Assessing the livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda, Zambia

By

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Declaration

I declare that "Assessing the livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda, Zambia" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signed: Date.................................

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I. Acknowledgement

I would like to thank my supervisor Prof J.C. Heunis for believing in and building my confidence as this was a protracted study. My sincere gratitude also goes to my wife Angela, my son Kampamba and my daughter Bwalya, who constantly kept checking on me to ensure that I achieve my objective.

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The key findings revealed that one in every four households in the sampled households is affected by HIV and AIDS or had a chronically ill patient. Furthermore, the results showed that 6% of the respondents had gone through secondary education and 41% had not gone to school. The major source of income within the community is casual work and farming activities. In Chainda area these sources of income accounted for about 34% and 32% of the households respectively. Overpopulation was cited as a problem by the respondents due to retirees and those who have been retrenched from the industries there by creating more pressure on land allocation. Limited land was used to rear livestock that include 20% pigs and 50% goats. It was observed that previously during the RAPIDS project, a large number of chickens were raised by beneficiary households. The research revealed that there were some variations in livelihood strategies between the different households based on availability and access to natural resources. In some poorer households farming (vegetable production) is the main livelihood strategy; while in some less poor households they depend on informal labour. In addition, livestock rearing is more extensive in the middle class and rich households due to the fact that they have greater access to pasture to feed their animals. Although livestock rearing exists in almost all households, small livestock seems to be more viable. Almost all households engaged in specialised service oriented livelihoods such as: carpentry, security guards, domestic work and gardening. This shows the varied development approaches or livelihood which can be used in addressing the impact of HIV and AIDS in households.

Hence, development agencies working in peri-urban communities should consider incorporating livelihood programmes that target HIV and AIDS affected households in their core work environment. This requires analysis of the livelihoods of those infected with or affected by HIV and AIDS, but also how such programmes can best address the effects on their livelihoods. The specific measures that can be taken in an overall approach of integration with core development policies and activities include employment, awareness, diversifying sources of income and investment in assets. Therefore, more and more HIV and AIDS development initiatives should consider mainstreaming these

approaches into development approaches in order to reverse the impact of HIV and AIDS on people living in peri-urban settings.

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IV. List of Abbreviations

ADP - Area Development Programme

AIDS – Acquired Immune Deficiency Syndrome

AMREF - African Medical Research Foundation

ART - Anti Retroviral Therapy

DfID - Department for International Development

DRC - Democratic Republic of Congo

HBC – Home Based Care

HHS - Health and Human Services

HIV – Human Immunodeficiency Virus

ZMW - Zambian Kwacha

LQAS - Lots Quality Assurance Survey

NGO - Non-Governmental Organisation

OVC – Orphan and Vulnerable Children

PEPFAR - President's Emergency Plan for AIDS Relief

PUI - Peri-urban Interface

RAPIDS – Reaching HIV and AIDS Affected People with Integrated Development and Support

R&D - Research and Development

UN - United Nations

UNDP - United Nations Development Programme

US - United States

VCT – Voluntary Counselling and Testing

WHO-World Health Organisation

WVZ – World Vision Zambia

ZCR - Zambia Country Report

CHAPTER ONE: INTRODUCTION

1. INTRODUCTION

1.1 Introduction

This study focuses on assessing the livelihood strategies of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) affected households receiving Reaching HIV and AIDS Affected People with Integrated Development and Support (RAPIDS) support in Chainda community of Zambia. This chapter contains the research background, problem statement, aim and objectives of the study, definition of key concepts, time frame for the study, as well as the chapter layout.

1.2 Research Background

HIV and AIDS is one of the greatest development challenges upsetting livelihoods, predominantly in the poorer areas of the African sub-continent (United States Department of Health and Human Services [HHS] 2012). The World Health Organization (WHO) (2013) contends that, compared to any other region in the world, the African region is most seriously affected by HIV and AIDS. It has been estimated that a disproportionate number of 23.5 million people are positive with the virus in the region (WHO, 2013). The dilemma of HIV and AIDS is that its effects are not limited to the individual's health, but extend to households, communities, and the economic development and growth of nations (Kelly, Desmond & Cohen, 2009).

Most countries that are hit hardest by HIV are usually affected by other infectious diseases as well, food insecurity and many other severe problems (HHS, 2012). Kaiser Family Foundation (2013) argues that HIV primarily affects those people in their productive age; approximately half of the new infections are among those above the age of 25 years. With household effects, the cost of treatment and other related needs for the ill household

member increases whilst the ability for a household to earn more income or engage in other productive and household work is compromised (Munodawafa, 2009).

Zambia is one of the countries in the region that has experienced a serious HIV epidemic for close to two decades. Despite the overall HIV epidemic appearing to be abating it is not yet significant (National AIDS Council, [NAC] 2012). This author states that peri-urban communities are the most affected by HIV and AIDS epidemic in Zambia. The Zambia Central Statistical Office (2010) indicated that almost 40% of Zambia's population live in urban areas. The peri-urban interface (PUI) is where urban and rural activities meet. Peri-urban areas are those located close to the fringe of cities or urban centres. Populations living in the PUI are growing in number and belong to diverse income groups, where their livelihoods depend to some extent on natural resources such as land for food, water and fuel, and space for living (Vo, 2005:5). The estimated HIV and AIDS prevalence rate is about 14% among the 15 to 49 age group (NAC, 2012). Lusaka district has the highest HIV and AIDS prevalence rate in the country with 20.8% of the population in the age range 15-49 years infected (NAC, 2012).This has made life hard for the poor as their poverty levels worsen, because it reduces incomes and resources, increases costs, and makes it necessary to divert household resources to payments for medical care and funeral costs (Kelly et al., 2009).

In trying to deal with medical costs, families survive by selling productive assets that the household would otherwise use to earn a living, and spend their time and resources to care for people living with HIV and AIDS (PLWHA) (Kaiser Family Foundation, 2013). Others argue that households in such situations have their children leave school to earn an income or take up the responsibilities of being caregivers (WHO, 2013). Other coping strategies include using savings, borrowing from relatives, friends, or even from money lenders. They also get help from the community and faith based organisations.

The more radical coping strategies include encouraging female members of the family to go into prostitution, arranging an early marriage for a daughter (so as to obtain the 'bride price' or *lobola*), and taking children out of school to work on the farm or in other income-

generating activities (Kelly et al., 2009). Zambia's high poverty and HIV infection rates make livelihood diversification almost impossible (Nzima, 2012). This author further contended that there are variations in the way households are affected by HIV and AIDS based on social status, age, asset ownership and income levels. An example is a household that has very old household members would be hit harder compared to a household with middle aged household members, because the latter are more able to work compared to the former. The variations among households in rural areas and peri-urban areas mean different impacts of HIV and AIDS for the two categories. However, many organisations dealing with HIV and AIDS and livelihood have been implementing HIV and AIDS interventions both in peri-urban and rural areas using the same approach and delivery mechanisms (Nzima, 2012). There seems to be no specific strategies for the NGOs to address the diverse issues in peri-urban communities that affect people's livelihood differently from those in rural areas.

1.3 Problem Statement

Despite a number of studies and researches suggesting that health improvements which are associated with anti-retroviral therapy (ART) might bring about enhanced capacity to produce and increase labour supply, the situation is not the same everywhere (Palar, Martin, Camacho & Derose, 2013). In circumstances where resources are limited, multidimensional means in which those on ART experience their livelihood, and how these sequentially affect their treatment choices, are still not well understood, mainly for peri-urban areas (Palar et al., 2013). This is because people use varied strategies to earn a living, often living on credit while doing jobs that are seasonal and earning a living from the informal sector and moving from one makeshift household arrangement to another (Langeni, 2012). In such instances, strategic outcomes of households affected by HIV and AIDS often fall short of minimum household necessities which escalate vulnerability of those already marginalized households (Dosomething, 2012). There is therefore the need to investigate and understand livelihood strategies for HIV and AIDS affected households in peri-urban areas.

1.4. Aim and Objectives

The aim of the study was to explore the livelihood strategies of households affected by HIV and AIDS in the Chainda peri-urban community of Zambia. Within this general aim the study had the following specific research objectives:

- Assess the nature and impact of HIV and AIDS on the livelihoods.
- Investigate the livelihood strategies used by HIV and AIDS affected households to sustain their livelihoods.
- Make recommendations on the type of livelihood alternatives that are relevant and available for the community.

1.5 Definition of Key Concepts

- **People Living with HIV and AIDS (PLWHA):** These are individuals infected with human immunodeficiency virus (HIV) who are terminally ill and are receiving care from care givers in their home (Nzima, 2013).
- **Household:** A group of people, who live in the same house, provide for each other and often share meals. Household members also include those who are temporarily absent from the household, but have returned at some point in the last year and are expected to resume residence in the household in the future (Nzima, 2013).
- **HIV and AIDS-affected households:** Households that are directly or indirectly affected by HIV and AIDS in that at least one family of reproductive age is sick and/or lost to HIV and AIDS or related illnesses, and/or that are indirectly affected through caring for orphaned children or have a chronically ill person for 3 months in a period of 12 months (Nzima, 2013).
- **Assets:** Assets maybe described as stocks of capital that can be utilised directly or indirectly to generate means of survival of the household or sustain its material well-being at different levels (Vo, 2005:5). In this study human beings were considered as assets of households.

- **Livelihood:** The widely accepted definition of livelihood is that it comprises the capabilities, assets (including both material and social resources) and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stress and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resources base (Vo, 2005:5).

- **Peri-urban area:** The peri-urban interface (PUI) is where urban and rural activities meet. Peri-urban areas are those located close to the fringe of cities or urban centres. Populations living in the PUI are growing in number and belong to diverse income groups, where their livelihoods depend to some extent on natural resources such as land for food, water and fuel, and space for living (Vo, 2005:5).**Sustainable livelihoods:** This refers to "people's capacities to generate and maintain their means of living, enhance their wellbeing and that of future generations" (The International Institute for Sustainable Development [IISD], 2006).

