THE ROLE OF PRODUCER ORGANIZATIONS IN AVERTING THE SALE OF LIVELIHOODS ASSETS BY AIDS AFFECTED HOUSEHOLDS IN KENYA

The case of the Kenya National Federation of Agricultural Producers (KENFAP)

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Dedication

To all KENFAP members and staff for the good work they are doing in enhancing the "Farmers' Voice".

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LIST OF ABBREVIATIONS and ACRONYMS

AB	Area Branch
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral drugs
ASDS	Agriculture Sector Development Strategy
CA	Commodity Associations
CEO	Chief Executive Officer
CBOs	Community Based Organizations
DFID	Department For International Development
DGAK	Dairy Goat Association of Kenya
GDP	Gross Domestic Product
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
HoAME	Head of Administration, Monitoring and Evaluation
HoPP	Head of Projects and Programmes
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic Health Survey
KENFAP	Kenya National Federation of Agricultural Producers
KNFU	Kenya National Farmers Union
NACC	National AIDS control Council
NEC	National Executive Council
NGOs	Nongovernmental organizations
PLWHA	People living with HIV/AIDS
SLF	Sustainable Livelihoods Framework
SSA	Sub Saharan Africa
TOWA	Total War Against AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
YMCA	Young Men's Christian Association

ABSTRACT

Over the last two decades, Kenya has faced a generalized pandemic whose impact has varied and intensified with time. HIV/AIDS has a great impact on the agricultural sector and the rural livelihoods. The role of producer organizations in averting the sale of livelihoods assets by AIDS affected households in Kenya was studied through the Kenya National Federation of Agricultural Producers (KENFAP). This was prompted by the declining asset ownership among KENFAP members, caused by the new type of needs that arise due to HIV/AIDS.

The objective of the research was to explore the ways in which KENFAP could contribute towards building the resilience of its members to the impact of AIDS by providing information on alternative strategies that the AIDS affected households could opt for, other than the sale of livelihood assets. A qualitative research based on literature review and two case studies was carried out. The first case study was on AIDS affected households in Nyanza, Rift valley and Central provinces, representing the high, medium and low HIV prevalence regions, respectively. Twelve households were purposively sampled from the KENFAP membership in the three sites. The second case study was among seven KENFAP staff working at various levels. In-depth interviews were conducted using pretested checklists and follow up was done by telephone calls for clarity of information. Data was descriptively analysed by use of the sustainable livelihoods framework.

The study revealed that affected households sold assets such as land, sheep, goats, chicken, cows, household items and farm implements. Households in the high HIV prevalence region sold all the stated assets, while those in the low and medium HIV prevalence regions had not sold land and farm implements. Chicken was the most sold asset among all the households. The sale intensified with time and as the needs from the impact of AIDS increased. Households in the low and medium HIV prevalence regions spent most on transport costs to hospitals due to high stigmatization in the regions, while those in the high HIV prevalence region did not spend a lot on transport cost. All the households sold assets to pay for school fees and purchased farm inputs. In all the regions, men made decisions on the sale of 'high value' assets while women made decisions on the sale of 'low value assets'. Strategies adopted by farmers to avoid the sale of assets were; diversification from subsistence farming to commercial farming; withdrawal of children from school; petty trading; support from relatives, groups and associations; hiring out assets such as land, motorcycles and bicycles. The federation sensitized the members on HIV/AIDS through field days and trained the AIDS affected households on less labour intensive technologies. The federation faced constraints such as limited resources, lack of long term contracts or specific programs on impact mitigation. KENFAP can build the members assets through financial capital, human capital and social capital.

For KENFAP to build the members assets base, there is need to focus on commercialization of agricultural production majoring on promotion of high value early maturing crops. The current activities on promotion of chicken and rabbits need to be up-scaled to reach more affected households. KENFAP needs to sensitize the members against strategies such as withdrawal of children from school and migration of youth to cities. The study recommends that the federation needs to adopt its programmes and activities in the context of HIV/AIDS. The HIV/AIDS activities need to be specific to the target population and to be timely. The months when the sale of assets was high need to be monitored for the enhancement of income generation activities that will cushion the households from selling assets. Emphasis should be on building resilience structures in the high HIV prevalence regions, while in the low and medium HIV prevalence regions, the federation needs to enhance awareness on

HIV/AIDS so as to build resistance to infections. It is imperative to empower women economically due to the gender differentiation in asset ownership that makes women more vulnerable to the impact of AIDS. The group membership needs to be differentiated in terms of vulnerability levels and the need for assistance since the groups are not homogenous.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

The first HIV case in Kenya was discovered in 1984. A decade after the discovery, the pandemic remained among marginalized and special risk groups such as sex workers and truck drivers. However from the 1990s, the country has faced a generalized pandemic whose impact has varied and intensified with time. The Kenya AIDS Indicator Survey of 2007 (KAIS), estimated the HIV prevalence rate to be 7.4 percent (NASCOP and MoH, 2008). This implies that among Kenyan adults aged 15-64 years, more than 1.4 million are living with HIV.

The decline of the HIV prevalence rate from 13% in the 1990s to the current 7.4% could be due to varied reasons. Some of the reasons are; the efforts made to address HIV and AIDS through the multisectoral approach, increase in antiretroviral (ARV) treatment, death of the infected persons and increased political commitment to address the pandemic. There are varying levels of positive and negative change in the HIV prevalence rates in the country. The variances occur across the different geographical locations, age and sex. The variances go as high as 43% in some risk populations such as men having sex with men (MSM) and as low as 1% in North Eastern province (UNAIDS, 2009). Another example to show the variances is that in 2003, Kenya Demographic Health Survey (KDHS) estimated a prevalence of 6.7% among 15-49 year olds while for the same group; KAIS estimated that 7.8%. Additionally, a higher proportion of women aged 15-64 (8.7%) than men (5.6%) are infected with HIV (NASCOP and MoH, 2008). The most at risk populations are MSM, truck drivers, fishing communities, young women and girls, prisoners, and internally displaced persons (UNAIDS, 2009).

HIV/AIDS has a negative impact on the production capacity of individuals, households, community and the society. The impact is greater in rural areas where about 80% of the country's population live and derive their livelihood from agriculture and related activities. KAIS (2007) revealed that out of the 1.4 million Kenyans living with HIV, one million live in the rural areas. Agriculture is the leading sector of the economy of Kenya; it contributes directly 26% of Gross Domestic Product (GDP) and 60% of the export earnings. In addition, the sector is estimated to have a further indirect 27% contribution of the GDP through links with manufacturing, distribution and service-related sectors. Agricultural growth and development is therefore crucial to Kenya's overall economic and social development (ASDS, 2009). The sector has a crucial role to play in meeting the national development goals such as eradicating poverty, increasing rural incomes, creating employment and guaranteeing the country's food security. The government of Kenya (GoK) has in various policy documents, outlined importance of promotion of the agricultural sector as the main source of food and employment to the growing population. The current ten-year Agriculture Sector Development Strategy (ASDS), aims at positioning the sector as a key driver for delivering 10% annual economic growth. The strategy recognizes that HIV and AIDS has far reaching adverse effects on agricultural development (ASDS, 2009).

1.2 KENYA NATIONAL FEDERATION OF AGRICULTURAL PRODUCERS (KENFAP)

KENFAP was initiated in 1946, by then it was known as the Kenya National Farmers Union (KNFU). KENFAP is a registered non-political democratic apex farmers' organization in Kenya. Its key mandate is to articulate issues affecting farmers and the agricultural sector in order to seek redress from the appropriate stakeholders. The federation envisages empowered Kenyan farmers with a strong voice with a mission to empower the members to make informed i.e. knowledgeable choices for improved sustainable livelihoods. KENFAP is a membership based organization where farmers

subscribe in different categories as provided for by the constitution. The categories are individual, group, cooperative societies, commodity associations (CA) and life membership. For effective service delivery and representation, the members are organized to form local branches. A local branch comprises of more than three farmer groups. A minimum of seven local branches constitute an area branch (AB) at the district level. This is also referred to as the district farmers' federation. KENFAP's membership as at December 2009 was fifty district federations, sixteen cooperative societies and twenty three commodity associations which consist of over 500,000 farm households. The members receive services such as information dissemination and communication through topical publications and websites; market linkages; capacity building on organizational development; project planning and implementation; promotion of economic activities; extension services through farmer to farmer extension among others.

HIV/AIDS was recognized by KENFAP as a threat to development in 2002 and it was integrated in the 2003-2007 strategic plan, under strategic aim number 5 "*to reduce the vulnerability of its members and other agricultural producers to natural and manmade catastrophes'* (KENFAP, 2003). In this strategic plan, HIV/AIDS was considered as a disaster that impedes the federation's functions. The current strategic plan, i.e. 2008-2012, identifies HIV and AIDS as an issue for redress as it curtails benefits from the agricultural value chains. This is highlighted in the strategic aim number 6; "*to improve benefits from agricultural value chain by promoting objective engagement of women, youth, and redressing environmental, HIV/AIDS and other crosscutting concerns"* (KENFAP, 2008).

Despite the above efforts, members of the federation still face the impact of AIDS. The findings of a study conducted by KENFAP to assess the HIV/AIDS risks and impact among the members revealed changes in land use; labour loss; decline in production and cropping patterns; inability by affected members participate in extension services and group activities and inability to access credit facilities (KENFAP, 2009).

1.3 PROBLEM STATEMENT

There is a declining asset ownership among the KENFAP members caused by the new type of needs that arise due to HIV and AIDS. An estimated 59% of AIDS affected households were reported to sell their livestock while 42.9% sold commodities harvested in the last main crop season (KENFAP, 2009). The AIDS affected households sold the livestock unsparingly including the breeding stock and draught animals. The sale of produce from the last main crop was detrimental since the households' sold subsistence food, rendering the households food insecure.

The members sell the assets to meet the increasing needs that arise from increased mortality and morbidity associated with HIV and AIDS. Some of the emerging needs are; increased medical expenses, nutritional requirements, the need to hire farm labour, increased educational requirements brought about by increasing number of orphans among others. Most of the needs require urgent monetary responses to solve them. The increasing needs ran down the members' household income and other resource endowments.

After depletion of the savings, the vulnerable households resort to the sale of livelihood assets so as to meet the urgent pressing monetary needs. The livelihood assets are an immediate alternative source of income to the households. The sale of the assets undermines the production potential of a household since it reduces the household's asset base limiting their choice of livelihood strategies. This makes the members more vulnerable to the impact of AIDS and more susceptible to HIV infection leaving the farmers entrapped in a vicious cycle of poverty and HIV and AIDS.

KENFAP would like to contribute towards building or strengthening the farmers' resilience to the impact of AIDS so as to disentangle its members from the adverse effects of selling livelihood assets. However KENFAP has insufficient strategies to avert the sale of the assets and maintain productive healthy livelihood strategies among the members.

1.4 RESEARCH ISSUE

1.4.1 RESEARCH OBJECTIVE

The objective of this research was to explore the ways in which KENFAP can contribute towards building the resilience of its members to the impact of AIDS by providing information on alternative strategies that the AIDS affected households could opt for other than the sale of livelihood assets.

1.4.2 RESEARCH QUESTIONS

This study answered the following main questions and sub questions in order to achieve the stated objective:-

Main Question 1: What influences the sale of livelihood assets among the AIDS affected households?

Sub questions:-

1.1 What determines when and the type of assets to be sold?
1.2 What effect does the gender and position of the ill/deceased person has on the sale of the productive assets?
1.3 What strategies do farmers adopt to avert the sale of livelihood assets?

