation by focusing on changes that occur in a limited range of household activities before and after a death, and not considering the overall results for the food security of the household. Changes in farming and agricultural production are a common example of this. Many studies have highlighted declining agricultural production following an adult death, and imply that this is directly linked to a drop in household food security. However, the activities undertaken by a household are determined by the total range of assets, skills and opportunities available to them, and it may be the case that the household chooses to switch from agricultural production to some other form of income-generation which could at least partially compensate for the loss of crop production. For example, Petty et al. (2004) illustrate cases in Mozambique of women switching from agricultural production to petty trading activities, and a child-headed household coping by renting out an unused hut.

⁴ There are also likely to be indirect costs to other households. The Food Economy Group have highlighted the example of a death in a “better off” household leading to reduced employment of poorer labourers and thereby reducing food security in those households. See section 2.2.4 for further community-level effects.

⁵ See Yamano & Jayne (2004) for an example from Kenya of different ways that household composition can be affected by adult mortality, and how the effects vary according to the gender and status of the adult who has died.

Changes in production and income are also more accurately reflected in per capita comparisons, rather than changes in total amounts, due to the changes in household composition resulting from a death.

Hence there is a need to examine all the activities pursued by the household and to consider the overall livelihood outcome – whether measured in terms of per capita food access or a measure of income or poverty - if we want a full understanding of impact.

Box 3: Dissolved Households & Child-Headed Households

An area that is currently under-researched and which is missed by many studies is what happens to households that dissolve following the death of one or both parents. While orphans are often taken in by other households, there are also cases where children can end up without support, outside any formal household structure and therefore “hidden” from researchers. Street children are such an example. More longitudinal or retrospective studies are needed to determine what happens to household composition following adult deaths, and special efforts are then needed to assess their situation as more standard methods of household sampling may miss this group.

Even if the household remains intact in spite of an absence of adults, such child-headed households are also in danger of being overlooked if they are not specifically sought out. In addition to the obvious economic difficulties they are likely to face, they may be alienated from mainstream community fora and activities, and they may need specific efforts to include them in research and interventions.

Impact of Supporting Orphans

The third context in which we often look at the impact of HIV/AIDS is in relation to households taking in orphans. Again, with this context there can be a tendency to simplify the likely outcome by suggesting that taking in orphans adds to the burden of the household, with a limited income being stretched by having to support an additional dependent. In reality, there can be a wide variety of outcomes depending on both the status of the orphan and the status of the hosting family.

There is no clear pattern to the type of household that hosts orphans. It has been found that households across the entire spectrum of wealth can take in orphans, reflecting the facts that HIV/ AIDS affects all types of households. However, obviously the better off a host family is, the more likely they will be able to take in an additional family member without jeopardising their food security.

The demographic characteristics of the household are not on their own necessarily a reliable indicator of food security. There is often a concern that elderly-headed households or female-headed households will be “vulnerable” in the first place, and that adding orphans into the picture will only exacerbate the situation. This is certainly true where the caregiver has limited income or marketable skills and the orphan is too young to help provide for the family. However, while empirical research⁶ has shown that there are usually proportionately greater numbers from elderly-headed and female-headed households who are food insecure, it is by no means automatic either that all such households are food insecure, or that households *without* those characteristics will be food secure. For example, the Zimbabwe VAC’s rural survey in 2003 highlighted the problem of focusing on demographic characteristics, by comparing the food security households meeting 3 regularly-used

⁶ E.g. VAC and C-SAFE studies in Southern Africa

criteria with households meeting none. 74% of households headed by elderly females and hosting orphans were unable to meet their minimum food needs, but 48% of non-elderly adult male-headed households without orphans were also food insecure. While this is a significant difference, it highlights the danger that assuming that certain categories of people will automatically be food secure or insecure will lead to serious errors in targeting.

The age, gender and skills of the orphans themselves will impact on the food security of the host household. Younger children are more likely to place a strain on the household, both in terms of the costs of providing for their material needs, but also in terms of the caring requirements that they may have from adults. Older children, on the other hand, may actually bring a net economic benefit to the household in the short run at least if they are working and contributing to household income or food production. In such cases, however, it is important to ensure that such a contribution is not at the cost of their education or through some form of exploitation. The SADC-FANR VAC (2003) found that orphanhood had a much more ambiguous relationship with food security outcomes than other proxies examined.

Table 2.1 summarises the ways in which each of the 3 AIDS situations can impact on the 5 types of capital at the household level. Note that the caveats and exceptions mentioned in the text above, and also that the precise routes by which each impact makes itself felt will depend upon the prevailing livelihood patterns in the area being considered.

Table 2.1: Summary of Impacts of Different Stages of AIDS on Livelihoods (negative = (-); positive = (+); ambiguous = (+/-))

	Human Capital	Financial Capital	Social Capital	Physical Capital	Natural Capital
Chronic Illness	<ul style="list-style-type: none"> • Loss of labour of ill member (-) • Re-allocation of labour of carer (-) • Less time for agriculture, employment/ income-generating activities, searching for wild foods (-) • Withdrawal of children from school to work and/ or save costs (-) 	<ul style="list-style-type: none"> • Loss of income of ill member and possibly of carer (-) • Increased spending on healthcare (-) 	<ul style="list-style-type: none"> • Institutions weakened, e.g. social support networks overburdened (-) • Increased defaults jeopardizes informal credit (-) • Exclusion from institutions due to stigma (-) • Outgoing gifts/ remittances reduced (-) 	<ul style="list-style-type: none"> • Sale of productive assets to cover healthcare costs and/ or other costs of living (-) • Sale/ slaughter of livestock (-) 	<ul style="list-style-type: none"> • Reduced maintenance of natural resources, reducing productivity (-) • Sale/ rental of land for income (+/-) • Change in land use patterns (+/-)
Death	<ul style="list-style-type: none"> • Possible switching of time from caring to productive activities (-) • Withdrawal of children from school to work and/ or save costs (-) • Inter-generational transfer of skills/ knowledge damaged (-) • Change in demographic composition of household (+/-) 	<ul style="list-style-type: none"> • Readjustment of income-earning activities; typically reduced disposable income compared to pre-illness (-) • Loss of income of dead member (-) • Funeral costs (-) • Fewer people to feed (+) 	<ul style="list-style-type: none"> • Institutions weakened (-) • Increased defaults jeopardizes informal credit (-) • Exclusion from institutions due to stigma (-) • Outgoing gifts/ remittances reduced (-) 	<ul style="list-style-type: none"> • Sale of productive assets to cover funeral costs and/ or ongoing cost of living (-) • Sale/ slaughter of livestock (-) • Widows and orphans lose productive assets to relatives (-) 	<ul style="list-style-type: none"> • Widows and orphans lose tenure of land (-) • Reduced maintenance of natural resources, reducing productivity (-) • Sale/ rental of land for income (+/-) • Change in land use patterns (+/-)
Orphans (impact on host household)	<ul style="list-style-type: none"> • Possible loss of labour if orphan requires increased care (-) • Possible increased labouring by elderly/ children to increase income (-) • Possible addition of labour if orphan can work (+ on income, - on child's rights) • Alternative channel of transferring skills/ knowledge (+) 	<ul style="list-style-type: none"> • Incoming gifts/ remittances may be reduced due to loss of relative (-) • Disposable income may be reduced or increased depending on net contribution of orphan (+/-) 	<ul style="list-style-type: none"> • Traditional orphan support practices over-burdened (-) • Elderly become carers instead of being cared for (-) • Outgoing gifts/ remittances reduced (-) 	<ul style="list-style-type: none"> • Possible sale or accumulation of assets, depending on net contribution of orphan (+/-) 	<ul style="list-style-type: none"> • Possible sale/ rental of land for income, changes in land use and/ or reduced maintenance if orphan increases burden on already-poor household (+/-)