1.6 Time Frame

The study started in October 2014 and the data collection begun in February 2015 and the researcher hoped to finish the analysis and report writing by February 2016. The following is the tabulated schedule of events;

Table 1: Schedule of Events

Task	Oct	Nov	Dec	Jan	Feb	Mar	Nov-Feb 2016
1. Identify research area	X						
2. Draft research design and data collection tool	X						
3. Data collection from Chainda community using approved tools		X	X	X	X	X	
4. Data entry and analysis						X	
5. Draft research findings and interpretation						X	
6. Draft 1 report						X	
7. Draft 2 and 3 report						X	
8. Consolidate final research dissertation							X
9. Submit and finalise final dissertation							X

1.7 Chapter Layout

The research dissertation follows the University of the Free State model of a basic layout of a dissertation with some changes in some chapters as outlined below;

Chapter One: Introduction

- Research Background
- Problem Statement
- Aim and Objectives
- Defining Key Concepts
- Chapter Layout

Chapter Two: Literature review

- Introduction
- Literature review and discussions/theoretical discussion and explanation
- Conclusion: Summary of main findings and arguments

Chapter Three: Research Methodology and Methods

- Introduction
- Research Design
- Population
- Conceptual Framework
- Study Site
- Sampling Method
- Sample Selection Procedures
- Selection Criteria
- Validity and Reliability
- Data Collection
- Data Analysis
- Research Technics
- Pretesting of the Tool
- Limitations of the Study
- Ethical considerations

Chapter Four: Results and discussion

- Sample profiles
- Results
- Conclusion

Chapter Five: Summary, conclusion and recommendations

- Summarize and discussion of the key findings
- Interpretation of results in terms of literature

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The findings of the study are to contribute to the existing literature on livelihood strategies of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) affected households in the peri-urban areas. Upon review of the relevant literature to the study, a number of significant aspects that include impacts of the epidemic on households and coping mechanisms arose. This chapter briefly discusses these points. The chapter is subdivided into four sections. The first section covers the effects of HIV and AIDS on household livelihoods, the second looks at literature on how households have coped as a result of these effects, the third considers Non-Government Organisations (NGO) Support and the fourth contemplates RAPIDS support.

2.2 Effects of HIV and AIDS on Livelihood Strategies and Various Household Livelihood Assets

There has been a number of research studies conducted on livelihood strategies, however there has not been one specific to Chainda. In this study literature has been reviewed and analysed in relation to HIV and AIDS affected household in Chainda. According to a study by Langeni (2012) on the impact of HIV and AIDS on the rural households in KwaDlangezwa, South Africa, at the household level, HIV and AIDS results in loss of assets, income, savings and an upswing in spending on health care by the household. This author further separated livelihood strategies into three simple types; the first one being strategies aimed at raising and supplementing income so as to sustain household expenditure patterns, the second being strategies aimed at improving food security and third strategies aimed at alleviating the loss of labour.

In a study on the experiences and livelihood strategies of poor people living with HIV and AIDS in Kolkata, India, Dam (2013) found that in the case of HIV and AIDS, it is necessary to divide the post-symptomatic phase into pre and post-diagnosis stages, because it emerged that many PLWHA had experienced serious delays in obtaining an accurate

diagnosis, resulting in the loss of their existing assets and income, further impoverishing many at an early stage of the illness curve. People's ability to mobilise additional labour assets and food within their households to 'earn money in new ways' and the characteristics of their 'household relations' emerged as key explanations of how well households fared during the post-diagnosis phase (Dam, 2013).

In another study titled "Patterns of Vulnerability to AIDS Impacts in Zambian Households" by Wiegers, Curry, Garbero, and Hourihan (2006). The study looked at the impacts of HIV and AIDS on different aspects of people's access to food. The results of the study drew attention to the differences in vulnerability among households burdened by the disease and orphans that are headed by elderly persons. Wiegers et al. (2006) argument was that levels of vulnerability to HIV and AIDS varies significantly among households. They further contended that households affected by HIV and AIDS cannot be perceived to be homogenous units hence knowing the variations in vulnerability can be critical in policy formulation and designing focused support (Wiegers et al., 2006).

In his dissertation, Nzima (2012) described the types of knowledge and responses that are required by relevant, food and nutrition-relevant organisations to efficiently tackle HIV and AIDS. The key concepts explored were the variance among the different epidemics and the ideas of susceptibility, vulnerability, resistance and resilience (Nzima, 2012). He explained the concepts by describing the precise relationships between food and nutrition insecurity and HIV and AIDS, and what it implies for strategic responses. The researcher also examined the implications of this knowledge for the ways in which different people, in affected households, communities and affected sectors could best respond (Nzima, 2012). The author's main focus was on rural livelihoods agriculture and food security as these are the major concerns of most people affected by HIV and AIDS (Nzima, 2012). He further argued that there is evidence that the agriculture sector has less capacity to absorb the human capital losses associated with the epidemic. The approach and principles highlighted are however more likely to be of broader relevance and interest

both to other sectors and other regions where, regrettably, HIV and AIDS epidemics are fast developing (Nzima, 2012).

In his discussion Nzima (2012) highlighted the fact that illness and death as a result of HIV and AIDS threatens livelihoods, diminishes human capital and disturbs social support networks, institutions and organisations more especially in less developed countries. The households that are impacted by HIV and AIDS are more likely to sell their assets (natural and financial) in order to survive or meet the costs of medical treatment. Nzima (2012) further argued that the death of productive members of the household brings about high dependency ratios and the numbers of orphans increase, and decreases earning capacity and the availability of farm labour. HIV and AIDS has the potential to hamper rural growth by stopping transfer of technical information about managing natural resources; this is because when parents die the information and knowledge is not transferred from adult to the child as the parents die with the information and knowledge (Nzima, 2012). This creates challenges for extension systems and continuity.

According to Maduka (2006) in a study of "Household livelihood: the church's coping strategies against the impact of HIV and AIDS on the female-headed households in the KwaDlangezwa Area", he pointed out that the concept of household livelihood activities is both complete and holistic and should be looked at in an effort to address rural poverty and the issue of HIV and AIDS. The areas of concern for him were human, social, natural, physical and financial capital. On "capital" the households undertake various activities in their efforts to meet their daily basic needs (Maduka, 2006). In as much as the households utilise the above, they are susceptible to flood, famine, HIV and AIDS or retrenchment. The institutions in the livelihood system are the policy making bodies in the society. Hence Maduka (2006) argued that policies on food security, agriculture and rural development needs at all times to take into consideration the effects of HIV and AIDS like the loss of human capital, the changes in livelihood approaches and the reduction of capacity in local organisations. Interventions aimed at preventing HIV and promoting food security will be

most effective when linked to strategies that tackle the fundamental causes of vulnerability; that is poverty, limited access to resources, marginalisation, loss of various household assets and gender inequalities which are typical in peri-urban areas.

WHO (2013) notes that despite the HIV and AIDS related deaths and overall global HIV showing an abating trend, and despite the increased access to ART, getting to zero will call for much more effort and more resources. It is further argued that the epidemic's current status is still fragile and continues to have devastating consequences for virtually every sector of society (WHO, 2013). Hence in this study there is a focus on the effects on assets because the poor health and demise as a result of HIV and AIDS threatens livelihoods, depletes human resources and disturbs social support networks, institutions and organisations more especially in developing countries. There are variation in assets in that, some can increase the households' ability to withstand shocks while others are not. There are also those that can be classified as reversible and permanent. An example of reversible asset, is the short term movement of people who go out to look for wage which can increase the ability of households to adjust to shocks. Permanent loss could be the death of a member of the household or the dropping out of children from school which could limit the household's future ability to respond to shocks (Langeni, 2012). Poverty and food insecurity increase because livelihood strategies are affected and the losses in human wealth reverberate through households other assets (Munodawafa 2009).

2.2.1 Impact of HIV and AIDS on Families and Children

According to a study that was conducted in Burkina Faso, Rwanda and Uganda, as quoted by Dosomething (2012), it was predicted that effects of HIV and AIDS will go beyond reversing the progress achieved in reduction of poverty, but there will be more people living in extreme poverty. The most commonly and widely talked about effects of HIV and AIDS is the demise of adult on- and off-farm labour (Langeni, 2012). The productivity both on and off the farm declines due to loss of experienced field workers

and this has an effect on both individual households and communities because of loss of labour. The dwindled productivity lowers the household's own production through declines in off-farm income and remittances and ultimately leads to decline in household income. The assets are lost through the sale of both productive and non-productive assets due to increased household expenditures on medical care resulting in declining savings (Munodawafa, 2009). The costs that are incurred in terms of loss of the human assets of the household lead directly to reduction in financial wealth. Households can be pushed further into poverty and food insecurity if they are already insecure or have income close to or below the poverty datum line (Kelly et al., 2009). This is because of the loss of human resources, income and increases in expenditures for medical care.

The effect of HIV and AIDS on children, families and communities is incremental for many severely affected communities. The continuous death of young adults increases the severity and duration of the epidemic because of the social and economic ramifications (Wiegers et al., 2006). This impact of HIV and AIDS on young adults and families and households is worsened by the fact that their families live in environments vulnerable to poverty, with limited infrastructure, and lack of or limited access to basic needs (Wiegers et al., 2006). In such vulnerable households the use of extended families as a coping strategy usually impacts negatively on children in households indirectly affected by HIV and AIDS, thereby magnifying the ultimate impact and number of affected households. For instance, children would experience low quality of life in instances when their parents leave to provide basic home care for a relative affected by HIV and AIDS or due to channelling of money to a sick relative's house (Tedele & Kloos, 2013).