Main Question 2: What is the role of KENFAP in building farmers resilience to the impact of AIDS?

Sub questions:-

2.1 What strategies does KENFAP employ to reduce the vulnerability of its members against the impact of AIDS?
2.2 What factors influence KENFAP's strategies on building resilience of its members against the impact of AIDS?
2.3 What are the expectations of members from KENFAP regarding building their resilience to the impact of AIDS?
2.4 What can KENFAP do to support the existing the coping strategies among its members?

1.5 SIGNIFICANCE OF THE STUDY

This research studied the effects of the sale of livelihood assets by AIDS affected households and has unravelled some of the alternative strategies that the households could opt for to build their resilience to the impact of AIDS. The households' livelihood strategies were assessed in the susceptibility and vulnerability contexts yielding information on sustainable livelihoods. The recommendations from the study will aid producer organizations in designing resilience structures and policies that mitigate the impact of AIDS.

CHAPTER TWO: LITERATURE REVIEW

2.1 OPERATIONALIZATION OF CONCEPTS

For the purposes of this study the following operational definitions of terms meant as indicated:-

Susceptibility

This refers to the likelihood of an individual being infected with HIV.

According to Loevinsohn and Gillespie (2003), susceptibility has two components; the *'chance of being exposed to the virus'* and the *'chance of being infected with the virus once exposed'* (Loevinsohn and Gillespie, 2003). The 'chance of being exposed to the virus' relates to one confronting a risky environment or risky situation. The risk of being infected depends on the specific actions or decisions (risky behaviour) made by that person.

Impact of AIDS

This refers to the harm or effects associated to morbidity and mortality related to HIV and AIDS. The impact may be felt as a severe shock or a slow hidden process with long term changes. Barnett and Whiteside 2006 refer to impact as a continuum between a sharp shock and slow profound changes.

Vulnerability to the impact of AIDS

This refers to the likelihood of suffering harm from the effects of sickness and death due to AIDS (Holden, 2003). It is the likelihood of significant impact of AIDS occurring at individual, household and national level.

This study defined vulnerability as:

> *Those features of a society, social or economic institution or process that makes it more or less likely that excess morbidity and mortality associated with disease will have negative impacts* (Barnett and Whiteside, 2006)

Resilience to the impact of AIDS

This refers to the responses that enable people to avoid the worst effects of AIDS at different levels or to recover faster to an acceptably normal level. The capability of an individual, a household or community to take up the responses to avoid the impact of AIDS is highly dependent on their asset endowment.

Producer Organizations (also known as farmer organizations)

This refers to non-profit, non-political, membership based organizations owned and controlled by farmers to protect their interests. They engage in a variety of services such as commodity marketing, lobbying for favourable policies and capacity building of their members.

Livelihood assets

This refers to the resource base of a household that is used to achieve the desired livelihood outcomes. The five main livelihood assets also referred to as capitals are ; human, social, physical, natural and financial capital.

AIDS affected households

This refers to family members who live together, share meals and have a member or members who are living with HIV/AIDS, or have lost a member due to HIV/AIDS. They included households that were taking care of orphans who lost their parents due to HIV/AIDS.

2.2 THE SUSTAINABLE LIVELIHOODS FRAMEWORK

This study applied the sustainable livelihoods Framework (SLF) to understand role of producer organizations in averting the sale of livelihood assets by AIDS affected households in Kenya. SLF is a tool that was developed to enhance the understanding of development organizations regarding the livelihoods of the poor (DFID, 1999). SLF can be used as a tool in planning new development interventions as well as reviewing and evaluating the interventions' contribution to livelihood sustainability. The components of the SLF are; the vulnerability context, livelihoods assets, transforming structures and processes, livelihood strategies and livelihood outcomes as shown in Figure 2.1.

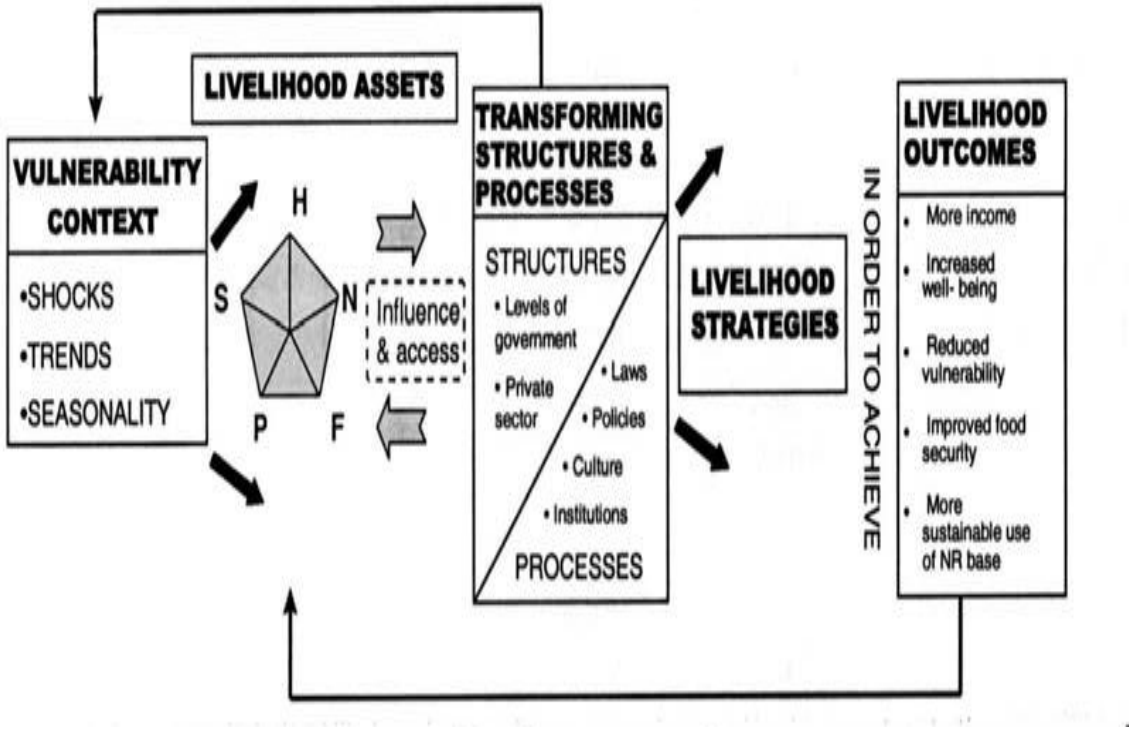
The *vulnerability context* shows that livelihoods are shaped by multiple factors over which people have no or limited control. They are constantly changing in terms of shocks, trends and seasonality. Shocks such as floods, droughts, diseases (for instance HIV and AIDS), wars and storms can destroy assets directly, or may displace people causing them to sell or leave their assets behind. Trends and seasonality such as population growth, economic crisis, political changes, agricultural production, pests and disease infestation can affect a household's livelihood assets base either positively or negatively.

The *livelihood assets* pentagon lies in the middle of the framework. There are five main livelihood assets (also referred to as capitals) identified in the SLF namely; human, social, physical, natural and financial capital. SLF acknowledges that no single asset can be used in isolation to meet or achieve the desired livelihood outcomes of a household and that one asset can yield multiple benefits. For example if one owns land (natural capital) he/she can access credit from the bank (financial capital).

Assets are influenced by the *transforming processes and structures;* these are the institutions, organizations, policies and legislation that shape livelihoods. The institutions and policies can create assets and they may determine who has access to them. The linkages operate from household level to the international level and in public and private sectors. KENFAP lies in this section as one of the structures that can determine access and influence its membership asset base.

Livelihood strategies are the choices made by households to achieve the desired livelihood goals. It refers to the range and combination of activities and choices that people make or undertake in order to achieve their livelihood goals. Such activities include productive activities, investment strategies and reproductive choices (DFID, 1999). The three main livelihood strategies adopted by rural farmers are agricultural intensification/extensification, diversification and migration. Straddling (situation where members of a household live and work in different places temporarily) has been identified by some organizations as a livelihood strategy.

Livelihood outcomes are the achievements or outputs of the livelihoods strategies. For sustainable livelihoods, households work to achieve more income, increased well-being, reduced vulnerability, improved food security and more sustainable use of the natural resources. The livelihood outcomes enhance, sustain and could threaten the livelihoods assets.



Key: H = Human Capital; N = Natural Capital; F = Financial Capital; S = Social Capital and P = Physical Capital

Figure 2.1: The DFID Sustainable Livelihoods Framework
Source: DFID 1999

2.3 HIV AND AIDS IN KENYA

Sentinel surveillance data among pregnant women in Kenya showed that there was a significant decline in the HIV prevalence rate from 13.4% in 2000 to 5.7% in 2006 (UNAIDS, 2009). KAIS 2007 reported HIV prevalence rate of 7.4% among the 15 to 49 year olds. This shows that there is an increase in the prevalence rates from 5.7% to 7.4%. The increase could be attributed to accurate reporting or the fact that more people living with HIV/AIDS (PLWHA) are able to access antiretroviral drugs (ARV). ARV treatment has brought about 29% decline in the number of AIDS related deaths in Kenya since 2001 (UNAIDS, 2009). This implies that PLWHA stay alive and reflect in total HIV prevalence rates reports. On the other hand, the decline in HIV prevalence could have been attributed to the death of PLWHA or inaccurate reporting. Barnett and Whiteside, 2006 recognized the fact that most social and economic statistics have political ramifications and that in the early years of the epidemic countries were reluctant to admit the presence of the epidemic because of what they felt about the morals and behaviour of their citizens. For instance, in Kenya and Thailand, this was the initial reaction to safeguard the tourism industry (Barnett and Whiteside, 2006).

HIV and AIDS programmes in Kenya have received immense political commitment. In 1999, the government of Kenya recognized the pandemic as an impediment to achieving the national development goals and declared it as a national disaster. This saw the establishment of the National AIDS Control Council (NACC) to coordinate the multisectoral response on HIV and AIDS. In 2003, GoK declared '*total war against HIV/AIDS'* (TOWA) and established a cabinet committee on HIV and AIDS which is chaired by the president (NACC, 2005). At the beginning of 2010, the third national HIV and AIDS strategic plan 2010-2013 was launched in order to strengthen the national response to the epidemic, its theme is "*Delivering on Universal Access to Services"* (NACC, 2009).

Despite the decline in HIV prevalence rates, the HIV incidence data show that new infections continue to occur each year. The national HIV incidence rate is 0.5% meaning that there are 55,000 to 100,000 new infections per year. According to Barnett and Whiteside 2006, a stable epidemic hides many deaths and infections. Incidence data is important because it gives the number of new infections per specified population at the give time. Lack of incidence rates data means that if the prevalence plateaus, we cannot be sure if it is because of the deaths being replaced with new infections or not.

The HIV and AIDS pandemic in Kenya is dynamic, it has different drivers and varies widely across the country. The variation can be said to be across different geographical regions/locations, sex-related and age-related. The Kenya Demographic Health Survey (KDHS) of 2003 estimated a prevalence of 6.7% among the 15-49 year olds while for the same age-group, KAIS estimates that 7.8 % are infected. KAIS estimates a national HIV prevalence rate of 5.5% in men and 8.8% in women aged 15-49, while for the age group of 15-64 years the estimate is 5.4% for men and 8.4% for women. The 15-49 age group are sexually and economically active Kenyans and the high prevalence rate shows that the human capital is affected, this could lead to poverty and wide spread orphans.