Adapted from Harvey, 2003

2.2.4 Impacts at the Community & System Level

In countries where the HIV/AIDS epidemic is at an early stage and adult HIV prevalence rates are low, the impacts on livelihoods are most likely only to be seen at the household level by those directly affected. However, where the epidemic is at a later stage it has wider systemic effects.

Some of the key potential impacts at community level on each of the 5 types of livelihood assets can be summarized as follows (Shannon-Stokes, 2003):

- Human Capital: demographic changes in the population; loss of skills leading to declining services (e.g. loss of agricultural extension workers, teachers, healthcare staff)
- Financial Capital: declining aggregate income and savings; increased cost of capital
- Social Capital: over-burdening of communities' caring capacity; breakdown of social networks
- Physical capital: declining condition of community infrastructure and provision of public goods (e.g. transport infrastructure, water and sanitation systems)
- Natural Capital: changing land-use patterns; environmental deterioration

These wider considerations have received less attention than household-level impacts, and they are more difficult to measure. However they do form an important part of the context within which household-level impacts are occurring, and within which those wishing to intervene are operating.

Box 4: "New Variant Famine"

Because the impacts of HIV/AIDS are so many and varied, affecting households, communities and overall systems, it has been hypothesised that HIV/AIDS will result in what has been termed "new variant famine" (De Waal, 2002). The essence of the hypothesis is that HIV/AIDS constitutes a substantially different threat to food security because of:

- The damaging interaction between HIV and malnutrition, which limits the viability of consumption-based "coping strategies" (PLWHA cannot afford to cut back food consumption in bad times, which is usually an early response to food crises)
- The increased burden of care resulting from AIDS, including care of the ill and also of orphans
- The change in dependency patterns as a result of deaths of productive adults
- The loss of assets and skills as a result of deaths

A number of authors have highlighted that what would previously have been described as coping strategies are actually often examples of people not coping at all, but struggling to respond to their new situation. With coping capacity being seriously limited, it is suggested that communities could experience famine conditions much faster than in the past, with higher excess mortality rates, and with less chance of recovering and returning to some level of "normality", i.e. "new variant" famines.

In the short term, the case seems to have been overstated in relation to Southern Africa where, with some localized exceptions, famine conditions did not arise even where the humanitarian response was limited. It would appear that many households were not yet as close to the margin as was thought, but the hypothesis still provides a plausible vision of a situation that could arise sometime in the future if preventive action is not taken.

3. MEASURING THE IMPACT OF HIV/AIDS ON FOOD SECURITY

Although the attention given to this subject in recent years has been substantial, and the theoretical literature provides us with a good idea of what to expect, there still remains a relative paucity of empirical research into the impacts of HIV/AIDS on livelihoods. This has spurred recent demands for humanitarian agencies to try to include such information in their assessments and surveys. The quality of attempts to do this to date has been mixed, and conclusions and recommendations have often gone beyond the limitations imposed by the methodologies used. As was highlighted in the previous section, AIDS has very diverse impacts on households, and the temptation to over-simplify or over-extrapolate results needs to be resisted. In this section some basic guidance is given on designing research into the impacts of AIDS on food security, which in turn will assist with critically reviewing existing research.

3.1 What is to be Measured

3.1.1 Defining “Affected”

A starting point for any research into this area is to decide which type of situation is to be examined. To say that the intention is to examine the situation of “people or households affected by AIDS” is too broad. “Affected” can mean a number of different things, as was indicated earlier:

- Currently living with one or more adult(s) with AIDS
- Has experienced a recent death or deaths from AIDS
- Has taken in one or more orphans from a family that experienced an AIDS-related death⁷

The effects of HIV/AIDS vary quite substantially between and within these categories, and therefore to aggregate all these groups can blur the issues. Looking separately at more than one category, however, significantly broadens the scope of the research.

3.1.2 Identifying the Affected

There are two questions to ask in relation to identifying those affected. First, is it necessary and relevant? This is linked to the purpose of the research, and the assumptions underlying it. Other sub-questions follow from this one: Why are AIDS-affected households being singled out for attention? Are there other households that may be food insecure whose situation is being investigated? Does it matter whether the chronic illness or death or orphaning was due to AIDS rather than anything else? Could the focus on AIDS-affected households increase stigma?

The second broad question is whether it is possible to identify AIDS-affected households. While there is a greater awareness of status with the onset of AIDS compared to during the HIV stage (due to the symptoms rather than formal testing), it may not be possible to distinguish AIDS from another chronic illness. In most circumstances it is not worthwhile trying to single out the effects of AIDS rather than other chronic illnesses, and therefore in the absence of formal knowledge of HIV status, proxy indicators are most commonly used.

⁷ Similar effects arise from taking in children from a family that is caring for a chronically ill member

Proxy Indicators

Table 3.1 below lists proxy indicators that have been used, indicating which context they could be a proxy for, and providing comments on their usefulness.