2.2.2 Effects of HIV and AIDS on the Means of Production

The loss of the human resources automatically results into a loss of financial wealth. The most productivity age groups (15-49) is where the HIV infections and AIDS deaths are disproportionately concentrated leading to decline in incomes (NAC, 2012). This entails that households are rendered vulnerable to food insecurity because there is a drop in production from the agriculture and non-agriculture sector (Nzima, 2012). The future livelihood is jeopardised as the productive assets are sold off. Langeni (2012) notes that

households' initial response to the effects of HIV and AIDS is to get rid of insurance assets that are reversible, requesting help from relatives and friends, obtaining credit from informal and formal sources and liquidating savings.

2.2.3 Effects of HIV and AIDS on the Ability to Utilise Natural Resources

Munodawafa (2009) contends that households affected by HIV and AIDS would go through multiple losses as the epidemic can destroy or deplete household resources. The household's consumption and preservation of its resources is critically impacted by the loss of human and financial wealth. The rural social and economic structure is dependent on the access to and ownership of land. It is true that the rural socio-economic structure is often defined by how different segments of the population; that is landlords, landless labourers, sharecroppers, tenant farmers, and landowners; access land (Nzima, 2012). The only primary natural capital that farm households have is land and this is the reason why they are reluctant to sell it (Langeni, 2012). The final act of a household's anguish is typically the sale of their land and it is a sign that a household is on the verge of impoverishment (Chileshe, 2005). There is usually serious deterioration in the natural resources of households as their human and financial wealth declines. This limit their ability to plough, maintaining and enhancing their land base, though this happens before the level of impoverishment is reached (Nzima, 2012). The consequence of the declines in natural wealth is that it compromises the households' capacity to adapt to future calamities (Nzima, 2012).

2.2.4 Effects of the HIV and AIDS on the Community

The links of the household to their relatives, families and the larger community can be disturbed by the illness and demise of a household member (Dosomething, 2012). This is even worse if it is the male breadwinner who has died as it can seriously affect a household's capability to access community resources or even receive support from the extended family. The situation is common in areas where societies are patrilineal and women's participation is confined to the homes (Munodawafa, 2009). It happens in many patrilineal cultures that when a husband dies extended family deprive women access to the land and their late husband's resources. Nonetheless, research in South Africa has shown that households affected by HIV and AIDS receive their help mainly from friends,

neighbours, family, community institutions and informal organisations (Langeni, 2012). Therefore the capacity to overcome challenges and recover from sickness and or death of a family member due to HIV and AIDS is critically dependant on the social assets of households operating through their relationships with extended kin and the community (Langeni, 2012).

The social wealth of a community can play a very big role in mitigating the effects of HIV and AIDS. If a community has high levels of social wealth affected households can be provided with different types of social support activities that would allow such households to adapt to illness or death of members (Chileshe, 2005). Contrarily, in communities with low level of social trust and solidarity households that are afflicted by HIV and AIDS are left to fend for themselves or even isolated and ostracised (Langeni, 2012).

2.2.5 Effects of HIV and AIDS on the Household Assets

The physical wealth of households denotes the real means of production and real assets apart from their natural wealth (Nzima, 2012). This will include their housing, household goods and furniture, tools and equipment, as well as livestock. In distress situations households would attempt to conserve their means of production as long as possible. However when they have exhausted all savings, credit resources and liquid assets, the households will resort to disposing of other assets in the house (Langeni, 2012).

Nzima (2012) noted that when households are in a precarious situation and their ability to adapt to future shocks is compromised they sell their physical wealth. Thereafter the ability to generate income is also compromised (Langeni, 2012). After the disposal of natural capital, land in particular, the dissolution of households follows, as households that reach this state are frequently dissolved (Chileshe, 2005).

2.3 Survival Strategies

Many households survive the extra burden of the financial costs of HIV and AIDS through one or a combination of short term strategies (Munodawafa, 2009: 9). These are often referred to as 'coping strategies'. Munodawafa (2009) quotes, Rugalema, (2000) who contends that the concept of 'coping' implies that households are dealing successfully

with the situation, yet in fact they are merely surviving. Munodawafa (2009) established a hierarchy of household survival strategies which were grouped into four categories. These categories include alleviation of loss of income; overcome financial costs; loss of and utilisation of social safety networks; and strategies to utilise social safety networks.

2.3.1 Borrowing

In time of a calamity the initial reaction by household members is to 'pool' their incomes to meet the household costs. SIDA (2006:63) argues that some households usually have the essential savings to cover cash reserves to meet all their expenses; however this might not be sufficient to meet the increasing expenditures. In such a case, households will turn to borrowing. Langeni (2012) quotes Booysen et al. (2004) research on the socio-economic impacts of HIV and AIDS on households in South Africa, noting that the most frequent coping mechanism was borrowing, thereafter use of savings and the sale of assets. Most of the poor have limited access to financial capital services due to lack of collateral, thus family and friends become the only source of money. Munodawafa (2009) notes that women often acquire credit from community microfinance schemes, however evidence has shown that such credit may in fact worsen the household's poverty (Dichter, 2006). Microfinance schemes have received considerable criticism and it has been questioned whether they raise people out of poverty or bury them in further poverty. Credit acquired is normally spent on basic needs and taking care of sick family members instead of spending on income generating activities, thus households become more in debt. Langeni (2012) noted in his study that in Zambia, when households have no food and they are stranded they borrow money from "Kaloba" (a 100% interest rate credit facility run informally by individuals).

2.3.2 Sale of Assets

One of the most common household coping strategies in sub-Saharan Africa is the sale of assets (Munodawafa, 2009). Poor households buy assets as a coping mechanism in that when calamity strikes they sell those assets and raise the money to help them cope. According to a study that was done in Zimbabwe, households which experienced HIV and AIDS related deaths were more likely to sell assets (Mutangadura, 2007:17-20). This mostly occurs when households face economic problems (Swedish International

Development Cooperation [SIDA], 2006:61 cited in Munodawafa, 2009:10). HIV and AIDS is one of the greatest reasons for household asset liquidation. This is a short-term measure to alleviate the effects of adult morbidity and mortality and other shocks; though this has negative consequences as it increases the household's vulnerability to other economic shocks (SIDA, 2006:62). Money generated from the sale is eventually used for the funeral or to offset medical bills leaving the household in search of more survival strategies (Dosomething, 2012).

2.3.3 Livelihood Diversification

Munodawafa (2009) notes that income diversification through participating in the informal sector is a common survival strategy aimed at alleviating the loss of income in Zimbabwe. This author cites studies conducted in Burkina Faso (Sauerborn et al., 1996: 291) which revealed that individuals from low-income households were involved in a variety of income-generating activities and were able to generate additional revenue. When there is a loss of labour and illness in a household, activities which are productive are dropped and the household begins to depend on new sources of livelihoods (SIDA, 2006: 59). Households usually get involved in various livelihood activities which are entitlements (Chileshe, 2005:114). The sustainable livelihoods framework defines these entitlements as livelihood assets. When a household has to face shocks such as famine and HIV and AIDS it will rely on the existing assets for a livelihood. Households often make money by buying and selling small quantities of goods and other necessities. Food, clothing and other goods are bought from markets far from the settlements and then sold in the settlement for a slightly higher price. Women also sell their own produce such as eggs, vegetables and fruits; they also prepare goods by cooking and sewing. Women often peddle from house to house selling these goods (Langeni, 2012). However, for households in dire poverty this might be difficult as initial capital is required to purchase the food and if acquired chances are it will go to the hungry family.

2.3.4 Social Safety Nets

One of the greatest assets of a household is the social relationships with the community (Chileshe, 2005). The ability of the household to cope depends on the ability by the community to provide support, the household's ability to get resources, its size and

composition and availability of the extended family's resources (Munodawafa, 2009). Social safety nets play a significant role in household survival strategies; this is where the extended family comes in. The community, family and religious groups all play a big role in helping families deal with the financial burden. In a study in Rwanda, two thirds of the surveyed HIV and AIDS affected households received assistance from religious and community groups (Poku, 2005: 111). Munodawafa (2009) in his study cited Booysen et al. (2004) study which showed that households which were affected by HIV and AIDS depended more on remittances and contributions from family as sources of income. Traditionally, in Zambia the households are assisted by community, friends and extended family wherever they are in material or social need, however these support structures have been eroded due to lack of resources, poverty, urbanisation and the soaring rates of HIV infection (Nzima, 2012).

According Munodawafa (2009), social networks in urban areas are much weaker as there is less social solidarity; unlike the rural setting, urban areas do not have a kinship community residing within the same geographical location. Urban areas tend to have less social cohesion as there is more dependence on the individual rather than on the society. This means households in the urban context are less dependent on each other and the boundaries of privacy are more pronounced. Thus it is different from the rural setting where a household's problems become the community's problems (Langeni, 2012).

2.3.5 Child Labour

Dosomething (2012) noted that when family members and parents fall ill, the bigger burden to earn an income, provide food, care and support for family members is borne by children. The use of child-labour is a common surviving tactic employed to fill the gap for the lost labour due to the epidemic. Children drop out of school to supplement household incomes. According to Chileshe (2005), children as young as 10 years assume decision making roles and responsibilities that transform roles within the family. Many children drop out of school, and jeopardize their future, health and developmental needs to take on the roles of parents, providers and caregivers (Munodawafa, 2009). These children resort to working in the informal sector and prostitution, thus exposing themselves to the deadly

pandemic. A child's health is compromised when he/she engages in prostitution for the reasons of earning money for food and basic amenities. Langeni (2012) contends that sexual services may be a coping mechanism that people may adopt. Poor women may engage in sexual services either temporarily or on a long-term basis to support their families. Young girls are usually employed as domestic workers, and since it is possible for very young children to undertake light household tasks, the age of entry is very low in comparison to other sectors in which children work (Chileshe, 2005). This form of employment is favoured by children because of the advantages it offers as they do not incur transport costs since it is a live-in occupation. This also means that there are fewer mouths to feed back home and more money for the dependent family including the ill family member (Munodawafa, 2009).