The prevalence among the young women aged 15-19 years the prevalence is 3.5% while it is only 1% for young men. Among women aged 20-24 the prevalence is 7.4% while it is 1.9% for the young men in the same age group (NASCOP and MoH, 2008). The girls are more susceptible to HIV infection at an early age compared to their male counterparts. This could be attributed to the fact that girls do not have control over sexuality issues in most Kenyan communities, they are married off at early ages to older men and they are withdrawn from school and are lured into intergenerational survival sex.

Figure 2.2 below presents the substantial regional variations in HIV prevalence rates. The HIV prevalence varies significantly between provinces in Kenya, ranging from 1% in North-eastern, to 7.9 % in Coast and 9.0 % in Nairobi, and 15.3% in Nyanza, double the national average (NASCOP and MoH, 2008); Nyanza bears 30% of the total disease burden in the country. Due to the differences in the populations in a province the HIV prevalence rate may not be an accurate measure of the disease burden in the province. The variations could be associated with the differences in poverty levels, gender inequality, cultural and religious orientations, accessibility to infrastructure such as markets, urban centres, roads, health centre among others.

The three major cities of Kenya are found in Nairobi, Coast and Nyanza provinces. The three provinces have the highest HIV prevalence rates. The Coast province experiences an influx of mobile populations (tourists) while Nyanza province has lakeside districts bordering Uganda. North eastern province is dominated by Muslims it borders Somalia and has a poor infrastructure coupled with skewed medical services. The distribution of testing sites is skewed; 60% are based in the urban and peri-urban areas where only 20-30% of the population live, while only 40% of the counseling and testing centres are found in rural Kenya where 70-80% of the population reside (UNAIDS, 2009).

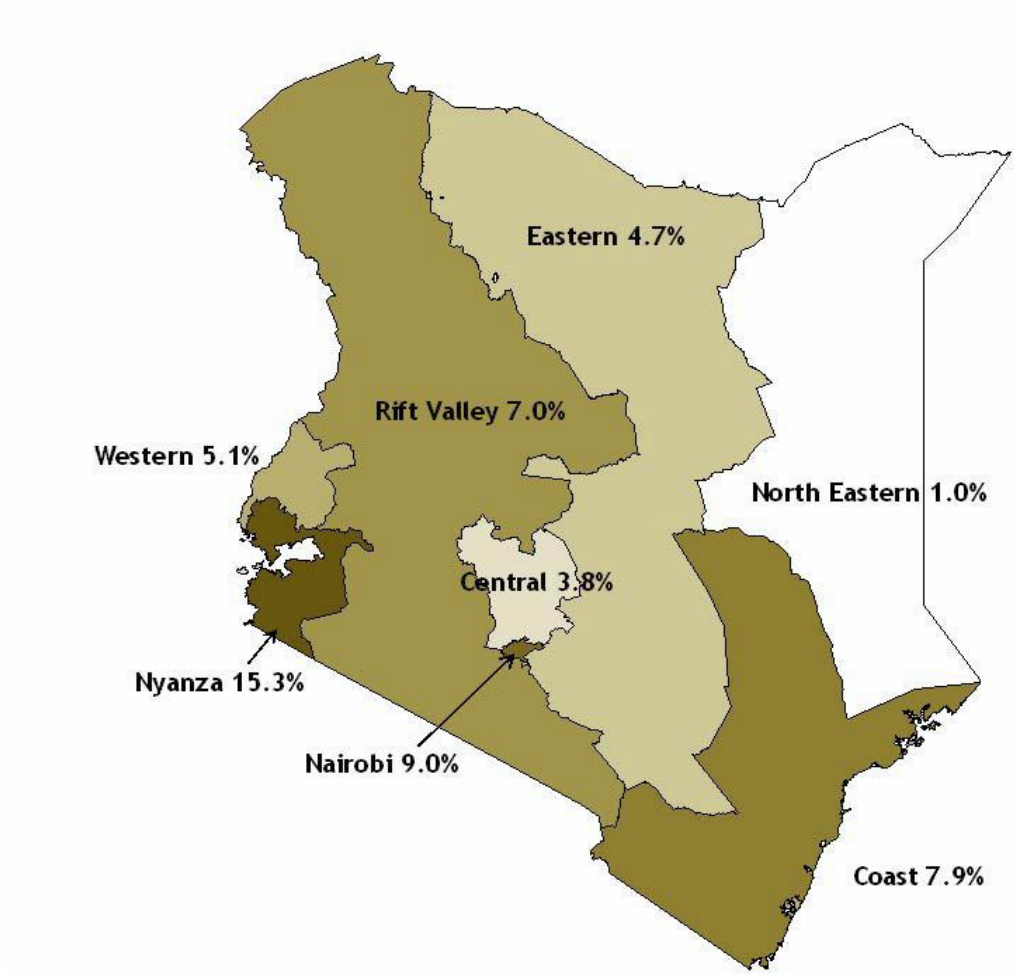


Figure 2.2: HIV prevalence in Kenya by province.
Source: KAIS 2007.

2.4 UNRAVELLING THE IMPACT OF AIDS

The impact of AIDS can be felt from the time an individual is diagnosed to be HIV positive, during illness, immediately after death and a period long after the death. According to Barnett and Whiteside 2006, the impact may be felt as an immediate and severe shock or may be more complex, gradual and with long term changes. A sharp shock is felt on a household which looses a main bread winner leading to declining living standards of that particular household. An organization may also suffer a sharp shock when it looses an experienced staff whose skills are in short supply.

Impact of AIDS can be felt on over three generations; for instance if children are withdrawn from school because their parent is sick and cannot afford to pay for their education, they tend to have limited livelihood options when they grow up, due to lack of education. This makes their future bleak and they may end up being street families making them more susceptible to HIV infection. On the other hand if they marry, they will bring up children with high infant mortality rates and poor nutrition as most studies have correlated the education of mothers with the well-being of a family.

The impact occurs at various levels; individual; household; community; institution; sector and national level. At the various levels the degree of severity of the impact differs with time, gender, locality and socio-economic resource endowment of the affected entity. At the individual level, the infected person will experience illness which increases in frequency and severity with time. However with good nutrition and use of

the ARV one can lessen the impact of the illness. The health status of individual impacts directly on his/her resources in terms of medical costs and on their social networks.

The impact of AIDS clusters in households because HIV and AIDS is sexually transmitted (Barnett and Whiteside, 2006). In an instance where the youngest child of the household is infected through the mother, then most likely the mother might have been infected by her sexual partner. The households experience changes in their demographics which affect their ability to reproduce and may end up being dissolved. This is true in the African set up where there are extended families that readily absorbs the orphans, widows and widowers. HIV/AIDS has caused the emergence of new types of households such as the child-headed households, large households with unrelated children and the elderly-headed households.

The epidemic has contributed to slow erosion in traditional social cohesion within communities. PLWHA end up being chronically ill and needing a caregiver to help them during this time so the community is robbed of two people who could have participated in some communal activities. The stigma associated with the disease also worsens the situation since most of the time PLWHA tend to keep off from communal activities for fear of being discriminated against. According to Slater and Wiggins 2005, prominent community members, such as school teachers, may be particularly prone to infection because of their mobility and relative wealth. Their loss can undermine the working of community organizations and institutions (Slater and Wiggins, 2005). The success of community organizations depends on both effective leadership in the village and on people having the time to participate in discussions- this is an elusive dream in presence of the pandemic. Other effects on the community are lack of morale, disparity and thus undermining local community initiatives and breaking the community safety nets.

The impact of AIDS does not take place in isolation it needs to be related to other events such as changes in political regime, climate change and economic crises among others. Vulnerability to the impact of AIDS is differential, meaning that that the impact differs from one individual to the other, between farming systems and in communities. This is a challenge to the organizations that develop programmes to address the impact. There is need to make special consideration on the features of the community before implementing an intervention.

2.5 THE AGRICULTURE SECTOR IN THE FACE OF HIV/AIDS

The agriculture sector makes a major contribution to the GDP of most countries in Sub-Saharan Africa (SSA). The sector is a principal employer to a majority of the population and earns the countries foreign exchange through export earnings. However agriculture has suffered most since the advent of HIV and AIDS. In SSA, agriculture is highly dependent on labour yet HIV and AIDS has highly affected the labour availability. The pandemic takes away lives, incapacitate PLWHA and diverts productive labour to time and care for the sick as well as to attending funerals. As a result, agricultural production is reduced through delayed or negligent planting, harvesting or crop maintenance activities (Muelder, 2004). The severity of the impact on labour depends on the person taken ill and also on the labour requirements of the farming system.

According to Gillespie and Kadiyala 2005, farming systems that are most vulnerable to the impact of AIDS are those that are characterized by a high seasonal demand for labour, specialized tasks by age and sex, a limited ability to exchange labour for capital, and increasing returns to scale of labour (Gillespie and Kadiyala, 2005). The epidemic increasingly robs the sector of adult labour and they can no longer contribute to

agricultural production, off-farm income generation and domestic activities (Jayne, Villarreal, Pingali and Hemrich, 2004).

Coupled with the loss of labour, is the loss of skills and knowledge transfer. HIV and AIDS attack the most productive segment in society and deprive households of adult labour and knowledge. When the older experienced generation dies, the consequence is that the young generation does not acquire the relevant livelihood skills from them**.** Loevinsohn and Gillespie 2003 found out that when people die from AIDS related diseases, agricultural knowledge and skills that are crucial for production are not passed down to the next generation. The progress made in agricultural development could be lost. More importantly local knowledge that people use to respond to risks in their specific contexts is lost. On the other hand, local farm inputs suppliers depend on the communication with a few prominent persons within the community. The prominent persons tend to keep the information to themselves and in case they die then the input supply chain to that particular area is cut off. HIV and AIDS leads to losses in the ministries as it impacts the agricultural ministries through the deaths of high-qualified staff for whom it is difficult to find replacements (Topouzis, 2003).

HIV and AIDS gradually affect the ability of households to invest in agriculture. Households become unable to purchase productive assets such as oxen, ploughs, and fertilizers (Jayne et al., 2004). This in turn translates to low crop production and eventually to food insecurity. At the sector level, the epidemic undermines the implementation of national agricultural policies, through the effects on staff and also the clientele. The affected households may no longer be able to cultivate certain cash crops or participate in formal co-operatives that are promoted by the government (Jayne et al, 2004).

It is not possible to measure all aspects of the impacts yet the incalculable aspects continue to affect the well-being of farm households. For example, the additional burden on women as caregivers and the pressure on the social networks and the psychological impact of HIV/AIDS on orphans are econometrically invisible (Gillespie, 2006).

2.6 SALE OF LIVELIHOOD ASSETS AS A STRATEGY BY FARMERS TO RESPOND THE IMPACT OF AIDS

Farmers have developed wide and varied responses to cope with the impact of AIDS, sale of livelihood assets is one of them. According to Slater and Wiggin 2005, to cope with the impact of AIDS, farmers switch cropping patterns from cash crops to food crops to assure survival. They switch to crops which have lower peak demands for labour – for example, from maize to cassava and sweet potato. Farmers abandon cash crops especially when the males fall sick. Some agronomic practices such as weeding and spraying are reduced or abandoned. Land fallowing is common in most AIDS affected households because the households lack money and labour to invest into production.

Due to the increased medical expenses, transport costs to hospitals and funeral expenses the affected households deplete their savings and available finances. The sale of assets, such as furniture, cooking utensils and clothes may follow. Finally, when these alternatives are fully exploited, the households tend to sell off livelihood assets such as tools, draught animals and land. This is referred to as the distress sale of assets. The sale begins with smaller livestock such as goats or chickens as they can be sold off in small quantities to release cash for purchases of medicines for the sick or for basic needs (Wiegers, 2008).