Table 3.1: HIV/AIDS Proxy Indicators

<u>Proxy</u>	<u>Chronic Illness</u>	<u>Death</u>	<u>Orphan</u>	<u>Comments</u>
Presence of chronically ill adult in HH (e.g. aged 15-49; age range may be context-specific)	✓			Does not distinguish AIDS from other C.I.; need to know relative significance of AIDS among C.I.s for this age group. C.I. must be clearly defined; can be problems defining it to interviewees
Presence of chronically ill child <5 years in HH	✓			Has similar problems of defining C.I.; affects livelihoods only insofar as it implies HIV/AIDS in the mother, but doesn't tell if mother is living or ill...
Recent adult death in HH		✓		Can be refined by adding "following chronic illness", but adds the problem above. Defining "recent" is important; preferable to specify actual date of death to understand effects over time.
Dependency Ratio ⁸ (standard)		✓	✓	At the household level these are not reliable proxies for HIV/AIDS, as many other factors influence dependency ratios.
"Effective" Dependency Ratio	✓			They are more suitable when averaged by community for cross-tabulation with community-level data (especially EDRs), as they are a better proxy for prevalence.
Orphans in HH		✓	✓	Important to know what "orphan" means in each community (i.e. mother/ father/ both parents died), and therefore whether the orphan is part of the nuclear family or has come from another family. Age and gender of orphan will also be significant
Orphans in HH from another family			✓	In practice, the focus with this indicator is on whether there is an additional member of the household (irrespective of which parent died), but it is still important to consider the age and gender of the orphan.
Female/ widow-headed household		✓	✓	Not suitable at household level due to potential multiple causes, especially for "female-headed". May be more useful when averaged at community level as proxy of prevalence
Elderly-headed household		✓	✓	Not suitable at household level due to potential multiple causes; would have to be cross-checked with other proxy
Child-headed household		✓		Possible proxy; less likely to have other causes
Grandparent + Grandchildren HH		✓	✓	Possible proxy; less likely to have other causes. Best to derive it from more detailed HH demographic data, rather than by direct question.
Presence of Malnourished Adult in HH	✓			Occasionally suggested, but unreliable proxy: not necessarily related to AIDS, and there are no widely agreed reference values for interpreting the main measures (BMI and MUAC)
"Labour-Poor Household" (e.g. child-headed/ elderly-headed/ with chronically ill)	✓	✓	✓	An aggregated category comprising a number of other proxies combined. Likely to be too indistinct to capture the variation between household types.

⁸ A dependency ratio is an indicator of the number of dependents relative to productive members of the household. In a standard dependency ratio, dependents are children and the elderly (i.e. it is purely age based). Variations to this include the "effective dependency ratio", which takes chronically ill and sometimes otherwise disabled adults out of the productive category and into the dependents. Some dependency ratios (e.g. Petty & Seaman, 2004b) do not use strict age criteria, but are adapted to the local ages at which children take on adult roles and at which elderly people cease to contribute to household income and production.

Note that it is preferable with most of these indicators⁹ to ask for the *number* of chronically ill/ deaths/ orphans, rather than simply asking for a *yes/no* answer in relation to their presence in the household, as the numbers can have a substantial bearing on the food security outcome. For example, taking in one orphan may be manageable for a particular household, but they may not be able to cope with a second.

Disaggregation by Age and Gender

Similarly, for most indicators it is preferable to indicate the gender, age and status within the household (e.g. head, spouse, other) of each relevant person, as studies where such disaggregation has been carried out¹⁰ often show substantial differences in the results. For example, the situation of households headed by elderly females may be worse than that of those headed by elderly males for reasons related to control of resources. Within the household, age and gender considerations are also significant. The potential problems faced by teenage girls (e.g. greater caring and domestic responsibilities, risks of sexual exploitation) could be very different to those faced by young boys.

Using combinations of indicators

As the table implies, analysts need to think in terms of using a combination of indicators to build up pictures and to cross check findings. Whilst using one proxy on its own (e.g. chronic illness in head of household) may be misleading, using it in conjunction with another (e.g. recent adult death in a household) can build up a more credible picture of HIV infection and its impacts.

Stigma

Finally, the sensitivity of the issues of AIDS, illness and death within the community being studied will also determine the feasibility of using and/ or deriving many of the above indicators. It is necessary for researchers to have an understanding of the role of stigma in the community before starting an assessment.

3.1.3 Making Comparisons between “Affected” and “Unaffected”

To understand the impacts of AIDS, we need to know what happens to a household once it becomes affected, and the extent to which that is related to HIV/AIDS or to other factors.

Ideally there should be two sets of comparisons, therefore:

- (1) A comparison of the situation of the household between when they were unaffected and affected, i.e. the change following illness/ death/ addition of orphans. A longitudinal study is ideal, but is often impractical. Retrospective questioning is possible, but greater effort is required to minimize problems of recall and reliability of information.
- (2) A comparison of affected households with unaffected but otherwise similar households, to try to control for non AIDS-related factors. Preferably this should be a comparison of the changes of both households over time¹¹, but it is more

⁹ Except for dependency ratios, for which this is not applicable.

¹⁰ E.g. Yamano & Jayne (2004), SADC (2003), ZimVAC (2003)

¹¹ Referred to as the “difference in differences” approach in Yamano & Jayne (2003)

common for a snapshot comparison of affected and unaffected households to be made.

If only one comparison is made, then there will be definite limitations in the research. Specifically:

- If you only examine the situation of affected households over a period of time, you are examining the effects of all factors on their food security, not just HIV/AIDS. For example, if there has been a drought or a drop in the returns to a particular crop over the same period, you risk attributing a particular outcome (e.g. reduced crop production) to the wrong cause.
- If you only compare affected and unaffected households at a fixed point in time, even if you control for other factors, taking a specific point in time means that you will not capture the dynamic effects of HIV/AIDS. What did the affected household go through before reaching the point they are currently at? Did they sell off livestock, change production patterns, etc? Are they at a stable equilibrium point, or are they on an unsustainable downward spiral?

It is never possible to have a perfect control group. Nonetheless, attempts should be made to control for:

- Livelihood pattern/ food economy zone
- Wealth group/ socio-economic characteristics
- Household demographics

Without such controlling factors, the associations that may be found may not represent a simple causal relationship. Hypothetically, it is possible to imagine a study finding that households affected by AIDS had higher incomes on average than those without. For example if the study site was a border town and those with higher incomes were those linked to trade, it is possible that that group could have a higher HIV prevalence as a result of their lifestyle than those who are not involved in trade, and that they could still be better off economically in spite of AIDS.

3.1.4 Livelihood Strategies versus Livelihood Outcomes

It is preferable to be able to relate a particular impact of AIDS to overall household food security and livelihood patterns. Examining very specific issues risks losing the overall picture. For example, many studies look at the impact of AIDS on agricultural production. Even if there is a finding that agricultural output has fallen by X%, and even if the methodology is robust, unless you know whether the household made any other changes to their activities, you cannot determine the overall effect of that drop in production on the household. It is possible that a household engaged in an activity that was considered more profitable instead of agriculture, and that their overall food security was not as severely affected as might be suggested by the figures on the drop in agricultural production. This applies equally to any study examining the impact of a shock on household food security: people always try to cope and respond to shocks, and their ability to do so should be considered in assessments.