2.3.6 Adjustments of Funeral Practices

When calamity hits a community there is usually a downward adjustment on funeral costs (SIDA, 2006: 63). According to Munodawafa (2009) traditionally, when a person dies, burial takes place at the rural home, however due to the financial burden preceding death coupled by the food and fuel shortages in Zimbabwe, funerals now take place in the city with burials in the municipal cemeteries. The ceremonies that normally take about three to six days are concluded within two days. This cuts down on the cost of transportation and food expenses for the week-long ceremony (Langeni, 2009).

2.3.7 External Support

Langeni (2012) cites Booysen et al. (2004) whose research highlights the important role of external support (NGOs and government) in cushioning the socio-economic impacts of the epidemic. Households that had gained access to external support such as child welfare and disability grants and old people's pension are relatively better off. Munodawafa (2009) notes that, in Zimbabwe's case, households cannot rely on any financial assistance from the government, but are dependent on NGO's and other sources of income.

2.3.8 Other Coping Mechanisms

In most cases a household employs several types of survival mechanisms at the same time in order to raise enough for household survival (Chileshe, 2005). Coping mechanisms that households employ can be classified into a coping strategies index which has the types of expenditure, consumption income and migration strategies. The consumption strategies include reducing the amount and quality of food intake. However Senefeld and Polsky (2007) asserted that modifying diets to less nutritious alternatives can be harmful strategy for children and for the HIV positive individuals as proper nutrition is of vital importance.

Adjusting spending patterns is one way that households meet the costs of HIV and AIDS medicines (Poku, 2005: 108). Change in household composition is a long established survival strategy in Sub-Saharan Africa (Munodawafa, 2009). Household members would migrate in search of employment and other livelihood opportunities. In Naidu and Harris's study (2006) in Soweto, South Africa, movement of household members, particularly children was a common strategy. This is a crucial coping mechanism which chronically affected households tend to employ as this shifts the burden of dependency (of the migrant) from the AIDS-affected household on to the receiving household. Munodawafa (2009) argues that individuals may actually migrate from the urban centers back to rural areas to engage in agricultural activities after a failure to secure a sustainable livelihood in the city. This is because rural households tend to have a wider asset base (i.e. land, cattle, labour) than the urban low-income households. In shocks, like chronic illness, the rural households will draw on this asset base (Chileshe, 2005).

In a longitudinal study starting in 1993 by Drinkwater, McEwan and Samuels (2006) which focused on the impacts of HIV and AIDS on livelihoods and was conducted in two districts in Zambia - Mpongwe and Teta, the results showed that livelihoods remained resilient in the face of the HIV and AIDS pandemic. The study was redone twelve years later in 2005 in the same area. The aim of the study was to comprehend what happens to individuals

and clusters in the intervening periods in terms of their adaptability and resilience to HIV and AIDS, and to assess whether the "cluster" or livelihood network methodology was an effective approach to explore the impact of AIDS on farming, livelihoods and social change. Major changes were noted to have taken place both at subnational and national levels; health services had been reorganised and ART was more accessible to all (Drinkwater. et al, 2006). As expected by the first study, in 2005 Mpongwe was undergoing the full-fledged impact of AIDS. However the most critical result of the study which the livelihoods network methodology helped to highlight, was how surprisingly resilient the livelihoods remained and the adaptation of the social units. The AIDS impact in Teta was much less and people went back to more traditional farming system. The study brought out the need for a lot of imaginative and knowledgeable tactics for bolstering the social protection functions of livelihood networks (Drinkwater. et al, 2006).

2.4 NGO Support

The non-profit sector has become increasingly important in its efforts to alleviate sectorial problems (Munodawafa, 2009). Non-governmental organisations (NGO's) form a subsection of the not-for-profit sector involved in development work (Nzima, 2012). A number of NGO's follow a household livelihood security framework which stems out of a food security perspective. It recognises that food forms part of most important basic needs among several others, which include water and health facilities (Munodawafa, 2009). Under this framework the NGOs advocate incorporating food aid into HIV and AIDS intervention programmes. Food aid leads to increased consumption and improved health which can translate into an increase in the ability to work and overall wellbeing. The Consortium for Southern Africa Food Security Emergency (C-SAFE) provides food rations assistance to HIV and AIDS affected groups in its targeted food aid (TFA) programme. TFA refers to supplemental and complementary household rations; it is different from food aid distribution and the food for assets (FFA) programmes. The TFA's objectives are to improve and maintain nutritional status and improve community resilience to food security shocks (C-SAFE 2007). FFA programmes help meet the immediate food needs of vulnerable people by having them build or boost assets that will benefit the entire community. Together this helps make individuals and communities more resilient. FFA programmes can produce immediate advantages for a community in terms of food

security and nutrition. At the same time, they can help reduce risks from natural disasters and contribute to long-term benefits for the environment and for livelihoods. This, in turn, increases a community's resilience (C-SAFE 2007).

2.5 RAPIDS

According to the Corporative Agreement (World Vision Zambia 2007:2), reaching HIV and AIDS Affected People with integrated Development and Support (RAPIDS) was designed to respond to the crisis of HIV and AIDS in Zambia. Its goal was to improve the quality of life of Zambians affected by HIV and AIDS through a systematic scale up of successful household focused models of home- based care (HBC), including palliative care, and support to Orphans and Vulnerable Children (OVC), as well as interventions targeting youth with livelihood opportunities and life skills, including abstinence, prevention and testing initiatives (World Vision Zambia, 2007).

The RAPIDS project had four strategic objectives including: (1) improved quality of life and resilience of OVC and their households; (2) improved health, quality of life and resilience for PLWHA and their households; (3) improved livelihoods and healthy norms for youth (abstinence and behaviour change, as well as counselling and testing); and (4) strengthened resilience of households made vulnerable by HIV and AIDS, including small grants to local organisations, multi-agency coordination and advocacy, and assisting the government with planning and policy formulation in support of OVC, youth, and PLWHA (World Vision Zambia, 2007). The project was implemented in 52 of Zambia's 108 districts including Lusaka, where Chainda peri-urban community is located.

2.6 Conclusion

This chapter has elucidated the context for the study and looked critically at the most important previous work on the HIV and AIDS impact on livelihoods from different perspectives. The discussions therefore were used to inform recommendations and as a basis for analysis from the data that was collected during the field work.

CHAPTER THREE: RESEARCH METHODS

3.1 Introduction

This chapter explains the methodology used in the study by discussing, the research design, population, conceptual framework, study site sampling method used, sample selection procedures, selection criteria, selection of respondents, validity and reliability the data collection process, data analysis, research techniques, pretesting of the tool, limitations of the study, ethical aspects and informed consent. It must be noted here that the guiding principle for this research methodology was the lot quality assurance survey (LQAS) (Valadez, Weiss, Leburg, & Davis, 2003). This is a low cost and less time consuming sampling method that can be used locally without sophisticated computer software.

3.2 Research Design

The study employed a cross-sectional, exploratory and descriptive research design. The design was selected because it entails collecting data from more than one case (mostly quite a lot more than one) and at a single point in time so as to collect a body of quantitative or quantifiable data in connection with two or more variables (usually many more than two) (Bryman & Bell, 2007). The other advantage is that it can be used to describe some features of the population, such as prevalence of an illness, or it may support inference of cause and effect (Schmidt & Kohlman, 2008). Furthermore it can explain data on attitudes and behaviours and data from dispersed subjects. It can also answer questions on “who, what, when and where” and generate hypotheses for future research.

3.3 Population

The population is the universe of units from which the sample is to be selected (Bryman & Bell, 2007). The population in this study was households in Chainda area which participated in the RAPIDS project that was implemented by World Vision in the area and the household listing formed the sampling frame. It was a heterogeneous type of population from the households. The study involved both male and female individuals

aged between 18-49 years and living with or affected by HIV and AIDS as key respondents. The population constituted both literate and illiterate respondents.

3.4 Conceptual Framework

The research used a sustainable livelihood approach though it only used just a part of it, because the area of focus was the peri-urban area that does not depend on the season of the year for its livelihood. Livelihood approaches provide a whole way of tackling the HIV and AIDS epidemic which promotes organised thinking across sectors, recognise the significance of viewing livelihood systems holistically, and are aware that concentrating on specific parts of systems only, would not yield desirable results (Chileshe, 2005:72). This approach was therefore, suitable and offered an understanding of household livelihoods in the context of the prevailing situation in Zambia.

Furthermore the approach was suitable because at the centre of the sustainable livelihoods approach is the sustainable livelihoods framework which serves to investigate and comprehend people's livelihoods taking into consideration the main factors of influence. The sustainable livelihood approach consists of two components; these are the framework and a set of principles. The first core principle is espouses a holistic view in understanding people's livelihoods as a whole, with all aspects included: "An understanding of the complexity and integrated nature of livelihoods allows for a better understanding of vulnerability to external shocks and stress" (Toner and Franks, 2006:81). The second principle recognises that livelihood strategies are dynamic, as they respond flexibly to changing situations and therefore advocate that the affected parties should be cardinal actors in identifying and addressing livelihood priorities. The third core principle is maintaining a focus on people and their strengths and on the options available to them (Chileshe, 2005).

The framework consists of livelihood assets, livelihood strategies and livelihood outcomes as indicated in Figure 1 below. The assets are five-dimensional with human, natural,

physical, social and financial “capitals” thus making up a “livelihood pentagon” (Munodawafa, 2009).