The sale of the livelihood assets signifies the households' inability to cope with the impact of AIDS. Loevinsohn and Gillespie 2003, refer to the sale of assets as an illusion and a misnomer and they prefer to use the term 'responding' to show that the households do not have an option other than to comply to the pressing and demanding need for money in the household. On the other hand Barnett and Whiteside 2006, argue that it is crucial for households to retain their productive assets to be able to recover and rebuild from the impact of AIDS. A household can sell a radio and survive but the sale of cattle or land is a clear indication of failure to cope. This is because cattle and land are assets used for production while the radio is a luxury. Sale of cattle is loss of products such as milk and meat while sale of land means reduced crop area and reduced collateral to access credit. This will eventually lead to food insecurity.

A study to measure the impacts of working-age adult mortality on small-scale farm households in Kenya, found out that there was an acute decline in productive asset ownership among households experiencing working-age adult death (Yamano and Jayne, 2004). The study associated the death of working-age men to a reduction in the value of farm equipment and the value of small animal assets. This implies that the assets could have been sold at lesser value to meet the increased needs of income. The sale was found to contribute to short-term decline in farm production and exacerbating the households' longer-term ability to restore former production levels.

2.7 GENDER, HIV/AIDS AND ASSET OWNERSHIP

Gender refers to the socially constructed differences in roles and responsibilities between men and women in the society. These socially constructed differences vary between communities and they change over time. The gender roles govern the relations between men and women in a community; they influence power relations and resources distribution. On the basis of the socially constructed differences, men and women have different roles to play in order to achieve the livelihood outcomes.

In the susceptibility context of the SLF, the women are likely to increase their risks of HIV infection during the fulfilment of their gender roles. In Sub-Saharan Africa, poverty and male sexual power have been identified as factors behind the spread of HIV and AIDS (Müller, 2005). Studies have found out that 60% to 80% of HIV positive women in Africa were infected by their husbands or stable sexual partners (Barnett and Whiteside, 2006). Married women are expected to be subordinate to their husbands and they cannot negotiate for safe sex practices. They cannot stop their partners from extramarital sexual contacts, as well as demand for the use of a condom. If they do, they are seen to be wayward and unfaithful. This explains the reason why the campaign for 'abstain, be faithful to one partner or use condoms' (ABC) may not to be effective for women in Africa. Biologically, women are likely to be more susceptible to HIV than men. There is a greater surface area of the female genitals exposed during sexual contact as compared to male genitals. Girls become sexually active earlier as compared to boys, they are likely to have sexual contact with older men who might have had other sexual partners before (Müller, 2005). This increases the susceptibility of women to HIV. Cultural practices such as female genital mutilation, dry sex, postpartum sexual abstinence, wife inheritance and sexual cleansing put women at a greater risk of infection. Economically, most women are dependent on men because there is unequal access to land, credit and employment opportunities.

Women and men adopt different livelihood strategies and respond differently to shocks in the vulnerability context of the SLF. HIV and AIDS reinforce the problems that the women face in terms of property and inheritance rights. In Kenya, women play a critical role in food production, they provide 70 to 75% of farm labour (Nguthi, 2007). Land is the most valued asset, yet women are constrained by customs to own it. Kenya is a patrilineal society; women do not inherit land from their fathers. Married women use

their husbands' land however they do not have explicit rights to sell the land or in some cases sell the produce from the land.

The women bear a greater burden of the impact of AIDS. HIV and AIDS disproportionately adds more workload to women because they become care givers to PLWHA and orphans (Wiegers et al., 2006). Households that have been affected by HIV and AIDS are likely to change their livelihood strategies. In some cases, the changes lead to a decline in agricultural production and consequently food insecurity. Due to the subordinate nature, the women have limited alternative livelihood strategies so they might end up engaging in transactional survival sex, sexual networking and multiple partner strategies (Müller, 2005).

In a study to understand whether the sale of assets by the affected households is coping or struggling, Rugalema revealed that households view saving life of a beloved one as more important than preserving assets. The decisions taken to sell the assets are not based on the importance or usefulness of the asset to the household but on the demands from the illness or death (Rugalema, 2000). In most affected households, men (including PLWHA) may make decisions on the type of asset to be sold and the kind of treatment to be sought - regardless of the short or long-term costs to the rest of the household members.

According to a study from Zambia by Wiegers, Curry, Garbero and Hourihan, 2006, the distress sale coping strategy is complicated by gender-based disparities in asset ownership which are often worsened by higher incidences of property-grabbing by relatives after death of a man in patriarchal communities (Wiegers et al., 2006). Given their undermined asset base, women and girls resort to low-profit activities such as food for work, survival sex and beer brewing-livelihood strategies that increase their susceptibility to HIV infection.

2.8 MITIGATING THE IMPACT OF AIDS BY FARMER ORGANIZATIONS-EXPERIENCES FROM AFRICA

Farmer organizations have a role to play in the mitigation of the impact of AIDS among the members. The organizations need to respond to the epidemic from their own comparative advantage, reduce the spread of HIV as well as alleviate socio-economic impact of AIDS. Farmer organizations in Africa, through collaborations with nongovernmental organizations (NGOs) and public institutions, have developed a wide range of interventions to respond to the epidemic. Some of the interventions include; farm inputs supply; development and promotion of labour saving technologies; agricultural diversification; promotion of value addition and product processing; promotion of home or nutritional gardens; strengthening the rights of widows and youths to own land and property (ECA-SAO, 2006, Wiegers, 2008, Loevinsohn and Gillespie, 2003).

Studies have shown that the farmer organizations can reduce the spread and impact of AIDS by contributing to poverty alleviation in rural areas (Wiegers, 2004, Jayne et al., 2004). Poverty is a driver of the epidemic; it makes people susceptible to HIV infection through transactional sex and inferior health care. Poverty and unemployment in rural areas puts households at risk through migration in search of employment which leads to long time separation from regular sexual partners.

Some governments, NGOs and Community Based Organizations (CBOs) in Zambia, Lesotho, Swaziland and Zimbabwe have been able to provide assistance to affected households to mitigate the impact of AIDS (ECA-SAO, 2006). The assistance range from seed, fertilizer distribution to draught power and tractor hire services. These interventions have been reported to permit households to re-establish their agricultural

base. In Zambia, the Ministry of Agriculture and Cooperatives has a Food Security Pack Programme for vulnerable small-scale farmers (ECA-SAO, 2006). A community-based HIV and AIDS project in Berea District, Lesotho provides inputs such as crop and vegetable seed, small-scale irrigation equipment and shade netting for erection of vegetable seedling production units. The Young Men's Christian Association (YMCA) in Zimbabwe runs a Heifer Programme that distributes cattle and donkeys for draught power to the affected families. In Swaziland, the Ministry of Agriculture provides a subsidized tractor hire scheme to vulnerable households (ECA-SAO, 2006).

Labour-sharing is a common response adopted by communities to help support affected households in many communities. Farmer organizations have formed labour sharing groups to assist affected households in land preparation, weeding or harvesting. Labour-sharing clubs have been reported to be effective in relieving HIV and AIDS related labour shortages in some communities in Malawi and Zambia (Barnett and Grellier, 2003). However due to the increased impact from the epidemic, these safety networks tend not to cope with the labour sharing arrangements since the affected households may fail to attend all group activities. The activities are based on trust and reciprocity and if the households fail to participate then they are secluded from these arrangements (Mutangadura, 2000).

Farmer organizations have ventured into a diversity of income generating activities (IGAs) to help generate income, which can be used to meet household needs and safeguard the livelihood assets. Examples of the IGAs by some organizations are mushroom production; gum tree nurseries; agro processing such as peanut butter making and oil expressing; candle and soap making among others (ECA-SAO, 2006). A revolving credit program in Malawi has been reported to be successful and sustainable in building the livestock assets. In the program, beneficiaries give offspring to new members on a rotational basis. The livestock being promoted are goats, guinea fowl and chicken since they are highly prolific and easy to manage. According to a study on HIV/AIDS and agricultural system initiatives in Zambia, Malawi and Mozambique, such interventions would restock a household's livestock assets and restore some degree of solvency to the household (Nankam, 2003).

2.9 CONCEPTUAL FRAMEWORK

This study adopted the SLF as a basis to show linkages between the vulnerability contexts due to the impact of AIDS, effects of sale of assets by the households, the role of KENFAP in influencing and promoting access to livelihood assets. KENFAP's role in influencing the choice livelihood strategies or in increasing the livelihood options for the households. The framework relates the linkages in the choice of livelihood strategies to susceptibility to HIV infection as depicted in Figure 2.3 below.

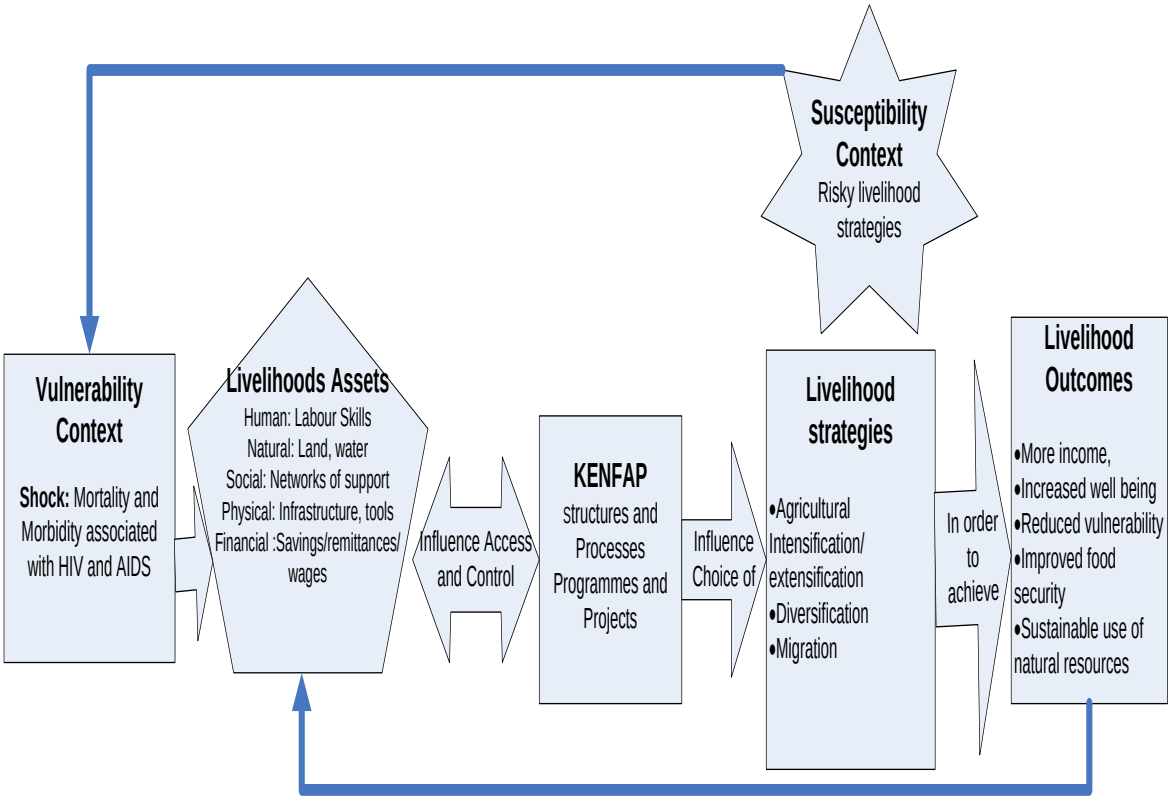


Figure 2.3: A conceptual framework showing relationship between the vulnerability context, livelihood assets, KENFAP, livelihoods strategies, susceptibility context and livelihood outcomes

Source: Adapted from the DFID sustainable livelihoods framework.