This is not to say that studies looking at specific aspects of AIDS impacts should not be carried out. They can provide high quality insights into such issues. However, the conclusions and recommendations resulting from such research must reflect its limitations.

Overall then, a study that sets out to measure the impact of AIDS on food security or livelihoods (rather than on a specific activity) should:

- Contain a clear definition of what is meant by “AIDS-affected”
- Use proxy indicators that are relevant to that group, and that can feasibly be collected in the field
- Ideally compare the differences in the changes over a defined and relevant timespan between affected and unaffected households.

The next section reviews the strengths and limitations of four methodologies which may be considered for carrying out such research.

3.2 Methodologies & Tools

In looking at the methodologies and tools used to collect information on this subject, this section will not dwell upon issues that are not directly related to their use in looking at the impact of AIDS on food security and livelihoods. There are well-rehearsed debates about the relative merits of each in general food security assessments, but for this paper it is assumed that other issues of best practice are adhered to in carrying them out (e.g. questionnaires must ask questions that are likely to get meaningful and reliable answers, well-trained staff must be used for HEAs, proper probing and cross-checking of responses should be carried out in all cases, data analysis methods should be transparent, etc.).

Furthermore, the decision on which approach(es) to take should also be guided by:

- the specific purpose of the assessment and the type of information that is sought
- the level of detail and precision that is required, and
- the use to which that information will be put (e.g. is it simply to shed light on a problem, or will it be used for designing interventions?)
- the resource implications of the method(s) in terms of expertise, time, money.

Therefore anyone choosing a methodology should not just consider the factors below.

3.2.1 Qualitative Livelihood Studies

These are studies that typically focus on understanding the causes of problems and inter-relationships between them, often using PRA/ RRA approaches.

Strengths

- Provides excellent contextual understanding, and a richness that is lacking in quantitative data
- Can examine aspects of livelihoods that are not easily measured, e.g. social capital, community-level issues, role of structures and processes, and the impact of AIDS on these
- Provides guidance for subsequent more quantitative work; indicates which questions need to be asked

Limitations

- Lack of quantification means that certain details are lacking
- Provides limited guidance for some types of programming (e.g. how many people are affected to what extent; what amount of food/ cash/ safety nets would enable affected households to be food secure?)

3.2.2 Individual Household Questionnaires

Questionnaires were used in national Vulnerability Assessment Committee surveys in Zimbabwe and Zambia in April 2003 and attempted to link AIDS and food security¹². The basic principle is to compile a data-set from which households' total income and food access can be derived, and which can then be cross-tabulated with proxy indicators of HIV/AIDS.

Strengths

- Gives details of measurable aspects of livelihoods at household level, providing a high level of disaggregation, which is necessary considering the diverse impacts of AIDS
- Quantification facilitates planning of certain types of programme response
- Allows greater data manipulation and ability to control for different factors in the analysis stage, making comparisons between affected and unaffected households more feasible.

Limitations

- Typically only a snapshot picture, unless surveys are repeated. Retrospective questioning may be possible but could be very tedious for interviewees. Hence effects of AIDS over time may be missed.
- Provides limited understanding of the context and the story behind the figures
- Covering less easily measured aspects of livelihoods is more challenging, and requires sophisticated techniques.
- Although this is a generic consideration with questionnaires, the difficulty of designing a questionnaire that can adequately cover the issue of income should not be underestimated.

3.2.3 "Standard" Household Economy Approach

HEA uses a combination of qualitative and quantitative approaches to estimate the contribution of each source to total food access and cash income, as well as detailing expenditure patterns, asset holdings and capacity to cope with shocks. Standard HEA only carries out detailed interviews with focus groups from each wealth group in the community. To assess the impact of AIDS, therefore, would require holding specific group interviews with similar types of AIDS-affected households

Strengths

- Qualitative aspects ensure that the story behind the figures is understood
- Qualitative aspects make it possible to examine non-measurable impacts of AIDS (e.g. on social capital)¹³
- Quantification facilitates planning of certain types of programme response
- Possible (and usual) to include retrospective questioning to examine changes over time.

Limitations

- The diversity of impacts of AIDS and its relationship to specific household characteristics – as well as the subject matter itself – means that focus groups are usually an inappropriate form of interview

¹² A similar type of questionnaire was used in the National Risk and Vulnerability Assessment (NRVA) in 2003 in Afghanistan, though HIV/AIDS was not a focus there.

¹³ In practice this is often not done or done inadequately in HEA assessments, but this is a shortcoming in application rather than in the capacity of the methodology

- Data can only be disaggregated according to the groups interviewed in the field, making it significantly less flexible than household data

3.2.4 Individual Household HEA (IHA)

The individual household approach to HEA is a recent development, and follows the same basic framework as HEA and uses a similar style of semi-structured interviews, but collects information for individual households instead of wealth groups. It was developed specifically for poverty analysis (rather than for food security) and therefore data is presented in different terms to standard HEA, with the focus being on calculating disposable income per capita¹⁴ after defined minimum food and non-food needs have been met. A detailed demographic section enables greater age and gender analysis to be carried out, highlighting the diversity of outcomes for different types of households. Four pilot studies using the approach have been completed, and two of these – in Swaziland and Mozambique – have specifically addressed the issue of the impacts of AIDS on food security and livelihoods. A more detailed description of the approach is included as Annex 1.

Strengths

- IHA combines the strengths of standard HEA and individual household questionnaires, although the resulting level of information to be collected can result in a small amount of trade-off between qualitative and quantitative data. Specifically:
 - Quantitative measurements provide more precision, and detailed demography by household allows for greater manipulation and disaggregation of data
 - Qualitative aspects provide contextual understanding, and can address less measurable issues such as social capital

Limitations

- Currently most of the limitations are in relation to the pilot nature of the approach to date, and resulting practical issues of application, i.e. the approach has been tested in a limited set of contexts, a generic “calculator” software application for data management and manipulation has yet to be finalized, and there are very limited numbers of staff trained in the use of IHA.

3.2.5 Indicative Resource Implications of Each Approach

This paper will not go into detail on the costs and skills required for each type of assessment, as this will necessarily vary according to the location of the assessment, its geographical scale, the depth of analysis required and also the local availability of people with the relevant skills/ training. Therefore the table below provides some general indication of differences between each approach in terms of resources required.