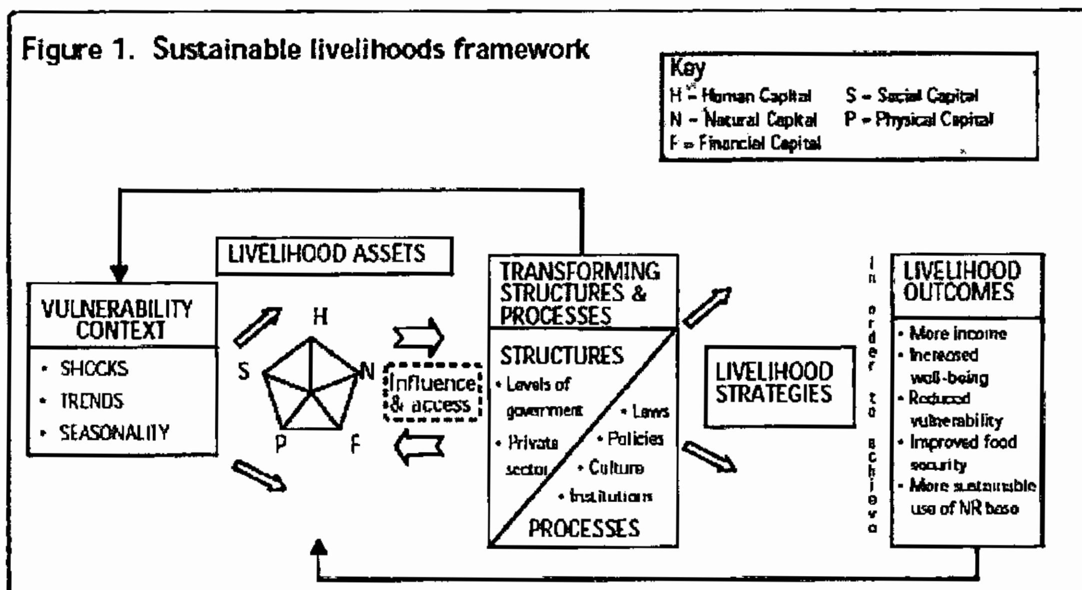


Figure 1. Sustainable livelihoods framework

Source: Food and Agriculture Organisation (FAO) 2006.

Livelihood assets are the resources that people possess, the human wealth include people’s health, nutrition, education, knowledge and skills; the social wealth consists of the networks and informal groups people have in a community and financial wealth comprise of the savings, wages, and credit (Food and Agriculture Organisation [FAO], 2006). This therefore informed the questions that were asked in the interviews. In accordance with the framework, successful livelihood strategies can be achieved by combining the already existing assets and taking into account the vulnerability context, supported by policies and institutions (Munodawafa, 2009). Policies and institutions play a major role in influencing access and composition of livelihood resources. It is with this lens which incorporates the socio-economic context, that household livelihood strategies

were assessed and analysed. Livelihood strategies produce livelihood outcomes, which are the final products of the framework (Chileshe, 2005).

3.5 Study Site

Lusaka is the capital city of Zambia and Chainda, the target area of the research, is one of the peri-urban communities located 25 kilometres east of the central business district. The total population of Chainda is estimated at 27,650 people, 82.9% of the households in Chainda are headed by people in the age category 19-49 years (World Vision, 2009). Of these 17.6% are female headed while 0.1% are child headed. Sixty nine percent of the households in the community live below the poverty datum line (World Vision, 2009). The community has been in existence since 1968 when the government decided to move the people to a five acre small holding farmland to pave way for the construction of Kenneth Kaunda International airport.

The study focused on Chainda in Lusaka because it is the researcher's home town, thus presenting a lot of benefits. The researcher is well versed in the town's socio-economic background, and has some knowledge of the interplay of poverty and HIV and AIDS including the factors fuelling the epidemic. Furthermore, considerable time prior to this study was spent studying the target population in relation to HIV and AIDS. A number of studies were done on the effects of HIV and AIDS and other development issues at household in this community prior to this research. Thirdly, the researcher was working with an organisation that is implementing HIV and AIDS prevention activities in the same area and worked for World Vision International before.

3.6 Sampling Method

The research used random systematic sampling for the selection of respondents. The household listing provided the sampling frame. This research used a sample of 20 households out of the 8,485 households in Chainda and this provided an acceptable level of error for research and scientific decision making in an overall exploratory design.

3.6.1 Sample Selection Procedures

The research used the Lot Quality Assurance Sampling (LQAS) methodology to determine the sample size. LQAS is a low cost and less time consuming sampling methodology that can be used locally (Valadez et al., 2003).The LQAS was used as it aligns well with systematic sampling and the fact that a small sample was involved. The researcher selected 20 households out of the 8,485 because it was considered that would be enough and affordable to explore the research issue at hand. The households meeting the inclusion criteria were systematically sampled and those that did not meet the inclusion criteria were replaced by proceeding to the next nearest house with a front door facing the researcher. The researcher continued this way until 20 households were selected and 20 interviews conducted.

The researcher defined an individual as chronically ill if she/he hasn't been fully physically functional for at least three months for the past 12 months. Moreover, the individual in this research was one who had been affected by HIV; that is whose household had a terminally ill member for some time and had been receiving care from caregivers who visited their home.

3.6.2 Selection Criteria:

The first thing was to have a clear definition of a household. A household was considered to be a group of people, who live in the same household, provide for each other and often share meals. It is additionally referred to in the research as a group of persons who share the same kitchen or hearth; or, a group of persons who eat from the same cooking pot. Only households that participated in RAPIDS project were considered for the research. These household had an individual who was infected with HIV, was terminally ill or someone terminally ill and bed ridden for 3 months in a period of 12 months and had been receiving care from caregivers in the patient's home during and after the RAPIDS project.

Through the help of the HIV and AIDS support group based in Chainda and the zone leaders, the researcher was given a list of households. From the list given, the researcher used the systematic sampling to select the 20 households.

The researcher utilised the household listing with numbers as the sampling frame. All the households in the sampling frame were first numbered. The numbers were added up to come up with cumulative figures in another column. Then a sampling interval was calculated using the following formula: Sampling interval=Total population of households in Chainda divided by number of households needed (8485/20=424). After this procedure, a random number (67) was selected from the random number table and corresponded to the first household that was selected for the study. The sampling interval (424) was then added to the random number (67+424=491) to select the second household and repeated for the proceeding values ([491+424=915],[915+424=1339],[1339+424],...). This was repeated until the last household was identified.

3.6.3 Selection of Respondents:

The respondent was the one who was present at household and the one who gave consent to be interviewed. All the respondents were above 18 years old as they are in the productive age group and for ethical reasons. The participation in the research was strictly on voluntary basis. The researcher also made sure that the respondent was living in the house that was selected. In cases where the researcher didn't find an eligible respondent in a particular household it was replaced by going to the next nearest house with a front door that facing the researcher.

3.7 Validity and Reliability

The researcher ensured the results of the research are reliable or repeatable. This was done by ensuring that the measures that are devised for the concepts such as livelihood are consistent and stable (Bryman & Bell, 2007). Furthermore to control for validity the research ensured that the research conclusions are of high integrity since validity is the most important criterion of research (Bryman & Bell, 2007).

3.8 Data Collection

3.8.1 Interview Schedule

An Interview schedule was carefully developed considering acceptability, culturally appropriateness understandable and it was translated into the local language. The schedule was later pre-tested and necessary changes were made to the final tool. The tool was used to collect data on key behaviours, livelihoods, assets and income trends refer to annexure 1. The schedule had closed and open ended questions to collect data from respondents using the following technic; Administering of the interview schedule to collect information on livelihood strategies and its impact on households.

3.8.2 Recruitment of Participants and Data Collection for the Study

The participants were contacted through their zone leaders in the community who know them. The participants were availed with the information sheet form annexure 2. The participants were able to opt out without any consequences if they did not want to be part of the study or if they did not want to be contacted. All the data collection tasks were done by the researcher. The researcher conducted face to face interview surveys with one key respondent from each household. If the respondent was illiterate, the entire interview schedule was read and explained the questions in local language to him/her by the researcher. The design and administration of all the data collection methods of this study were guided by and based on the central research questions (Bryman & Bell, 2007).

The researcher also used information sheets to describe the study to the participants, and consent forms to facilitate consent procedures.

The interview schedule was 8 pages long and took approximately 15 to 25 minutes to complete.

3.9 Data Analysis

The researcher analysed the data using SPSS for descriptive analysis of the data from closed-ended questions and thematic analysis to code and analyse the data from the open ended questions. The analysed data was interpreted through easily digestible percentile and frequency distribution, pie charts and tables, and conclusions were made.

3.10 Research Techniques

According to Mouton (1996:36) research techniques are a "specific and concrete means that the research uses to execute specific tasks". Hence, this study utilised information from available literature and data collected from the field.

3.10.1 Pretesting of the Tool

A pre-test was done after the interview schedule was designed to ensure that all the data required has been captured and that the instrument was easy to administer. Relevant changes were made to the tool based on the lessons learnt during pre-test session (Bryman & Bell, 2007).

The interview schedule was pre-tested using 10 interviews with members of the target group who were not part of the actual study. The pre-test was used to gather information on the following points: ease or difficulty of questions, comprehension, and confidence in response, level of discomfort and social desirability (Bryman & Bell, 2007).

3.11 Limitations of the Study

It was very difficult to measure livelihood strategies directly, hence the use of proxy indicators and this definitely influenced the results.

3.12 Ethical Aspects

Permission to conduct the survey was obtained in advance in writing from the Ethics Committee, Faculty of Humanities, of the University of the Free State (annexure 4). Households that participated were briefed about the research with the information sheet (annexure 2). The nature and purpose of the survey was explained before each interview, and consent to proceed with the interviews was obtained from all the respondents (annexure 3). In terms of deception, it is advised that it should be minimised. In this case all the participants were informed and told the truth that there was no benefit in participating in the research and the data was used for an academic exercise and nothing else.