This framework works on the assumption that people draw on their assets to respond to the impact of AIDS. The asset base determines the opportunities and risks available to them. They can adopt risky livelihood strategies (in the susceptibility context) or sustainable livelihoods strategies; implying that they are able to adopt or cope with the impact.

It also assumes that KENFAP can influence the way the AIDS affected households utilize their assets to develop sustainable livelihoods through programmes and activities. The framework however identifies that the choice of livelihood strategies by the households is also influenced by other institutions and processes both in the private and public sectors.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 STUDY AREA

The study was carried out in Nyanza, Rift Valley and Central provinces of Kenya. The choice of the provinces was based on the HIV prevalence rates as shown in Table 3.1 below. The districts for the study were selected based on KENFAP membership. Kisumu AB, Nakuru AB and Nyeri AB represented Nyanza, Rift valley and Central provinces, respectively.

Table 3.1: Selection of districts understudy based on HIV prevalence rates and KENFAP membership

Province	**Selected district**	**HIV prevalence rate**	**Main agricultural activity**
Nyanza	Kisumu AB	15.3 (High)	Fishing
Rift valley	Nakuru AB	7.0 (medium)	Crops
Central	Nyeri AB	3.8 (Low)	Livestock

North-eastern province has the lowest HIV prevalence rate in the country. However in this study the Central province was selected to represent a low prevalence region based on KENFAP membership and the livelihood strategies adopted by farmers in the province. In addition, it was assumed that impact of AIDS would be low in the North-eastern province. The study anticipated that the main agricultural activities in the selected study areas were; fishing, crops and livestock and they were represented by Kisumu, Nakuru and Nyeri area branches respectively. The three areas are connected by a major road connecting to the Uganda border and they are the provincial headquarters of the respective provinces.

The main farming activities in the regions were found to be mixed farming where the households integrated crops and livestock. The main crops were maize, beans and vegetables. The households in medium and low prevalence regions planted Irish potatoes, snow peas, tomatoes and onions which were missing in the high prevalence region. On the other hand, farmers in high prevalence region had planted pumpkins, long cayenne and bird eye chillies that were missing in low and medium prevalence regions. The main livestock enterprises were cattle, sheep, goats and indigenous chicken. Farmers in medium prevalence region, had rabbits which the other farmers did not report to have.

3.2 RESEARCH FRAMEWORK

This study was a qualitative research based on literature review and empirical data collection based on two case studies. A desk study was conducted to gather information that was used to compare the findings of the study to the existing literature. The first case study was on the sale of assets and strategies that the AIDS affected households adopted to avoid the sale. The second case study was on KENFAP activities to avert the sale of assets. Strategies adopted by farmers were identified and were evaluated by use of the sustainable livelihoods framework to assess the vulnerability and susceptibility of the strategies. The households' realization of the livelihood outcomes was also evaluated. A comparison of the two case studies, concluded with recommendations on the role of producer organizations in building farmers resilience to the impact of AIDS.

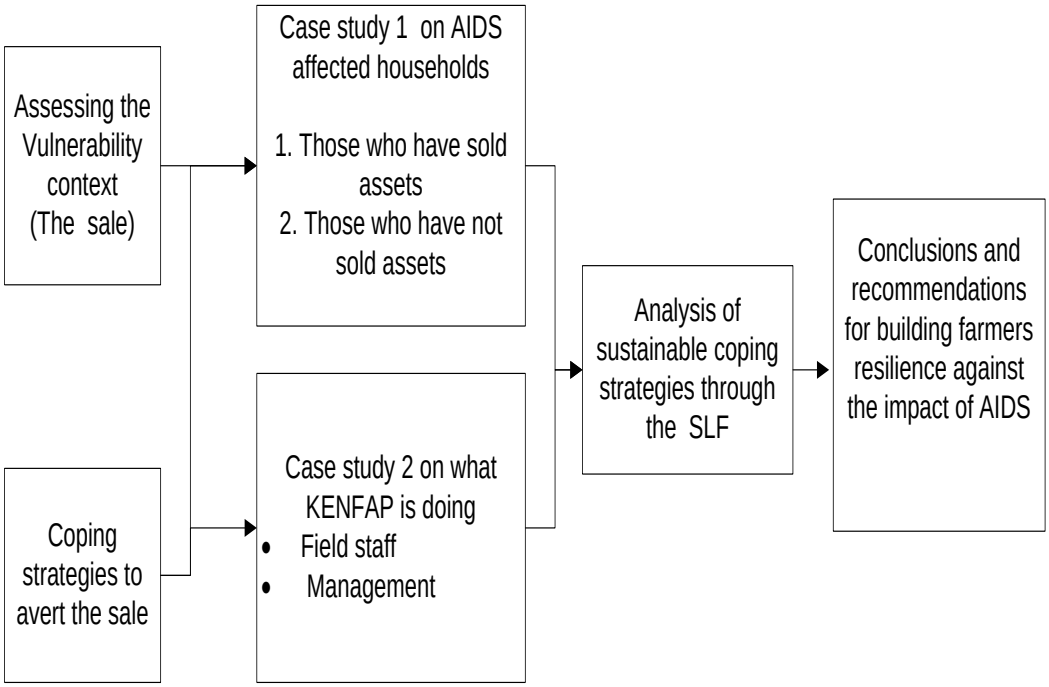


Figure 3.1: Research framework developed for the study
Adapted from (Verschuren and Doorewaard, 2005)

3.3 DATA COLLECTION

The first case study was conducted among AIDS affected households who are KENFAP members. The KENFAP field staff in the selected area branches assisted the researcher to purposively identify from the existing KENFAP groups four households that participated in the study. The households interviewed were those who have PLWHA and those that have lost a main bread winner due to AIDS related diseases. In each AB, two households that had sold livelihood assets and two that had not sold assets were interviewed as shown in table 3.2.

An interview checklist (Annex A) was used to conduct in-depth interviews with the households to assess the sale of assets and the strategies adopted by some households to avoid the sale of assets. After the interviews, the data was entered and in instances where there were of inconsistencies the researcher made follow up by phone calls to seek clarity of the information.

Table 3.2: Respondents interviewed per region

Region	**Farmers**		**Secretariat**	
	Households that sold assets	Households that did not sold assets	Field Staff	Managers
High	2	2	1	
Medium	2	2	1	
Low	2	2	1	
Total/National	6	6	3	4

The second case study was on what KENFAP was doing or is capable of doing to avert the sale of assets by its members. This was done through in-depth interviews with three KENFAP management staff, three field staff and the national chairman. An interview checklist (Annex B) was used to collect data on KENFAP activities to avert the sale of livelihood assets and factors that influence the activities. The three management staff

interviewed were; the Head of Programs and Projects (HoPP), the Head of Administration Monitoring and Evaluation (HoAME) and the Chief Executive Officer (CEO). The HoPP was selected because he is in charge of the KENFAP field service delivery to members and the design and implementation of the projects. HoPP gave information on the considerations that the federation put in place to build farmers resilience to the impact of AIDS. The HoAME was selected because she is in charge of tracking the implementation of the programs and projects through monitoring and evaluation. From this department the study was informed of the achievements, challenges and some of the lessons learnt by the organization in responding to the pandemic. The three field staff who were interviewed were from the three ABs selected above. The field staff were interviewed because they deliver services to KENFAP members and they interact directly with the members. The national chairman and the CEO informed the study on the federation's commitment in responding to HIV and AIDS and the challenges encountered.

To ensure reliability, the interview checklists were pre-tested on one respondent per case study. After the pretesting the checklists were readjusted accordingly to gather the relevant data. For ethical considerations, the respondents were requested to participate voluntarily. The researcher sought informed consent from the respondents before the interviews. All the data that collected was handled with confidentiality and was used for the research purposes only.

Table 3.3: Extraction of information and strategy

Sub Question	**Data/ information to be collected**	**Source/Strategy**
1.1	Types of assets being sold Factors determining when the asset is sold	Case study1 and Desk study
1.2	Gender and position of ill/deceased members versus the sale	
1.3	Strategies used by farmers to avert sale of assets	
2.3	Members expectations on resilience building by KENFAP	
2.1	Current KENFAP activities in averting the sale of livelihood assets	Case study 2 and Desk Study
2.2	Factors that influence KENFAP activities to avert the sale of assets	
2.4	KENFAP activities to support existing strategies by farmers to avoid the sale of assets	

3.4 DATA ANALYSIS

Two clusters were formed from the twelve AIDS affected households; six were those had already sold the assets and six were those who did not. Data on the type of assets sold, when the selling commenced, the utilization of the proceeds from sales, position and gender of the ill/deceased member of household was collected from the cluster- 'those that have sold'. The cluster on 'those who did not sale' provided data on the strategies being employed to avoid the sale. The data was grouped into themes and was descriptively analysed based on the 'vulnerability context', 'asset base' and 'livelihood strategies' sections of the SLF. Under each cluster, data on expectations from KENFAP in building farmers resilience was collected and descriptively grouped into themes for comparison with the KENFAP activities from case study 2 in the 'transforming structures and processes' section of the SLF.

Data from the second case study was grouped and analysed to assess KENFAP's effectiveness in influencing access and control of the assets by the households in the 'transformation, structures and processes' section of the SLF. This yielded information on the KENFAP activities that promote access and control of assets by the AIDS affected households. KENFAP was assessed to identify the role of producer organizations in influencing the affected households' choice of livelihood strategies for sustainable and risk free livelihoods outcomes in the 'susceptibility context'.

CHAPTER FOUR: RESULTS

4.1 Gender of sampled households

Twelve households were interviewed for the first case study, four households per region based on the HIV prevalence rate and the main farming activities. Table 4.1 presents the gender of the interviewees per region. Eight women and four men were interviewed.

Table 4.1: Presentation of the respondents from the first case study by gender

Region	Households that sold assets		Households that did not sell assets		Total
	Men	Women	Men	Women	
High	1	1	2	0	4
Medium	1	1	0	2	4
Low	0	2	0	2	4
Total	2	4	2	4	
	6		6		12

From the low prevalence region, the researcher was not able to get men respondents in the cluster-'those that have sold assets'. The researcher established that it was not easy for the men to declare their status and that the households who had orphans were mainly female headed. In the low and medium prevalence regions there were no men respondents in the cluster-'those that did not sale assets'.
In the high prevalence region, there were no women in the 'those that did not sale assets' cluster. This was attributed to the fact that the women tended to bear the biggest burden of the impact, as they received orphans to take care of.

4.2 Sale of the productive assets in the vulnerability context

4.2.1 Progression of the sale of the assets

The households that sold assets revealed that the sale of the assets commenced when the households could not meet their needs. This was due to increased illness and failure to carry out their productive roles on the farm. This was depicted by the responses from most of the respondents Box 4.1 exhibits one of the responses.

Box 4.1: Extract from interview with male farmer, from medium prevalence region

'The problem started when we could no longer feed the children……..I could not get assistance for food so I resorted to sell a goat to buy food. We never used to have problems with food when I was in good health. Currently, I can no longer cultivate the land that I used to hire from my neighbor as I did before. When I used to hire the land then we could have food throughout the season.'