¹⁴ Or more precisely, per “adult equivalent” to take account of household composition

Type of Study	Staff & Skills Required	Costs & Time
Qualitative Studies	Strong interviewing skills and PRA/RRA techniques; disciplinary skills relevant to the subject to be covered. Fewer people but more training than questionnaire surveys.	Usually small teams. High cost if expatriates used; skilled local staff often available; if not, investing in training significantly reduces costs of subsequent studies.
Individual Questionnaires	Typically (but not necessarily) uses less skilled fieldworkers than HEA and qualitative studies. Requires skilled staff for questionnaire development, sampling and data analysis though.	Typically larger teams than more qualitative approaches. Training is faster, but each survey likely to need its own training. Costs of specialists for questionnaire development and data analysis can be high.
Standard HEA	Specific training required (classroom plus supervised fieldwork). Fieldworkers require good interviewing skills plus analytical skills. Fewer but more skilled people than questionnaire surveys.	Team of 2 (1 trained, 1 assistant) can cover 1 livelihood zone in 1-2 weeks, depending on depth. Expensive if using expatriate staff; investment in training of local staff significantly reduces costs of subsequent assessments.
Individual HEA	Similar to standard HEA, but additional input required on sampling and potentially on data analysis.	Similar to standard HEA. Note that the current pilot nature of IHA means that bottlenecks will occur with the roll-out of methodology

Which approach should be used is largely dependent on the context and the purpose of the assessment. The section above focuses only on specific technical aspects of each approach. A combination of qualitative and quantitative information is appropriate when looking at the linkages between HIV/AIDS and livelihoods. IHA looks like being a very promising tool, but until it is ready to be rolled out, a careful use of other methods that recognizes their relative strengths and limitations is the best route available.

4. TRANSLATING LINKAGES INTO PROGRAMMING RESPONSES

Programmes to enhance the food security and livelihoods of AIDS-affected households are just one aspect of mitigating the effects of AIDS. Not only are there other elements of mitigation but, more importantly, issues of prevention, care and treatment must also be addressed. Successful prevention can, in the longer term, limit the need for mitigation activities. AIDS is also a treatable and manageable disease. While food and nutrition are an important part of care, having a functioning healthcare system capable of delivering affordable anti-retrovirals and treatment of opportunistic infections would greatly reduce the need in the long run for concern around the livelihoods of households affected by AIDS.

Another key point to remember is that HIV/AIDS a serious additional factor that can damage livelihoods, but it should not distract us from the many other factors that contribute to food insecurity. It requires an even greater effort to be made and will require some change in tactics in addressing “old” issues. The “HIV lens”¹⁵ is a useful idea, encouraging us to re-evaluate the situation in the context of HIV/AIDS; but the lens is not a filter that blocks out the view of everything else.

With the current levels of mortality from AIDS and the orphans left behind, there will be a great need for food security-related mitigation efforts for the foreseeable future. It is still too early to provide a definitive guide to best practice in this area, but the combination of experience to date, a rigorous analysis of the problem and common sense can provide an excellent starting point for designing appropriate responses.¹⁶

This section begins with a discussion around the use of food aid, before moving on to the wide variety of other interventions that may be considered for mitigating the impacts of AIDS on livelihoods. This distinction between food and non-food interventions is arguably not the most practical way of dividing interventions, but has been deliberately chosen in response to the increasing use of HIV/AIDS as an often questionable justification for the provision of food aid. The section finishes with a note on how food security and livelihoods should also be seen as a way of assisting with the prevention of HIV transmission.

4.1 Food Aid

4.1.1 Households Affected by AIDS as a Target Group

Evidence collected to date in food security and vulnerability assessments, particularly in Southern Africa, would not support the blanket labeling of AIDS-affected households as a vulnerable group in need of food aid. There is typically a greater percentage of AIDS-affected households found to be food insecure compared to the percentage of the total population. However (a) there are typically high numbers of AIDS-affected households who are not food insecure, and (b) there are often higher absolute numbers of unaffected households unable to meet their minimum food needs for unrelated reasons. In the language of targeting, at the extreme of targeting only AIDS-affected households, there would be very high inclusion and exclusion errors¹⁷.

¹⁵ Gillespie & Loevinsohn (2003)

¹⁶ Another linked starting point to the process of mainstreaming HIV/AIDS in agencies' programmes is internalising these issues within the organisation. It should be noted therefore that having in place a comprehensive and meaningful HIV policy in the workplace should assist staff in addressing HIV/AIDS issues in their work.

¹⁷ Inclusion error refers to people who are not in need being wrongly included; exclusion error refers to people who are in need being wrongly left out.

In Southern Africa, in research by the SADC VAC, as well as assessments in 2003 by the Zimbabwe and Zambia VACs and the baseline surveys by C-SAFE, the data consistently indicated that demographic or health criteria (e.g. female-headed or elderly-headed households, chronically ill, orphans) on their own would not be a good basis for targeting food security related assistance. Various measures of wealth appear to remain the strongest indicators of food insecurity, and a combination of economic, social and demographic indicators can assist in refining targeting. A flexible approach to targeting, where possible and appropriate using community-based approaches, seems to remain the most likely approach to succeed.

In spite of this, there is a marked tendency for certain agencies (specifically the C-SAFE partners and increasingly WFP) to indicate in their proposals that they will automatically consider AIDS-affected households as vulnerable groups in need of food aid¹⁸. Where community-based targeting is not used, a compromise would be to target initially based on socio-economic/ wealth criteria, with demographic/ health criteria being used as a secondary set of criteria used only if resources are not adequate to meet all needs.

Aside from such considerations, there are also potential problems in identifying certain types of HIV/AIDS-affected households. This applies mainly to those who are HIV+, but who are asymptomatic. Because they are asymptomatic and because most will be unaware of their status, they cannot be identified. For households with chronically ill members issues of stigma could arise, and they may also have practical difficulties in attending planning meetings and distributions.

Families that have lost a member to illness or who have taken in an orphan are easier to identify. However, for all affected groups, stigma is a potentially difficult issue. It may not be in the interests of such households to be identified on the basis of being affected by AIDS and singled out for support. The extent to which this is a factor will vary from community to community, and therefore must be discussed with the community in advance of any intervention.

Conversely, the risk of creating the wrong incentives by targeting assistance at those affected by AIDS should also be avoided. For example, targeting orphans for assistance can increase the short-term material incentive for families to take in orphans without guaranteeing their care.

Further considerations in relation to food aid include:

- Participation of children: with children having to take the place of adults, will they be adequately informed of the modalities of the programme, and will they have a voice when it comes to targeting beneficiaries?
- Siting of distribution points: with more children, ill and elderly people being required to collect rations, there may be a need to establish more distribution points to reduce walking distance, or to consider the feasibility of alternatives, such as mobile distribution points.
- Packaging of rations: similar to the above, smaller packaging of food or more frequent distributions will facilitate transport of rations by beneficiaries.

¹⁸ It is important also to stress that vulnerability or food insecurity is not synonymous with a need for food aid. Cash relief, for example, may be a far more appropriate and cost-effective response in some circumstances.