The study methodology was designed to address the following ethical principles: respect for persons, beneficence and justice. Efforts were made to protect individual autonomy, minimise harm and maximise benefits and equitably distribute risks and benefits by using procedures which were consistent with sound research designs that take these issues into consideration. The study did not pose any physical risks associated with a physical procedure or intervention, such as obtaining tissue or blood samples. No participants were interviewed without their informed consent. Prior to data collection, potential participants were provided with a written consent form (Bryman & Bell, 2007). Those who could not read were read to a consent script which included the following:

Explained that they were being asked to participate in research;

Explained the purpose of the research and the number of subjects involved;

Clarified the expected duration of the respondents' participation and the procedure that was followed;

Explained how the study was to benefit the target groups and/or the participant, or society;

Described potential risks if any that were anticipated or explained that there were no known risks;

Explained that there were no costs for participating;

Described compensation for participating or explained that there was no compensation;

Clarified that the subject's participation was confidential and that individual responses would not be linked to identifying information;

Stated that the respondents' participation was voluntary and if a participant did not want they were no consequences;

Stated that some questions could cause discomfort and that subjects may refuse to answer individual questions or desist from the interview at any time (Bryman & Bell, 2007).

In all cases for participants a written consent process was used. To decrease risk of breach of confidentiality, all signed consent forms were kept separate from the data (Bryman & Bell, 2007:143). The consent forms were stored in a locked cabinet and only the researcher had access to the signed forms. The participants were given a copy of the consent form to read. After the consent form was read, the participant was given time to ask questions (Bryman & Bell, 2007:132). Both the participant and the researcher signed the consent form. Participants who were unable to sign marked on the form. The name of the respondent was printed below the mark, and a witness to the consent procedures also signed the form annexure 3 (Bryman & Bell, 2007:134). A copy of the consent form was given to the participant to keep.

3.13 Summary and Conclusion

The methodology of the study, which included the research design, population, conceptual framework, study site and sampling method used, has been discussed and outlined. The chapter has also discussed the, sample selection procedures, selection criteria, selection of respondents, validity and reliability the data collection process, data analysis, research techniques, pretesting of the tool, limitations of the study, ethical aspects, and informed consent procedures. The conceptual framework informing the study was presented; the sustainable livelihoods approach offers a holistic lens through which to view household coping strategies. Factors influencing livelihood strategies include the vulnerability context and the livelihood resources available to households.

CHAPTER FOUR: RESULTS AND DISCUSSION

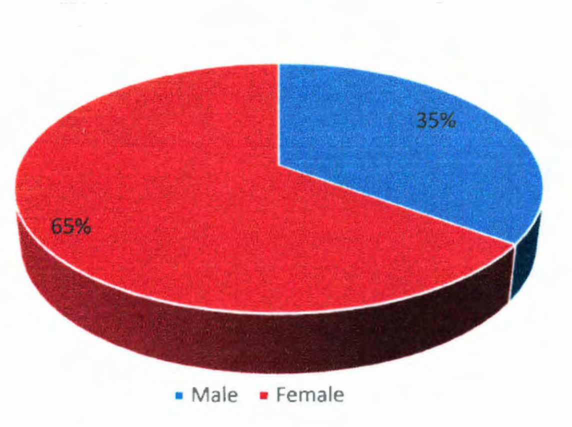
4.1 Introduction

The aim of the study was to assess the livelihood strategies of households affected by HIV and AIDS in the Chainda peri-urban community of Zambia. The tool used to obtain data from the respondents was the interview schedule which yielded the focus for the presentation in this chapter. The chapter hence, presents the sampling profiles and findings established through the data collected from the participants.

4.2 Demographics:

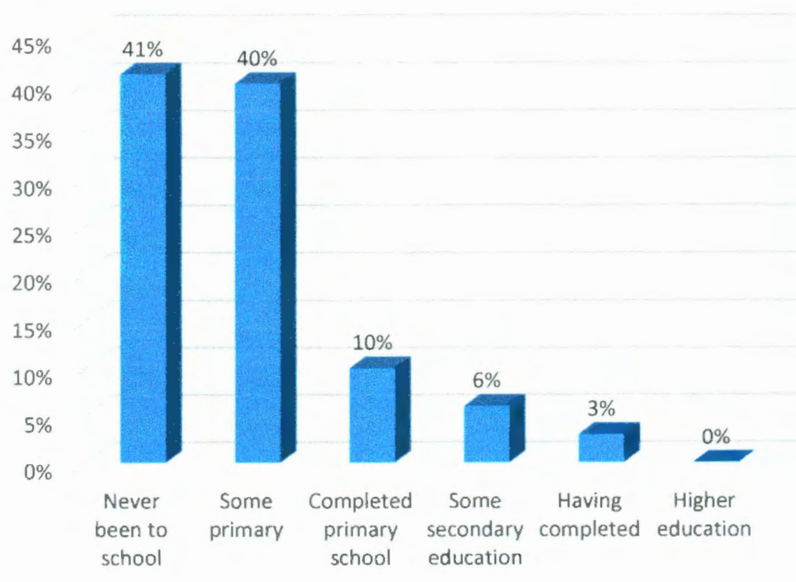
Of the 20 households interviewed 35% were male and 65% female headed households (Figure 2) with the age range of 18-49 years. The results indicated that 50% of the households interviewed had an average household size of six people. Based on the results it was found that one in every four households in the sampled area has an individual who is chronically ill and has not been fully functional for at least three months over the past twelve months.

Figure 2: Sex of household head



The highest level of education attained was secondary school. The following were the findings that are demonstrated in the chart below: 41% of the respondents have never been to school, 40% had some primary education, 10% completed primary school and 6% have had some secondary education with 3% having completed secondary school. None of the respondents had attained higher education. Figure 3 below demonstrates that overall the sampled household respondents have a very low education background.

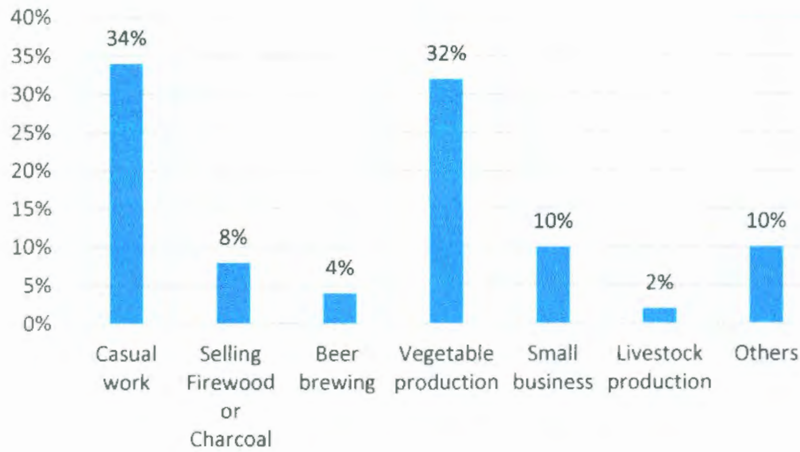
Figure 3 Education level of respondent



4.3 Sources of Income:

Figure 4: Sources of income for households

The major sources of income indicated that casual workers was at 34% followed by farming activities especially vegetable production at 32%, with small business and others at 10% each respectively. Those selling firewood or charcoal were at 8%, brewing of beer was at 4% and 2% indicated that their source of income was livestock production.



4.4 Assets:

4.4.1 Land and Housing

In the Chainda community, residential and farmland is relatively scarce, and the respondents indicated that the area has become overpopulated. Overpopulation was cited as a problem by respondents due to retirees and those who have been retrenched settling in the community, thereby creating more pressure on the limited land. The results revealed that the agricultural fields are located within the zones where the zone chairpersons manage land distribution on behalf of the council. The results further revealed that residential and agricultural land is not available in the peri-urban area. They gave an example of some residents who farm by renting land from nearby farm blocks and pay between ZMW 40, 000 to ZMW 80, 000 per *lima* (250 square meters). This system of renting farm fields is very expensive for the poor people particularly those taking care of chronically ill household members. Generally they cannot afford this and resort to illegal farming in the nearby prohibited areas or under the electricity pylons which is very dangerous.

The data collected shows that 70% of the respondents own the houses they live in, while 30% live in rented houses.

4.4.2 Physical Assets

- **Livestock:**. the research found that the community use limited land to raise livestock. Among those that raise livestock, 20% keep pigs and 50% have goats. The respondents disclosed that it is the middle class and rich families that rear these animals and very few of their poor friends do. In the narrative or open ended questions it was found that during the RAPIDS project there were also large numbers of chickens raised by households, but the population has reduced significantly due to disease outbreaks. They also mentioned that in Chainda livestock is sometimes a source of conflict among community members because they destroy other people's crops due to limited grazing land.
- **Crop Market:** Respondents stated that many residents have not fully benefited from the intervention brought in by non-governmental organisations like the RAPIDS project in agriculture, because of insufficient productive/farming land for the households.

4.4.3 Human Assets

- **Labour:** In Chainda, wage labour was indicated as the main household asset at 70%. In all the sampled communities there was a clear recognition that HIV and AIDS has had a deteriorating effect on their household labour capacity. Those who were chronically ill had little capacity to exploit this asset and hence remained poor said one respondent. In some parts of the community, the rich and middle class employ casual labour to cultivate their fields. This has been an opportunity for poor people to work on these fields for mealie meal or money.
- **Skills:** Skill sets were more varied given the peri-urban environment, including; farming, house cleaning, carpentry, brick laying, stone crushing and blacksmithing. However most of the skills were to work as maids and gardeners in the nearby Avondale and Meanwood townships.

4.4.4 Financial Assets

Credit access is available in Chainda from micro financial institutions, but the conditions are stringent for the poor households. The respondents said they would prefer to get credit in terms of materials, such as farm input, equipment, and repay the loan after

harvesting their crops. Forty five percent of the respondents in the survey reported that if they borrow cash, they are inclined to spend it on alcohol, and not put it towards something productive.