Four out of the six households that had sold assets stated that it was not possible to assign a definite time when the selling commenced. The households could only recall when the frequency intensified and the trend became a concern. From the information provided, the sale began as early as two years after discovery of one's status. Some respondents reported the time in relation to the death of an important member (bread winner) of the household as depicted in Box 4.2.

The sale of the assets progressed from low value assets to sell of high value assets as shown in Figure 4.1. The sale of chicken was reported to continuous as needs arose.

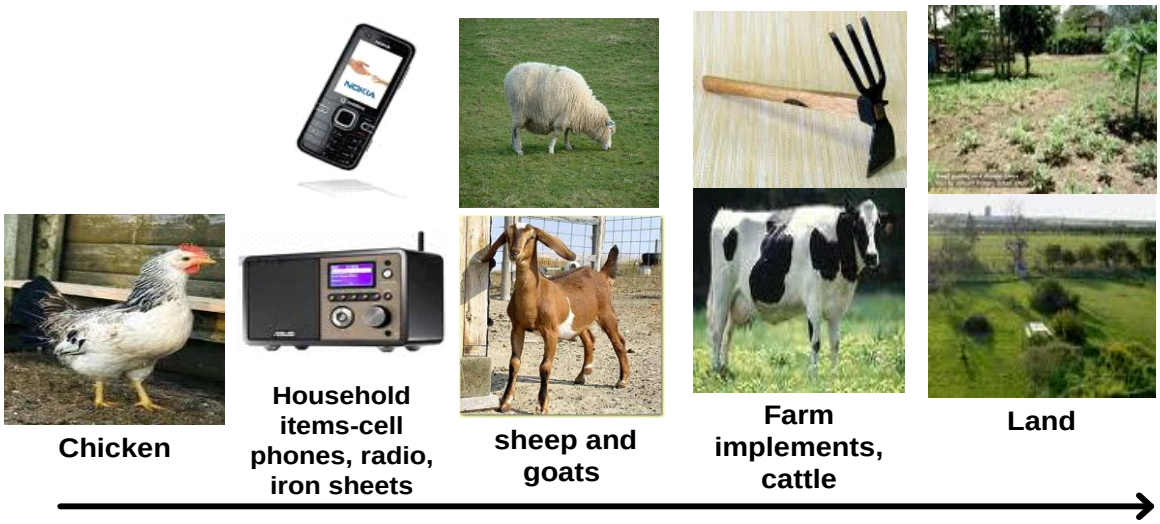


Figure 4.1: Progression of the sale of assets by type in relation to the impact of AIDS over time

The households tried as much as they could to avoid the sale but as the needs increased due to the impact of AIDS, they were forced to sell. Box 4.2 below depicts this situation.

Box 4.2: Extract from interview with female farmer, from High prevalence region

I began selling my husband's fishing gear, his expensive clothes, my chicken and finally the cow. This is two years after the death of my husband. I do not just sell these items……...it is not easy neither is it my wish…. As at now I don't have any other item to sell….If I didn't have sons I would have sold part of the land….'

The above quotation from the interview, illustrates the reluctance to sell land. The widow could not sell the land but was making consideration about the future of her sons. This could imply that the households make other considerations before selling the assets.

4.2.2 Utilization of the proceeds from the sale

The assets were sold to address the following needs as presented in Table 4.2.
The households in the 'those that did not sell assets' cluster were asked to give their opinions on what needs and their views incorporated in Table 4.2.

Respondents in the medium and low prevalence regions reported that they needed to walk for long distances to get health facilities where they could get free ARV. On the other hand, the interviewees in high prevalence region reported that they could access ARV from nearby hospitals and clinics. The respondents added that they did not pay for the medical treatment for the opportunistic infections, since they got free medicines from their regular ARV clinics.

Table 4.2: Needs addressed by the sale of the assets, numbers indicate the households that responded reported on the need

Type of need	Number of Households per District		
	High n=4	Medium n=4	Low n=4
Transport to hospital	2	4	4
School fees	4	3	4
Food	4	3	2
Fuel (firewood, paraffin)	2	2	3
Farm inputs such as fertilizer and seeds	2	4	3
Funeral expenses including transport of corpse to ancestral home	2	0	1
Medicine	0	2	2
Supplementary nutritious foods	0	1	3

Majority of the households tended to give attention to selling the assets to pay school fees. In the three regions, all the households except one placed great emphasis on sale of asset to educate the children.

Box 4.3: Extract from interview with female farmer, from High prevalence region

'I would rather sell land to take a child to school because this will make their future brighter than mine. They will get well paying jobs and they will help me in my old age'

The respondents hoped that if the children were well educated they could help them in future as shown in Box 4.3.

4.3 The Livelihood assets context

4.3.1Type of assets sold

As shown in Table 4.3 below, two respondents in the high prevalence region reported to have sold 3 acres of land cumulatively. One household sold two acres to take a child to private university while one sold land in order to meet medical and funeral expenses. Sheep, chicken and goats were sold at a higher rate compared to farm implements and land. The chicken was the highest sold asset. This could be attributed to the fact that there is ready market for it, its value, portability and the fact that women can sell it without seeking for permission from men.

On the other hand, the households in the low and medium HIV prevalence regions did not sell any land or farm implements. However, the sale of chicken was as high just like in the high prevalence region.

The households in the low and medium prevalence regions sold less cows compared to those in the high prevalence region. This was reflected in the type of cows kept by the households. The farmers in the high prevalence region had indigenous cows while those from the other two regions had exotic dairy cows. One of the reasons why the farmers could have sold the indigenous cows could be that it was easier to sell them local cows rather than the exotic cows.

Table 4.3: Types of assets sold in the three regions, numbers indicate the total assets for the two households per region

Type of asset sold	**Quantity of assets sold**					
	High HIV prevalence region N=2		**Medium HIV Prevalence region N=2**		**Low HIV Prevalence region N=2**	
	Assets before sale started	Assets at the time of study	Assets before sale started	Assets at the time of study	Assets before sale started	Assets at the time of study
Land (in acres)	6	3	8	8	2	2
Sheep	3	0	6	4	7	5
Goats	7	3	3	1	3	3
Chicken	20	7	14	3	15	10
Cows	7	4	10	8	4	3
Farm implements*	7	5	9	9	11	11
Household items**	15	1	10	5	8	8

*Farm implements include assorted items such as hoes, wheelbarrows, ploughs, fishing gears and nets.

** Household items include radios, televisions, cell phones, iron sheets, watches and clothes.

Additionally, the interviewees in the low HIV prevalence region reported that they had exotic dairy goats and they could not sell the goats without the consent from the Dairy Goats Association of Kenya (DGAK). They asserted that for them to sell the goats they needed to do it through the association since the goats were registered in the Kenya stud book and would fetch a higher price.

The households in the low prevalence region had not sold any household items while those in medium and high prevalence region had sold. The household items were sold most in the high prevalence region.

4.3.2 Frequency and the means of the sale of assets

The sale of the assets was done at individual household level and on an ad hoc basis as need arises. The peak of the sales was said to be during the planting season, when there is no food (out of crop season), when there was need for urgent medical attention and during the school opening days. The school opening days at the beginning of January, May and September as shown in figure 4.2. Between February and March, the sales were higher as it was the planting season. On the other hand, during the month of August, the sale of assets was minimal since this was the harvesting season for the main crop. In April and October the sales were high because the households sold the assets to buy food.

The sales were high during the planting season because the households sold the assets in order to buy fertilizer, seeds and hire labour on their farms. The sales were high when the crops were out of season because the households sold the assets to buy food while during the school opening days, the households sold in order to raise school fees.

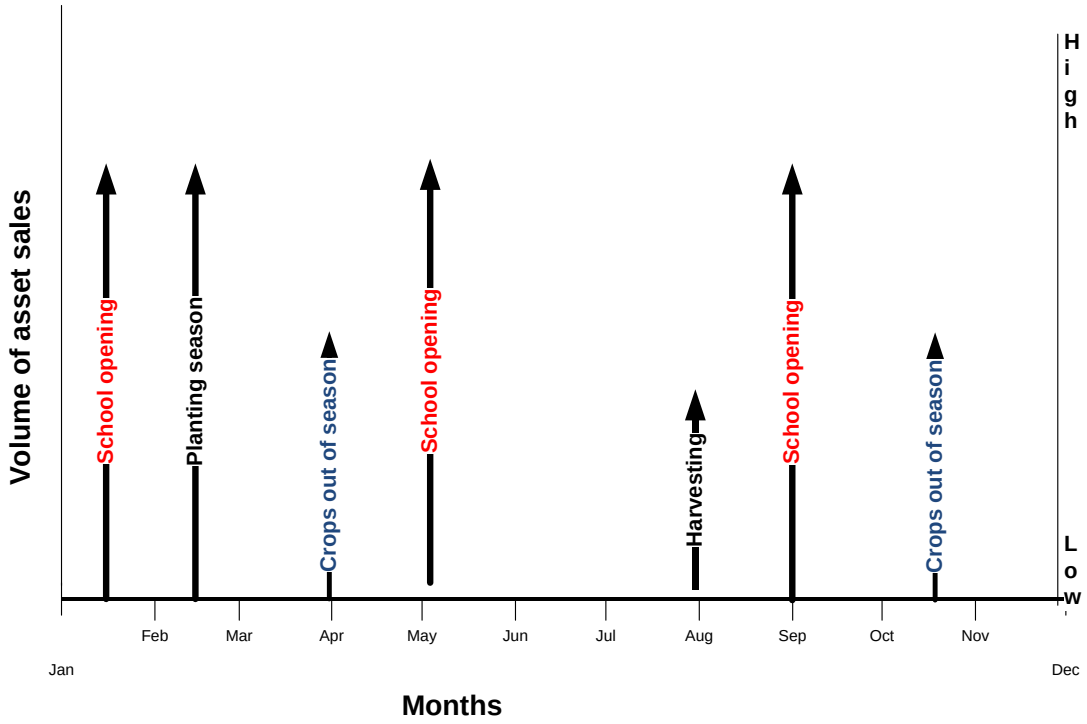


Figure 4.2: Time of the year when the households experienced high or low sales of assets and the emergent needs that were addressed

Two of the six respondents reported that they sold the assets to a nearby market. The other four households sold the assets to neighbours and middlemen who came to buy the items from their homesteads. Four out of the six respondents did not know whether they sold the assets at the market price or not. The respondents reported that at times they were not paid the full amount due for the sale but received the amount needed to satisfy the need at hand. The remainder of the amount was to be paid in instalments through mutual agreements with the buyers. The households reported that when an emergency need arises there would be no time to insist on better prices or the full payment.

4.4 Factors that influence the sale of the livelihood assets

It was found out that the duration one has been ill affects the sale of the assets. Most of the households in the 'those who did not sell' cluster reported that they had just known their HIV status. In 'those who have sold' cluster the sale of the livelihood assets varied based on the duration one has been taken ill. Those who had been ill for less than five years sold fewer assets than those who have been ill longer more than five years. The households in high prevalence region that had sold the land to pay for school fees and pay for funeral expenses affirmed that they had been affected by HIV and AIDS for more than five years.

The sale of livelihood assets was found to be influenced by the occurrence of other types of shocks. One household in low prevalence region sold chicken to buy food because there was crop failure in the year 2009. In the medium prevalence region, a respondent stated that they sold two cows because of post-election violence in 2007. The respondent attributed the sale of the cows to the fact that his business premise was burnt down in Kericho town (Rift valley) where he used to earn a living.