4.1.2 Choice of Ration/ Food requirements of PLWHA

HIV/AIDS considerations can affect both the size of food aid rations and their composition. There are significant evidence gaps in relation to making nutrition recommendations for PLWHA and, with the exception of energy requirements, the most authoritative recommendations (WHO, 2003) therefore recommend following existing guidelines for unaffected populations, until there is sufficient evidence to suggest otherwise. The key guidelines are as follows:

- Energy requirements are likely to increase by 10% to maintain body weight and physical activity in asymptomatic HIV-infected adults, and growth in asymptomatic children.
- During symptomatic HIV, and subsequently during AIDS, energy requirements increase by approximately 20% to 30% to maintain adult body weight.
- Energy intakes need to be increased by 50% to 100% over normal requirements in children experiencing weight loss.
- Data are insufficient to support an increase in protein requirements due to HIV infection.
- There is no evidence that fat requirements are different because of HIV infection.
- To ensure micronutrient intakes at RDA levels, HIV-infected adults and children are encouraged to consume healthy diets.
- Nevertheless, dietary intake of micronutrients at RDA levels may not be sufficient to correct nutritional deficiencies in HIV-infected individuals.
- There is evidence that some micronutrient supplements (i.e. above existing recommendations for unaffected people), e.g. vitamin A, zinc and iron, can produce adverse outcomes in HIV-infected populations.

WHO also highlight that improved attention to diet and nutrition may enhance the acceptability, adherence and effectiveness of anti-retroviral therapy. However, evidence gaps remain regarding the use of ARVs in areas where malnutrition is endemic.

Another important consideration is not only the nutritional composition of the ration, but also its acceptability and palatability. PLWH/A may have specific needs in terms of what they find that they are able to eat during periods of illness – and in the case of those with oral thrush or mouth sores, whether they are able to eat at all - and these factors should also be taken into consideration.

4.1.3 Food-for-Work

Food-for-work is a common strategy for providing food aid in a way that is seen as being less likely to create dependency than free distributions. However, when considering this in a context of high prevalence of HIV/AIDS, the key consideration is that the main route by which AIDS can damage food security is by reducing labour availability and the capacity to work. Therefore before food-for-work (or cash-for-work, for that matter) should be considered for AIDS-affected households, the potential implications of such an intervention on existing household activities must be considered. Specifically, are there able-bodied members of the household available and capable of carrying out the required work, and would it be worth their while to do such work rather than any other activity that places a competing demand on their time?

A potential expansion of the concept of food-for-work is to consider “food-for-caring”. In a limited sense this can be interpreted as providing food for those unable to do physical work themselves, but who can look after the children of those working on FFW projects. In a wider sense it can mean viewing care for the chronically ill as a form of work, and providing payment in food for that work. The appropriateness of this idea should be determined by the usual considerations of need and of the feasibility of targeting, but also involves additional issues of sustainability and the implications of providing payment for previously unpaid work.

4.1.4 School Feeding

School feeding is becoming an increasingly popular intervention in general, and the increasing numbers of AIDS-related orphans has added to the impetus behind this. School feeding programmes usually have one or more of the following three objectives: improve children’s nutritional status; increase enrolment and attendance (often specifically of girls); and/ or improve educational performance at school. Irrespective of whether the prevalence of AIDS is a factor, the success of school feeding has been mixed¹⁹.

While school feeding may be an appropriate intervention in certain circumstances, it is necessary to ask questions about whether it is likely to be the most effective intervention in a particular situation, and whether it will be appropriate or feasible to target orphans.

The former question applies in any context. Some of the main issues to consider include: Would school feeding address the underlying causes of malnutrition? Would school feeding provide an adequate amount of food to improve nutritional status, or will it substitute for another meal at home? Would a more general food distribution or other intervention be a more effective way of improving nutritional status? Are the intended target children already in school and, if not, is a school meal sufficient to make the other direct and opportunity costs of sending those children to school worthwhile? Will the school system be able to cope and provide quality education if there is an increase in enrolment and attendance? Is there a more sustainable way of meeting the same objectives? The answers may either suggest that school feeding is inappropriate, or that it may only be appropriate in combination with other activities.

In a context of high HIV/AIDS prevalence, school feeding is less likely than usual to be adequate by itself to increase attendance in school, particularly of girls. Girls usually have increased responsibilities for caring for ill household members, while all children – and especially older ones – have increased responsibilities for productive activities. Therefore the opportunity cost of sending them to school is higher than normal, and the incentive of a meal at school may not be sufficient to counteract that.

Targeting orphans for school feeding can be questionable, and therefore if the planned school feeding is not simply a blanket or untargeted programme, there are additional considerations. As indicated earlier, it is not necessarily the case that all orphans are in need of support, or that there are not other equally or worse off children. Furthermore, singling them out could have a stigmatising effect. Such issues must be investigated before assuming that school feeding would be appropriate.

¹⁹ See, for example, the review of evidence in Save the Children’s Technical Paper on School Feeding

4.2 Cash as an Alternative to Food Aid

In wider humanitarian debates, cash is increasingly being recognised as a viable alternative to food aid in certain circumstances²⁰. In most respects, the arguments presented above in relation to food aid, targeting and food-for-work apply equally to cash relief. However, if issues of stigma and targeting are overcome and an intervention is feasible, cash may be more appropriate for AIDS-affected households than food aid. This is because of the inherently flexible nature of cash, meaning that it can be used for meeting a wider variety of needs than just food, e.g. covering healthcare costs and soap for the ill, and covering costs of education and various non-food items for other household members. Clearly, however, the value of the cash ration would have to take account of these other needs and their costs and be adjusted to reflect that so that choices do not have to be made between such basic needs. Providing a larger food aid ration on the understanding that some of it would be sold to cover other costs is possible, but would in most circumstances be far less cost-effective than cash, and would be an inefficient use of limited aid resources.

4.3 Non-Food Interventions

The points made earlier regarding the appropriateness of targeting AIDS-affected households as opposed to any other group apply equally to non-food interventions. If a determination has been made that AIDS-affected households are most in need of support to improve their food security and mitigate the impacts of AIDS, then – in addition to normal considerations of good practice in programme planning²¹ – there are specific considerations that must be borne in mind when designing interventions.

Responses need to be related to the problems that have been identified in research and in line with the priorities of the affected people. The nature of the problems identified set the parameters for interventions. Returning to the 5 types of assets in the Sustainable Livelihoods framework, and the ways that AIDS impacts on them, we can identify some broad areas for response.