4.5 Coping Strategies

Adverse shocks are more likely to occur among the peri-urban areas than those in urban areas, because of their vulnerability and lack of access to basic social services, overall, the impact of these shocks is greater on the wellbeing of the poor. From the open ended responses it was established that households with chronically ill members are well aware of the risks they face in the event of deteriorating illness or even eventual death of a breadwinner in the family and have, over time employed different strategies to cope with the risks they face.

4.5.1 Selling of Assets

In almost all the households visited, selling of assets was cited at 70 % as one of the coping strategies employed especially by those considered better off households to cushion a shock. Livestock was mentioned by all as the asset they sell during a crisis. While in all households interviewed they said they are forced at times to sell assets, the households with chronically ill members are forced to sell assets that are difficult to regain, such as household items, bicycles or farming equipment, livestock in order to obtain food, send children to school, buy medicine for a sick family member or buy other basic necessities.

4.5.2 Engaging in Casual Labour/Piecework

The respondents mentioned engaging in piecework, as a coping strategy they employ. One respondent said that some households would have more than one individual engage in piecework in order to acquire a day's food; they are then able to cultivate their own fields or to produce food for the year ahead.

4.5.3 Livelihood Diversification

One of the coping strategies mentioned by the respondents interviewed was diversifying their livelihoods. Although some households possess few skills, many engage in different livelihood strategies, including:

- Piecework agriculture labour
- Brewing and sale of illicit beer
- Construction of houses
- Farming
- Selling charcoal
- Selling firewood and grass
- Selling of wild fruits, mushrooms, etc.
- Gardening/vegetable production
- Carpentry
- Force children into child labour
- Girl children resort to prostitution or early child marriages

4.5.4 Seeking Assistance/Remittances

Respondents mentioned borrowing from relatives and neighbours as a coping strategy. In Chainda apart from borrowing, the respondents cited using money from remittances from relatives and friends to buy maize meal and vegetables to continue eating three times a day. In addition, the respondents in Chainda stated that they seek help from the Catholic Church.

4.6 Conclusion

HIV and AIDS impacts people on the personal, household and community level. In accordance with a number of other sub-Saharan African studies it is evident from the research findings that households have been impacted in one way or the other by HIV and AIDS pandemic. It was found that in peri urban areas, particularly in resource constrained settings different households have been differently impacted. Taking into account that the respondents were mainly households living with a chronically ill person who was used as a proxy for PLWHA, this chapter has highlighted the main impact on their livelihoods. The information therefore has been used to make conclusions and summarise the findings based on the objectives of this research.

CHAPTER FIVE: SUMMARY CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The study has been an assessment of the livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda, Zambia. It has brought out a glimpse of the community, looking at these households and how they are affected by their social-economic environment in peri-urban community. With one in four households in the sampled households taking care of a chronically ill household member, it is necessary to fully understand the dimensions of this particular vulnerable group and design appropriate programmes that appreciate the peri-urban context.

5.2 Livelihood Strategies and Opportunities

5.2.1 Strategies

There are some variations in livelihood strategies between the rural and peri-urban communities based on availability and access to natural resources. In the peri-urban communities farming is not mainly relied upon as the main livelihood strategy. These communities depend much on informal labour as well as gardening. Where there is access to forests and forest utilisation is the other option, though there are legal restrictions based on whether or not communities have access permits. However when people are desperate, they will use whatever resources available, regardless of whether they have permits or not. Livestock rearing is more widespread as well due to access to pasture with small livestock being common. The communities assessed also showed certain specialised service oriented livelihoods such as carpentry, security guards, maids and gardeners.

Piecework is common especially amongst the poorest segments. In the peri-urban context, piecework usually entails working in another household or working for an external company constructing houses in the nearby township. Furthermore in this context piecework can also be connected with land, though it is also related to gardening, stone crushing and others. Peri-urban areas also have negative informal livelihood strategies

such as prostitution and early marriage. In 60% of the households interviewed, selling charcoal and brewing beer are common informal market activities.

5.2.2 Opportunities

There are opportunities for action on all of the key issues and gaps identified if the community and stakeholders are mobilized and additional resources secured and some good planning takes place. There are also opportunities for more impact research on small grants for income generation; small holder farming, livestock and knitting. From the advocacy point of view, research is needed to drive funding.

5.3 Recommendations:

Livelihood programming seems to have a rural orientation. However, with the effects of HIV and AIDS and its prevalence in peri-urban areas, there is need to fully understand livelihood dynamics in these areas before NGOs design any development projects to mitigate the effects based on the context. This study has highlighted the need for further research to understand the complex nature of livelihood strategies and HIV and AIDS impact on households in Chainda peri-urban, Lusaka, Zambia and around the world.

Mainstreaming: There is need for non-governmental agencies to incorporate livelihood programmes targeting HIV and AIDS affected household's core business. This requires analysing not only the effects of HIV and AIDS, but how a programme can best address the effects. The specific measures that can be taken in an overall approach of integration with core development policies and activities include the following;

- **Addressing loss of knowledge/skills:** Skills development initiatives or agricultural extension should target households who have lost knowledge/skills through chronic illness or death of an adult.
- **Diversifying income/food:** There is need to consider less labour intensive activities, assistance could be given to households to raise highly nutritious products like poultry, vegetables (home gardens) and small ruminants.
- **Asset protection:** There is need to give loans in order to support households who deplete their assets to buy food, medicine or pay for funeral costs. The households could be given access to credit which is more flexible to households affected by

HIV and AIDS who have no capacity to work and pay back within a specified time frame; better still introduce social safety nets like the village saving concept.

- **Supporting care givers:** There is need for more support to primary care givers so that they have the self-efficacy and problem solving tools to develop household mechanisms for determining their needs and opportunities.
- **Appropriate programme design:** There is need to design and develop assistance programmes to address the needs of individual households affected by HIV and AIDS within the context of those programmes.

Lack of resources should not be used as an excuse for inaction by the NGOs or the government. Effective activities and interventions may just require good planning rather than considerable financial investment.

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Annexure 1: Household Interview Schedule

Assessing the livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda, Zambia

Household Interview schedule

Good morning/afternoon/evening Sir/Madam

My name is Victor Peleka. I am working on a research project to assess the livelihood (means of securing the basic necessities -food, water, shelter and clothing- of life) strategies of HIV and AIDS affected households receiving World Vision's RAPIDS support in Chainda, and to recommend areas to be worked on further by development agencies in future. In order to get more information about this issue, I am conducting a survey of selected households in the area. Your household has been selected by chance from all households in the area based on their participation in and knowledge of the RAPIDS project. I would like to ask you some questions related to the livelihood strategies of your household members.

Date of interview : DD............../MM/..................../YYYY.....................

General Information

Supervision Area/Zone...

Centre Name..

Respondent number...

A: Household Characteristics

This section is about the household head characteristic

Circle what applies

A1	A2	A3	A4	A5
Age of respondent	*Gender of respondent*	*Gender of HH Head*	*Marital Status of HH Head*	*If chronically ill over the past 12 months has s/he being able to work as before?*
	0=M 1=F	0=M 1=F	1=Married 2=Single 3=Widow 4=widowed 5=Divorced	1=Yes, able to work the same amount of hours/days 2= No, working for fewer hours/days 3=completely unable to work

			6=Separated	

A12. What education level has the head of household attained? (Circle what applies)

1 = Never been to school

2 = Some primary school

3 = Completed primary school

4 = Some secondary school

5 = Completed secondary school

6 = Some college/University

7 = Completed college/University

B: Household Livelihoods

B1. What were the most important sources of income during the past 12 months in your household?

1	From rentals	
2	Food crop production	
3	Cash crop production	
4	Casual work	
5	Begging	
6	Livestock production	
7	Unskilled labour	
8	Small business	
9	Firewood or charcoal selling	
10	Formal salary	

11	Fishing	
12	Gifts from NGO's	
13	Vegetable production	
14	Stone crushing	
15	Food for work	
16	Other, Specify..	

This question is for those Households who have chronically ill members

B2. In your own experience has your household suffered any decrease in any of the following sources of income due to the presence of a chronically ill member in the household?

1	From rentals	
2	Food crop production	
3	Cash crop production	
4	Casual work	
5	Begging	
6	Livestock production	
7	Unskilled labour	
8	Small business	
9	Firewood or charcoal selling	
10	Formal salary	
11	Fishing	

12	Gifts from NGO's	
13	Vegetable production	
14	Stone crushing	
15	Food for work	
16	Other Specify...	

Use these questions in a flexible way to ***describe*** the family history of the household.

B3. When did you start living in this household?

DD....................../MM/..................../YYYY...

B4. What where your main livelihood activities when you arrived in this place?

(1)..
....

(2)..
....

(3)..
....

(4)..
....

(5)..
....

(6)..
....

(7)..

....

B5. Have you and your household also lived in any other place?

0=No

1= Yes

(If 'no'; Go to next section)

B6. Where was that place?

....

....

B7. What were your main livelihood activities in that place?

i)..

....

ii)...

....

iii)..

....

iv)..

....

v)...

....

B8. Why did you leave that place...

....?

C: Household Asset Mapping

C1. Do you own land?..Yes/No

C2. Do you farm?...Yes/No

If 1= 'yes' & 2 = 'yes': Go to C3 If 1= 'no' & 2= 'yes': Go to C4

If 1= 'yes' & 2 = 'no': Go to 6 If 1 = 'no' & 2= 'no': Go to next section

C3. Do you also farm land that you do not own?...............................Yes/No if 'no': to C3 Go to C5

C4. Under what arrangement do you use this land?...

C5. Do you farm all the land you own?..Yes/No if 'yes': Go to C6
IF 'no' to C5 go to next section

C6) What do you do with the land you own and do not farm?...

....
....