Access to other types of assets influences the sale of livelihood assets. Households with access to other types of assets such as financial or social tended to sell less. From the 'households that did not sell' cluster; this could be attributed to the fact that they were getting support from their groups and other institutions. In the high prevalence

region, one respondent reported that they were getting monthly supply of food items such as cooking oil, soya beans, maize and salt from the an international NGO; American Model Providing Access to Healthcare (AMPATH) at the Chulaimbo district hospital. The supply had reduced the sale of assets. The program's aim is to ensure food security for PLWHA and their families.

Declaration of one's HIV status also influenced the sale of the assets. Most respondents did not know their status by the time the sale of assets began. A household reported to have sold most of its assets only to discover later that they were treating opportunistic infections related to HIV/AIDS. The household regretted the fact that they did not know their status beforehand since they could have saved the assets by accessing the free ARV treatment. One respondent in the high prevalence region stated that after declaring her status she has received overwhelming support from her family members as shown in Box 4.4.

Box 4.4: Extract from interview with female farmer, from High prevalence region

'I cannot sell a chicken to go to hospital, my family will do their best to ensure that I get to hospital to collect my dose' (referring to the ARV drugs distributed for free at a public hospital).

The age and number of dependants in a household also influenced the sale of the livelihood assets. This was because the households that had young children who attended school were found to be the ones who sold most in order to raise school fees. The more children the household had, the more the assets were sold. One respondent in the high prevalence region sold land, farm implements, chicken and cows. The respondent had six children who were attending various levels of education i.e. from primary, secondary and university.

The gender and position of the PLWHA in the household played a significant role in influencing the sale of the livelihood assets. Among the households interviewed, the study found out that the when a man is infected, more high value assets (such as cows and land) were sold than a woman. The men made the decisions on when and the type of asset to be sold. Additionally, interviewees from medium and high prevalence regions correlated the assets such as cows and land to be for men; while goats, sheep and chicken to be for women. In this regard, the men made decisions on the sale of cows and land while women could sell sheep, goats, hoes and chicken without consulting men.

4.5 Strategies to avert the sale of livelihood assets

Table 4.4 presents the strategies that some of the households in the 'that did not sell assets' cluster had adopted in order to avoid the sale of livelihood assets. All the six respondents reported to have changed from the subsistence farming to commercial farming. The respondents changed the main crops from maize and beans for domestic consumption to tomatoes, snow peas and onions in the medium and low prevalence regions. The respondents from the high prevalence region changed to production of chillies and pumpkins for sale. Respondents from the medium and low prevalence regions adopted the purchase of chicks, young goats and sheep for fattening then disposing them when they could fetch a higher price, however none of the respondents in the high prevalence region applied this strategy.

The households in medium and high prevalence regions were found to have withdrawn children from school in order to engage them in domestic chores or send them to cities

to work as domestic workers. However, none of the households from the low prevalence region withdrew children from school. In addition, some of the respondents indicated the youth who could not proceed to the secondary schools due to lack of school fees had migrated to the cities in search of employment. The migrants remitted some income to the rural areas. However the respondents stated that the income was not reliable and sufficient enough to meet their needs.

Table 4.4: Strategies to avert sale of assets based on number of households that adopted each strategy per region

Strategy	**Number of household per region**		
	High, n=2	**Medium, n=2**	**Low, n=2**
Shift from subsistence to commercial farming	2	2	2
Purchase of young livestock for fattening	0	2	1
Withdrawal of children from school to assist in domestic chores/ to work in cities	2	1	0
Petty trading	1	1	1
Income from casual labour	2	0	0
Hire of assets	1	2	0
Support from groups	2	2	2
Support from relatives	2	1	1

Three respondents, one from each region, said that the children could be sent to carry out petty trading to earn the meal for the day rather than selling an asset. Petty trading reported was through hawking of groundnuts and vegetables. One household was selling household consumables such as soap, matchsticks and paraffin from the house. The interviewees pointed out that although the petty trading generated income for sustenance, the needs associated with HIV/AIDS would exceed the profits accrued. This would lead to reduction of the business capital and at times the collapse of the businesses. |Households in the high prevalence region added that they earned income through casual labour in the neighbouring farms and washing clothes.

All the respondents from the three regions reported to have received support from relatives and friends. The relatives and friends offered support in terms of payment of school fees for children, offering food, money and medicines. This helped the households not to sell their assets. The families were reported to offer emotional support and care.

Respondents from the medium and high prevalence regions hired out assets to earn income. None of the respondents from the low prevalence region reported to adopt this strategy. The assets that were hired out were land, bicycles motorcycles and fishing gears. The motorcycles and bicycles were hired out at a rate of three hundred and fifty Kenya shillings respectively per day, while the fishing gears earned five hundred to one thousand Kenya shillings per week. Land was hired out at varied rates and terms. Some would just hire out land in order to earn part of the produce or to save the land from intruders.

The most common strategy among the households was support from groups. All the respondents from the three regions adopted this strategy, it was commonly referred to as ‘merry go round’. This is whereby the members of a group contributed money and gave to one household to address its needs. This is done on a rotational basis until all the members benefit from the funds. All the members of the group had to benefit at the end of one cycle hence the name- ‘merry go round’. Some of the groups that have registration certificates were reported to have linked their members to institutions where

they could get access to loans. One interviewee from the high prevalence region reported that their group had advanced to a village bank. The village bank lends money to members and non-members at affordable rates. For the members of the group, if they were in dire need and were to sell an asset they would deposit the asset with the group then get the money to address the need. If they failed to pay the money in the specified time frame then the asset would be sold to recover the money borrowed from the group.

4.6 Expectations of members from KENFAP regarding building their resilience to the impact of AIDS

Data collected from the first case study indicated that members had some expectations from the federation. Most households expected the federation to supply free farm inputs such as fertilizers and seeds. They believed that the supply would not only help them to save on selling the assets in order to buy the inputs but also increase their production. They hoped to sell the increased produce rather than selling the assets.

In addition, the members felt that the federation needs to help them in marketing their farm produce. They reported that the unreliable marketing and market linkages have forced them to sell of the assets, since they were not assured of markets for their produce. They hoped that if KENFAP would link them to reliable buyers then the sale of the assets would go down. Moreover they needed to be supplied with irrigation equipment to enable them have produce all the year round.

There was a general concern that the federation ought to supply relief food to the households especially when the crop is out of season. They expressed interest in being supplied with items such as cooking oil, milk and cereals.

The members expected the federation to establish revolving funds and credit schemes for them to be able to access affordable credit. In the high prevalence region, there was a group that reported to have successfully initiated a village savings scheme but they needed the federation to upscale this initiative. From the revolving funds they looked forward to initiate income generating activities for the needy households among them.

Most households stated that they hoped that the federation would help in paying school fees for their children. They expected the federation to help in paying school fees for the orphans especially for those who are to attend secondary schools and colleges. The members expected that from the federation's lobby efforts the youth would get more employment opportunities.

4.7 KENFAP's activities to mitigate to the impact of AIDS among its membership

The study established that the federation has knowledge on the needs that come with the impact of AIDS to the affected households. The federation was informed by a baseline study that was carried out in 2009 to assess the HIV/AIDS risks and impacts among smallholder farmers (KENFAP, 2009). KENFAP is further informed by the monthly field reports from the field officers. Through this information the federation has identified the emergence of new types of membership and has received increased demands for support from the AIDS affected members. KENFAP reported that apart from producer groups, there are new types of groups that have been formed by the members. The new types of groups were referred to as care giver groups, post-test support groups and PLWHA groups.

The federation has received immense support from its management in responding to the pandemic. This was evidenced through the increased awareness level among its staff and board of management. The federation reported that it conducts sensitization

meetings among its members, the staff, the board of management and the National Executive Council (NEC). The federation has incorporated HIV/AIDS in the strategic plan under strategic aim number six (KENFAP, 2008). From the plan, specific activities are elaborated to increase awareness on HIV/AIDS and mitigate the impact of AIDS among the members. This is done through the HIV/AIDS focal point within the federation who is in charge of mainstreaming HIV/AIDS at workplace. The focal point was reported to be organizing the sensitization of members at all levels and creation the necessary linkages with stakeholders. In the strategic plan, the federation gives emphasis to capacity building of its staff, members and leaders under strategic aim number one.

To address the increased demands for support by the new types of groups, the federation had developed various strategies. The interviewees reported that through the field days organized by KENFAP, they were able to display their products and sell them at a higher price than they would have done if they were to sell to a middleman or neighbours. From the field days the households reported that they learnt of new technologies that helped them to increase their production. The field days linked the households to other service providers and stakeholders.

The members interviewed reported that they had received trainings on less labour intensive technologies such as rabbit keeping and kitchen gardens. KENFAP views this as a measure to increase the income at household level for the members. The federation's staff reported that the sale of the assets is because the members did not have alternative sources of income. The HoAME noted that it is easier for a household to sell or slaughter a rabbit than to do the same for a cow.

The federation also created awareness on supplementary nutritious feeding among the infected members. This was to improve on PLWHA's health status in order to increase their productivity. The promotion of improved local chicken, indigenous nutritious vegetables and dairy goats were some of the strategies that had multiple benefits to the members. This was in terms of nutrition, manure and income generation. There were efforts to reduce the vulnerability of the AIDS affected households through enabling the households to remain in agricultural production. The federation guided the farmers through linking production to the value addition. This was done to ensure that the households are food secure and did not sell the produce at losses.

KENFAP linked sources of information and resources to members. From the pool of resources availed, the members were expected to make choices on what was satisfactory to their needs. The farmers were given information on nationally declared funds, services rendered by other stakeholders and how to access the services.

Through the federation, the farmers were organized into groups and associations. The groups and associations increased chances of cohesiveness within the community and built community safety nets which cushion households against sale of the livelihood assets. One of the staff members stated that being in a group allows the members to bear the 'burden' equally. The staff noted that this allowed the socio-economic impact of AIDS to be sorted out at group level but not at the individual level. The groups pull resources together to help an individual as in the case of merry go round discussed in section 4.5. It gave members a cushion from the strain of the needs hence there was no need to sell assets. A staff reported that there was a KENFAP member who was stopped from selling assets by his group members. This is because he had children yet he had been selling assets uncontrollably. This implies that the group members can watch over each other and help the members when they are in need. In a different incident a staff reported that one member sued the husband who had been working away from home, for selling away 'her' cows.

The design and implementation of the above stated strategies is guided by the HIV/AIDS at workplace policy and the federation's strategic plan. The federation stated that the mainstreaming of HIV/AIDS is integrated in its approach therefore there were no resources allocated to HIV/AIDS projects and activities.

4.8 Challenges experienced by KENFAP in building the members' resilience against the impact of AIDS

Despite the efforts made by the federation to address the sale of the livelihood assets, the federation faced some challenges. The main challenge was found to be that the assets were sold at individual household level. This proved to be difficult to monitor the sale of assets. The federation's institutional focus is at group level and not at individual households' level.

KENFAP had many members who were in need. However due to the resources available, only a few of the affected households could be reached. This demoralized the members and affected the staff's service delivery. There were no specific resources allocated to HIV/AIDS activities to mitigate the impact of AIDS among the members. The federation had been engaged only in short term contracts. There were no long term contracts on HIV/AIDS activities. An example of the short term contracts was developing the HIV/AIDS policy at workplace by OXFAM GB. The policy was developed but has not been fully implemented due to lack of funds.

Another challenge was the fact that the federation relies on the multisectoral response to the pandemic. KENFAP relies on the GoK's multisectoral response efforts especially for information about the trends and status of HIV/AIDS in the country. Since it is multisectoral, the response efforts are from different institutions, therefore it would take a long time for the members to realize benefits from the efforts.