Human Capital

The key impacts of AIDS are on labour availability and the transfer of skills and knowledge. AIDS-affected households may have limited labour availability and there will be competing demands between caring and productive activities. Hence:

- responses should not place additional burdens on households' time and labour; if a new activity is involved, the returns to that activity should be greater than those to an existing activity which could be substituted
- interventions that increase labour availability will be useful, e.g. introducing labour-saving technologies, supporting production of less labour-intensive crops²², but also assisting with caring and reproductive activities to free up time for other activities, and improving treatment for opportunistic infections so that less labour is lost due to illness and caring
- children should be facilitated to attend school; this can be directly (via support for education costs or school feeding), or preferably indirectly via reducing the need

²⁰ Put simply, where food is available and markets are functioning effectively but some people lack the economic means to access it, it may be more efficient to provide cash so that those food insecure people can purchase food for themselves rather than receiving a direct transfer of food.

²¹ See, for example, the new Sphere Standards on Food Security (Sphere Project: 2004). Ensuring that interventions are sensitive to gender issues is a particularly key good practice consideration in a context of high HIV/AIDS prevalence.

²² Though such crops (e.g. cassava) often have lower nutritional value, therefore caution is required.

- for them to engage in productive or caring activities, and/ or via assistance to boost overall household income
- school curricula should increasingly include practical skills that previously may have been handed down from generation to generation, and other informal ways of supporting the knowledge transfer process should be investigated
- promote better succession planning (i.e. planning in advance for the caring and well-being of children upon orphanhood, and for inheritance issues)

Financial Capital

AIDS can reduce financial capital through the extra healthcare costs during chronic illness, funeral costs, reduced income, and/ or increased costs from taking in orphans. Some potential responses, which must be tailored to the particular circumstances, include:

- Safety nets and direct welfare support, e.g. via cash transfers, food aid, agricultural input provision, support for costs of health and education
- Assistance with micro-credit, taking into account the particular difficulties that may be faced by AIDS-affected households in meeting repayment requirements and the considerations already mentioned regarding their labour constraints
- Assistance with livestock multiplication or re-stocking

Social Capital

Interventions to support social capital are perhaps less obvious than those for other types of assets, and are probably also less tested. Nonetheless there are some possibilities for intervention in this area that could be considered:

- Providing support to households to repay local loans and maintaining the viability of such support systems
- Supporting households and communities/ CBOs caring for orphans (either through direct safety nets, or by supporting community initiatives such as communal fields and vegetable gardens²³)
- Providing organizational support and capacity-building to relevant community-based organizations
- Promoting greater gender equality and children's rights to reduce any cultural, social or stigma-related limitations on their participation in economic activities
- Promoting greater inclusion of children and child-headed households in community activities

Physical Capital

Most of the interventions in support of human and financial capital will, in turn, support physical capital by reducing the need for households to sell off productive assets, or by increasing their stock of assets. Additional responses include:

- Direct provision of physical assets or of services for maintaining assets (e.g. veterinary services)
- Lobbying for changes in inheritance laws to reduce asset losses following the death of an adult male or both parents, or for greater respect for and enforcement of existing laws which are not respected in practice

²³ Such community food security projects may often be more useful in relation to social capital and the sense of self-reliance of communities than in terms of improving nutritional status or food security. They are often started upon the initiative of community groups themselves without external support, or are high on those groups' list of requests for assistance from external agencies. The likelihood of significantly improving food security through any such project should be appraised and discussed with both the community and donors to avoid creating any false expectations, while a wider sense of the value of the project should be used for deciding whether to support it or not.

Natural Capital

As with physical capital, some of the key concerns related to loss of land tenure following death or reduced maintenance of natural resources resulting from illness and death can be addressed by interventions already mentioned. Another possible intervention would be promoting woman- and child-friendly agricultural extension services.

Finally, it should be noted that experience to date in programming in this area has not yet been translated into clear evidence of what works and what does not in different contexts. Many interventions have been taking place, however. Therefore it is vital that strong monitoring and evaluation systems are put in place, and that the findings of evaluations are shared for the wider benefit of actors involved in these sectors.

4.4 Food Security Interventions and the Prevention of HIV Transmission

While the sections above have focused on food security and livelihoods interventions as a means of mitigating the impact of HIV/AIDS, there is potentially a very important role that such interventions could play in preventing transmission of HIV in the first place.

As was indicated in Section 2.1 earlier, poverty and food insecurity can push people into engaging in high-risk activities such as transactional sex and migratory labour. In such cases, sensitisation regarding the dangers of such activities is likely to be of little benefit unless it is accompanied by interventions that reduce or remove the economic incentive to engage in those activities. Policies and programmes that aim to reduce poverty and food insecurity in the wider community therefore can also be viewed through a lens of HIV prevention. By implementing complementary work on HIV awareness and prevention and on poverty reduction, synergies can be developed, and in the long run the need for more expensive mitigation and treatment activities can be reduced.

5. CONCLUSIONS

The seriousness of the HIV/AIDS epidemic is evident. In addition to the impacts on livelihoods, which are the focus of this paper, there are serious personal effects for those affected, as well as wider social effects. The need for responses is urgent, however this urgency must not be translated into shortcuts in assessments and programme planning. It should spur the provision of additional resources to enable timely, high quality assessments and planning to be carried out.

Section 2 provided an overview of the linkages between HIV/AIDS and food security, linking them to a sustainable livelihoods framework. The likely mechanisms for these impacts to occur are becoming increasingly well known, however it is important to recognise that impacts can vary significantly according to the context that is being examined. The diversity of impacts requires that results from one study should not be extrapolated to entire countries or regions, and that stock responses should be avoided.

Section 3 highlighted that assessments of the impacts of AIDS on livelihoods should:

- Contain a clear definition of what is meant by “AIDS-affected”
- Use proxy indicators that are relevant to that group, and that can feasibly be collected in the field
- Ideally compare the differences in the changes over a defined and relevant timespan between affected and unaffected households
- Use a methodology or combination of methodologies that best suits the nature of the research question

Finally, the assessment results should be the primary guide to the type of intervention or response to be carried out. It will usually not be the case that all AIDS-affected households are in need of support, and there will typically be many unaffected households who are also in need who should not be forgotten. There are a very wide variety of possible responses to the effects of AIDS on livelihoods, and a well thought out combination of interventions – particularly if they build upon possible synergies between one another and with interventions in other sectors relating to prevention, care and treatment – will be most effective.

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Note: For each reference a web address is given where possible for ease of access, and the last three columns indicate the broad theme(s) covered, linked to the sections in this paper, i.e. general linkages, impact measurement/ empirical studies, and programming guidance.

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ANNEX 1: TESTING A HOUSEHOLD METHODOLOGY: HIV/AIDS, POVERTY AND HOUSEHOLD ECONOMY.