D: Livestock

D1. Do you own animals?..Yes/No *If 'yes': Go to D4: If 'no': Go to D2*

D2. Did you own animals in the past?...Yes/No
If 'yes': go to 3; if 'no'; go to section E

D3. Did you lose your animals?...Yes/No?

D4. Are you sometimes forced to sell animals in order to provide for your family?..........Yes/No?

E: Trends in Income Generating Activities at Household level

E1. During the past 12 months, what were the trends in household income?

1=Income increased

2=Income decreased

3=Income stayed the same

E2. Describe the impact that the RAPIDS Project had on your household income

1=Income increased

2=Income decreased

3=Income stayed the same over

F: Household Possessions

F1. Indicate whether the household possesses the following items and how many;

1=Car...Yes/No

2=Plough...Yes/No

3=Hoe...Yes/No

4=Motorcycle....................................Yes/No

5=Radio...Yes/No

6=Iron sheet roofing...........................Yes/No

7=Bicycle.. Yes/No

8=Modern furniture..................... ....Yes/No

9=Sewing machine..............................Yes/No

10=Bank savings account.......................Yes/No

F2. Are you sometimes forced to sell possessions because you need the cash?.............Yes/No?.......*If no; Go to F4*

F3. During the RAPIDS project, were there times that you were forced to sell much more possessions than usually? Yes/No......................If 'no' explain why...

....

....

F4. Have your possessions increased, decreased or stayed the same during the time you participated in the RAPIDS project? ....

1=Increased

2=Decreased

3=Stayed the same

F4a. If they increased what were the contributing factors..

....
....
....
....
....
....

F4b. If they decreased what were the contributing factors...

....
....
....
....
....
....

F5. In your own opinion, did the RAPIDS project have any impact on the livelihood strategies of your household?

1 = The livelihood improved

2 = The livelihood became poorer

3 = Livelihood stayed the same

F6. In your opinion did RAPIDS project implement the appropriate livelihood strategies for this context during the time of RAPIDS? Yes/no

If 'yes' give examples

………

…………………………………………

If 'no' give examples

………

…………………………………………

F7. What do you recommend to the RAPIDS projects or other HIV projects in order to improve livelihood strategies for households affected by HIV/AIDS in the community?

………

………

………

………

………

………

………

…………………………

End of the interview schedule –Thank you for your time!

Annexure 2: Information sheet

Assessing the livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda, Zambia

Adult Participant Information Sheet

Good morning/afternoon/evening Sir/Madam

Introduction: My name is ______________________ am working with the research team in Chainda. The team is conducting a series of interviews on behalf of the Principle investigator. You have been invited to participate in these interviews. This will help us to learn about livelihood (means of securing the basic necessities - food, water, shelter and clothing - of life) strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda.

However, before you decide whether to participate, you should understand why the interviews are being done and what it will involve. Please take the time to read/listen as I read the following information. You may talk to others about the study if you wish. Please ask me if there is anything that is not clear, or if you would like more information. When all of your questions have been answered and you feel that you understand this study, you will be asked if you wish to participate in the study. If you are willing, you will be asked to sign a separate Informed Consent form. You will also be given a signed copy to keep.

Purpose of the Study: The main objective of the interview is to gather information to assess livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda.

If you are willing to participate, you will be asked questions about livelihood strategies of your household. We are gathering information about your experience and views to help us assess the effectiveness of the interventions in order to identify ways of improving the program. The survey will utilize a questionnaire which will be administered by a field worker.

Why have you been invited to take part? You have been invited to take part because you are a member of the Chainda community and your household is a beneficiary of the RAPIDS project and because you are between the age of 18 and 49 years. You are being invited to participate of your own free will and are not in any way obliged to participate in this interview.

Duration of Interview: This interview will take about 30 minutes.

Potential Risk: There is a potential risk associated with this study, which is risk of discomfort with the sensitive nature of the topic. You are free not to answer any question that you feel is sensitive in nature. Furthermore you may also be stressed with having to sit for the duration of the interview to respond to the interview questions. You are free to stop the interview if you are uncomfortable.

Benefits: There are no direct benefits to your participation in the study. However, you may find an indirect benefit in knowing that you have participated in an important study that could benefit others in the future. Particularly, the information generated in this study will help to design and implement effective community HIV interventions.

Confidentiality: The information that is collected during the interview will be kept confidential (secret). The study team will make every effort to protect your privacy and maintain the confidentiality of all the information that you provide. Your name or other identifiers will not be included on the interview transcript or report. Data will be stored in a password protected computer/recorder in a lockable room dedicated to this study that only the study team can access.

Rights: Your participation in this study is completely voluntary. If you decide not to participate, you will not forfeit any existing benefits to which you are currently entitled. You may end your participation at any time without any penalty. You may also refuse to answer particular questions.

Use of Findings: The results of the study will be discussed to improve the interventions and implementation of HIV programs in your community. The results will be presented to all the stakeholders at a results dissemination meeting.

Ethics Review: This study has been reviewed and approved by the Ethics Committee of the University of the Free State's Faculty of the Humanities.

CONTACT FOR QUESTIONS:

1. Victor Peleka, Principal Investigator, P.O. Box 51535, Lusaka, 10101. Tel: +260-0977-159420; e-mail:pelekavictor@gmail.com

2. Prof Christo Heunis, Supervisor, P.O. Box 339, Bloemfontein, 9300. Tel: +27 51 401 2181; e-mail: heunisj@ufs.ac.za

Annexure 3: Consent form

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

INFORMED CONSENT FORM

Assessing the livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda, Zambia

Dear Sir/Madam

You are asked to participate in a research study conducted by researcher Mr. Victor Peleka, a master's student from the University of the Free State in South Africa. As part of his studies he is expected to conduct research on a certain topic, in this case the research is on "Assessing the livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda, Zambia". Your household has been selected for possible participation in the study. You are kindly requested to consider the purpose of the study, the procedures to be followed, including how confidentiality (secrecy of information) will be maintained, your right to voluntary participation or withdrawal at any point, the benefits and risks of participation, and the contact particulars of the researcher and the supervisor. Thereafter you will be asked to indicate if you are willing to participate in the study.

PURPOSE OF THE STUDY

The purpose of the study is to:

- Identify the nature and extent of coping mechanisms used by HIV and AIDS affected households to sustain their livelihoods
- Investigate the different coping mechanisms used by HIV and AIDS affected households to sustain their livelihoods
- Make recommendations on the type of livelihood alternatives that are relevant and available for the community

PROCEDURES

Should you be willing to participate in the research, you will be requested to answer questions in a personal interview with an interviewer. The interview will take about 30 minutes. You will be encouraged to talk freely and to ask questions. The researcher will value all the responses that you provide.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with your household will remain confidential. During the personal interview your name will not be recorded anywhere. No identifying information will be revealed in the report or any form of feedback. All the research instruments will be kept under lock and key and destroyed upon completion of the study.

PARTICIPATION AND WITHDRAWAL

Participation in this study is completely voluntarily. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not feel comfortable with and still remain in the study. The researcher may also ask you to withdraw from this research if circumstances arise which warrant doing so.

BENEFITS AND RISKS

There will not be any direct benefits to your participation in the study, nor will you receive any compensation. However the research might be beneficial in that it will provide the NGO's and government in your community with recommendations on how to come up with livelihood strategies for households affected by HIV/AIDS. There is a potential risk associated with this study, which is risk of discomfort with the sensitive nature of the topic .You are free not to answer any question that you feel is sensitive in nature. Furthermore you may also be stressed with having to sit for the duration of the interview to respond to the interview questions. You are free to stop the interview if you are uncomfortable. The other risk is that participants in the study might reveal information to others. You are asked to agree to participate only if you are really committed not to reveal any information to other people.

Respondent's Consent

Tick appropriately:

I confirm that I have read/ the study information has been read to me and I understand the information provided about the study. [Yes/No]

I have had the opportunity to consider the information and I could ask questions and have them answered satisfactorily. [Yes/No]

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason [Yes/No]

I agree to take part in the study and a personal interview. [Yes/No]

CONTACT PARTICULARS OF RESEARCHER AND SUPERVISOR

If you have any questions or concerns about the research, please feel free to contact myself Victor Peleka on 00260 977 159420 or pelekavictor@gmail.com, or my study leader Prof Christo Heunis on +27 51 401 2181; +27 83 495 5249 or heunisj@ufs.ac.za.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was explained to me by the researcher and I was given the opportunity to ask questions and these questions were answered to satisfaction.

I hereby voluntarily agree to participate in this study

____

Participant Signature

SIGNATURE OF RESEARCHER

I declare that the respondent/I read and that I explained the information in this document to the participant.

V Peleka. ______________________________ ------------------------------

Researcher Signature **Date**

Annexure 4: Ethical Clearance letter

17 February 2015

Mr V Peleka
Centre for Development Support
UFS

Ethical Clearance Application: Assessing the livelihood strategies of HIV and AIDS affected households receiving RAPIDS support in Chainda, Zambia

Dear Mr Peleka

With reference to your application for ethical clearance with the Faculty of the Humanities, I am pleased to inform you on behalf of the Ethics Board of the faculty that you have been granted ethical clearance for your research based on the following stipulation of the research ethics committee:

- The applicant will make use of third party data to obtain his sample (i.e. data provided to him by the list of participants in the RAPIDS support). As this might be problematic and as this study will not aim at generalising findings, we suggest that World Vision International Zambia contacts these potential participants to ascertain their willingness to be part of the applicant's study. This will eliminate the problematic issue of using third party data.

Your ethical clearance number, to be used in all correspondence, is:

UFS-HUM-2015-77

This ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension in writing.

We request that any changes that may take place during the course of your research project be submitted in writing to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours sincerely,

Katinka de Wet
Ethics Committee (Faculty of the Humanities)

Copy: Charné Vercueil (Research Co-ordinator: Faculty of the Humanities)

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