The use of 'household economy methods' has recently been piloted as means of quantifying the effects of HIV/AIDS on rural livelihoods. These methods, which are widely used in other contexts ²⁴, were designed for operational use i.e. to be reasonably cheap, robust and provide a quantitative basis for policy and programme responses.

Prior to data collection, a thorough review of relevant secondary information is carried out, along with interviews with key informants to gain background information on:

- Crop production, including labour requirements, input costs and outputs and seasonality
- Livestock production and use
- All types of employment: labour availability, wage rates, requirements (age, gender, skills/ qualifications) and seasonal variations
- Market information: names, locations, how they operate
- Credit, loans, input support schemes

These provide the necessary contextual information, facilitate subsequent cross-checking, and guide the design of the questionnaires for the subsequent collection of household level information.

Two samples of households are then drawn for long and short interviews. Detailed long interviews collect information on household demography, income and income sources, expenditure patterns, landholdings and other assets, farm inputs and other costs. Short interviews cover the same set of information, excluding expenditure, but in less detail. The expenditure information from the long interviews is used to calculate the typical cost per individual and per household of minimum non-food needs (such as education, healthcare, rent, utilities, etc.), and of those minimum food needs not met through other sources such as production and labour exchange. Disposable income is calculated (and can either be defined as income after food needs have been met, or after both food and non-food needs have been met), and is made comparable across households by converting total household income into income per adult equivalent.

This information can be used directly, to relate measures of the HIV/AIDS epidemic to income, and to model the economic impact of HIV/AIDS on household income and standard of living, independent of other shocks.

The Swaziland study was carried out in a high potential maize producing area, whose population is well integrated in the regional economy. Historically, many households have received remittance income from South African mines, local commercial forestry and Swaziland's urban centres. An estimate was made of the impact of AIDS deaths during the past 5 years (identified from orphans²⁵), on absolute and relative household income, and on overall disposable income across the community. The economics of maize production following the increase in input costs following market liberalisation in the late 1990s and changes in the labour market were also analysed.

The main findings were that (i) The impact of HIV/AIDS was spread across the wealth distribution. (ii) A fall of approximately 8.3% in total community disposable income and 11% in directly affected households could be attributed to HIV/AIDS mortality over the past 5 years. (iii) Although households that had been affected by HIV in the last 5 years made up a relatively high proportion of the poorest households, the characteristics of these very poor households varied. No single cause or common 'event' could be identified that led inexorably to extreme poverty. (iv) Many HIV affected households had been economically unaffected (where the deceased person was underemployed or unemployed) or the household had been able to substantially absorb the loss, as this was only a small part of total household income.

²⁴ Chiefly for famine prediction

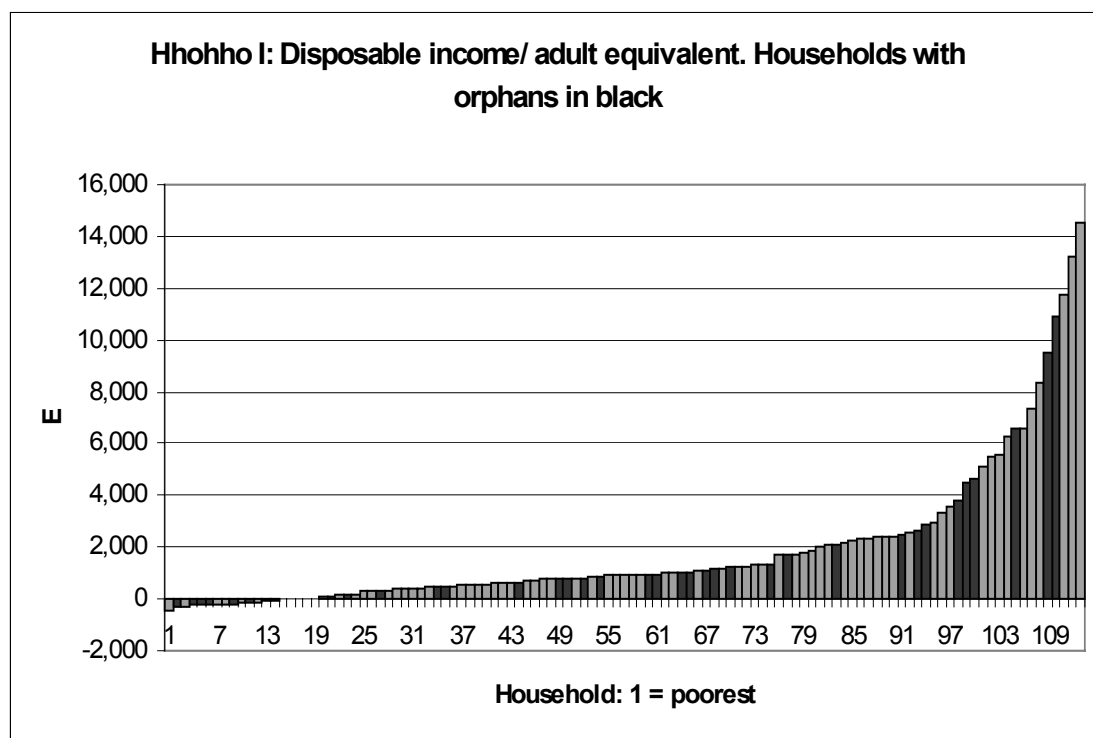
²⁵ See 'HIV/AIDS and household economy in a Highveld Swaziland Community' for a full explanation of methodology

In Mozambique, our main interest was to better understand the characteristics of poor households, and the nature of vulnerabilities to which different households are exposed. The assessment was carried out in a semi-rural community on the periphery of a rural trading centre. In this community, too, we looked at the role of maize production in household economy. Drought, rather than input costs, was seen as the main problem, so a return to 'normal conditions' i.e. an increase in production of 36%, was modelled across the population as a whole.

These studies suggest that household economy analysis can provide information on the nature and scale of poverty across a community, of the specific characteristics of HIV affected households and can give a good indication of the potential range and cost of interventions that would assist different categories of poor households. Although this was not done in these pilot studies the model could be extended e.g. to obtain a better understanding of the potential for capitalising small enterprise.

At both study sites it was clear that commonly used proxy indicators of HIV/AIDS (such as land under cultivation and dependency ratios), if applied in these two locations, would not accurately identify those households affected by HIV/AIDS, at least according to criteria used in these studies. The methods that were used can be quickly and cheaply applied across a range of different contexts and provide a reasonably cheap, practical and robust method of quantifying HIV and other effects on rural livelihoods.

Swaziland study: Households ranked by disposable income/adult equivalent, showing households with orphans.



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