The staff reported that PLWHA had very high expectations from them. Some of the expectations were in terms of short term relief supplies. They needed provision for items such as flour, sugar, salt and money which the field staff could not provide. As described in section 4.6. Some of the expectations are not in line with the core business of the federation.

It was observed that some staff were being overwhelmed by emotions while working with the PLWHA and the AIDS affected households. They reported that at times they could not help it but be overcome with emotions while working with these households. Most often the staff parted with money from their own pockets to assist the households.

4.9 Realization of livelihood outcomes

Livelihood outcomes are the achievements or outputs from the adopted livelihood strategies. For sustainable livelihoods, households work to achieve more income, increased well-being, reduced vulnerability, improved food security and more sustainable use of the natural resources (DFID, 1999). The livelihood outcomes enhance, sustain and could threaten the livelihoods assets.

The households under the study were trying as much as they could to realize the desired livelihood outcomes shown in figure 2.1 and 2.3. They attempted to generate more income. This was seen through the shift from subsistence to commercial farming; the diversification of production; purchase of livestock to fatten to sell at a higher price; and the engagement in petty trading. On the contrary, the households that had sold assets were reducing their income by selling the assets hence reducing their asset base. Although the households seem to be increasing the income, the needs that arise from the impact of AIDS seem to be consuming most of the income leaving the households chasing an elusive dream of realizing more income as a livelihood outcome.

As shown in Table 4.2, all the respondents from the three regions except one from the medium prevalence region, regarded education as important. Respondents who had sold assets reported to have sold in order to pay school fees for their children. While those that did not sale assets said that they would sell in order to pay school fees. This shows that the households looked forward to increased well-being as an outcome. All the households from 'that had sold assets' cluster, sold assets in order to buy food. The households from those 'that did not sell assets' cluster practiced diversification so as to improve their food security. Table 4.2 shows that only one household from the low prevalence region did not sell assets to buy fertilizers and improved seeds while the rest did so. This was in attempt to achieve improved food security.

To achieve increased well-being the households from the medium and low prevalence regions sold assets in order to buy supplementary nutritious foods and they sought for medication. By the fact that the households were taking ARV, it implied that they were pursuing good health and eventually increased well-being. However, households that reported to have sold iron sheets and clothes were compromising their well-being.

Reduced vulnerability is one of the livelihood outcomes that the households pursued, however the households that sold assets increased their vulnerability to the impact of AIDS. This is because a reduced asset base (poverty) minimizes the chances of the households sustaining the shocks in the vulnerability context of SLF.

CHAPTER FIVE: DISCUSSION OF RESULTS

5.1 Commencement of sale assets among the AIDS affected households

The finding from the first case study indicated that the households could not give a definite time when the sale of assets began. However, they could recall when the trend intensified and when the sale of high value assets commenced. This finding is consistent with what Wiegers (2008) refers to as the distress sale of assets, where the households sell off productive assets when they have fully exploited selling other non-productive assets. Similarly, Wiegers et al (2006), while reviewing the patterns of vulnerability to AIDS impacts by Zambian households, revealed that households when confronted by a shock respond by first cashing in claims and liquid assets. The households try as much as possible to safeguard livelihood assets so that to ensure their survival. This implies that the households do not sell off easily; they consider other factors before selling. This study depicts a similar situation in Box 4.2, quoting a widow who is reluctant to sell off her land considering the future of her sons.

5.2 utilization of the proceeds from the sale of assets

This study found out that in medium and low prevalence regions, transport to medical facilities was the main way in which the proceeds from the sales were spent. The results correspond with a study that carried out in Southwestern Uganda which found out that the costs of monthly visits to ARV clinics was a barrier towards adherence to the ARV treatment. The households understudy in Southwestern Uganda, struggled with competing demands between transport costs and other necessities such as food, housing and school fees (Tuller et al., 2010). On the contrary, earlier researches had shown that the cost of ARV was a hindrance to the effective management of HIV/AIDS (Rugalema, 2000, CRANE et al., 2006). In Kenya there is increased access to ARV through the expansive programs by the government to distribute free ARV. However, the transport costs to hospitals where the free ARV are distributed may be a barrier to adherence to the treatment.

Conversely not all households in the low and medium regions had to incur the transport costs due to the distant locations of the clinics, but this was associated with HIV/AIDS related stigma. Findings from follow up interviews by phone calls indicated that the level of stigmatization was high in medium and low prevalence regions, pushing the PLWHA to seek for anonymity in distant medical facilities. This is the reason why the expenditure on transport to hospitals is higher in the two regions. The respondents were frightened about the reactions of their neighbours and relatives if they learnt of their status. In one of the homesteads, the interviewee requested the researcher to accompany him to his maize field. He did not want the wife and children to overhear the discussion. This finding is comparable to Smith (2002), who found out that older parents of PLWHA were sometimes too frightened to disclose that their children were sick or died of AIDS related diseases because of the reaction of their neighbours. In addition, discrimination inhibited people especially women, from revealing their status and taking action to stop further transmission (Smith, 2002). On the contrary, this study found out that it was not easy for the men to declare their HIV status.

The households understudy valued sending their children to school even if it meant that a livelihood asset had to be sold. Studies have shown that children who do not get education tend to have limited chances of getting employed. Wiegers et al, (2006) argued that households whose children do not attend upper primary and secondary school education have limited their capability to generate income in future. According to McPherson (2005), education (both formal and non-formal) would assist the farm households in offsetting the impact of AIDS.

Furthermore the way the households utilize the proceedings from the sale was found to be unsustainable, because they are not investing but consuming. This implies that they drain the family resources but do not earn anything in return. McPherson (2005) revealed similar findings and he argued that HIV/AIDS affects the ability of the family to sustain or expand its operations by diverting financial resources from investment to (health-related) consumption (McPherson, 2005). Jayne et al, 2004, while reviewing the interactions between agriculture and AIDS pandemic for policy implications, found out that AIDS affected households were not able invest in agriculture resulting into low crop production and food insecurity. The failure of the households to invest into agriculture undermines their production potential locking them up in the vicious cycle of poverty. Looking at this trend critically from the SLF, it increases the vulnerability of the households to the impact of AIDS. This is because the needs will still come up and will need to be addressed. With a reduced asset base, due to the sale of assets the households suffer most the shock brought about by mortality and morbidity related to HIV/AIDS.

5.3 Types of assets sold and the factors influencing the sale

Households understudy tended to start by selling small value assets. This is the reason why there were more sales on chicken than on land and farm implements. The results are consistent with Wiegers et al (2006) who found out that the households in Zambia were selling off small assets to respond to the need for medical and transport costs. This implies that the households were selling off the assets in terms of their value. The fact that households from the low and medium prevalence regions had not yet sold any land could be associated with the progression of the impact of the pandemic. Progression in this case refers to the intensification of the impact over time. The regions could be said to be the least affected compared to their counterparts in the high prevalence rate regions. In addition, since the sale of assets was progressing from sale of low value assets to sale of high value assets, then the regions could be termed to be in the 'low value assets sale phase'.

From the study, some households could not sell the dairy goats on individual basis but were keen on selling through the association for them to fetch a higher price. This finding is contrary to a study by Yamano and Jayne (2004) who found out that in Kenya there is reduction in the value of farm equipment and value of small animal assets. This shows that commodity associations have a role to play in safeguarding the asset base of the farmers. Some households did not receive full payments or equivalent to their assets but fetched money to address the immediate needs. Rugalema (2000) reported that the households sold the assets regardless of its value or importance, saving a life and survival was the driving force to sell assets. This finding suggested that the assets could be sold at a lower rate than the rates in the market. This study reports out the contrary for the selling of dairy goats.

The sale of assets was worsened by occurrence of some other shocks such as post-election violence and crop failure. This result shows that the sale of assets cannot be entirely attributed to the impact of AIDS. As indicated by Wiegers et al 2004, drought and market liberalization in Zambia pushed the female headed AIDS affected households to sell off their assets.

The men in the households made decisions on the type of assets to sell. Rugalema (2000) observed similar situation whereby men made decisions on the type of assets to be sold and even the type of treatment to be sought for the PLWHA. In the low and medium prevalence regions the researcher could not get men interviewees for the households 'that did not sell assets'. This implied that since the men made decisions on the type of assets to be sold, they sold assets without consulting the women.

Household items such as bicycles, radios, televisions, radios, cell phones, iron sheets and clothes were sold. According to Barnett and Whiteside (2006), the households would rather sell such assets since they can recover from the loss, than when they sell productive assets such as livestock and land. When a household sells off these assets it indicates the failure of the household to cope with the impact of AIDS (Loevinsohn and Gillespie, 2003).

5.4 Exploring the strategies to avert the sale of assets by the affected households

The change from food crops to cash crops in order to raise income for the households to avert the sale of assets was a unique shift. The change is contrary to most of the reports from the previous researches (Slater and Wiggins, 2005, Wiegers, 2004, ECA-SAO, 2006). These studies found out that most of the households shift from cash crops to food crops to assure survival. Moreover they indicate that the households experienced a decline in crop production due to the loss of labour.

The support offered by relatives as well as groups to avert the sale of assets by the AIDS affected households is a common phenomenon in African societies. According to de Weerdt (2001), membership in various community groups may act as a form of insurance against different types of calamities. HIV and AIDS is one of such calamities. However, the impact of AIDS tends to put a strain on social support from groups and relatives. The support from the relatives and groups or associations is based on trust and reciprocity. Mutangadura (2000) argued that such reciprocal relationships are a crucial safety net for households in stress and play an important role in reducing their vulnerability levels. Nevertheless, if the households do not reciprocate and participate in the activities then they are secluded from benefiting from the group activities. This implies that the households may not benefit for a long time from these strategies. According to Gillespie (2006), the impact of AIDS put pressure on social networks and tears the community safety nets. Likewise, Rugalema (2000) observed that social solidarity is lost through loosening of social bonds and the thinning of social fabrics. The safety nets for most rural households has become “safety nets with holes” that can no longer be relied upon for support in times of crisis (Baylies, 2002).

5.4.1 Analysis of the strategies in the susceptibility context

The households adopted several strategies to avert the sale of assets. However, some of the strategies could increase the susceptibility of the members of the households to HIV infection.

As discussed earlier, the withdrawal of children from school impede young people from accessing education or otherwise planning for a future that may seem uncertain or hopeless. It denies the youth an opportunity to acquire better livelihoods options as they grow up. There is a threat of widening inequality in the society as the youth may have difficulty in securing employment. This implies that they may end up engaging in risky behaviour and risky livelihoods strategies such as survival sex and drug abuse.

The migration or sending the youth to work in the cities also increases the risk of the migrants to HIV infection. This is brought about the separation from their regular sexual partners as well as the anonymity brought about by being in a new environment. According to (UNAIDS, 2009), the migrant populations are the most at risk populations in Kenya.

The option of hiring out assets by the households has been considered to be risky especially for the female headed households. According to Nguthi (2007), if the women rent out their land they risk losing their ownership rights. In case they lose the rights then they may engage in risky livelihood strategies such as transactional sex to take

care of their children. Sexual networking and multiple partner strategies are identified as a function of women's subordinate status reinforcing their dependency on men for survival (Müller, 2005).

5.4 Role of KENFAP in averting the distress sale of assets

HIV/AIDS as a shock in the vulnerability context of SLF, affects the asset base of the households as shown from the results. The sale of assets makes AIDS affected households more vulnerable to the impact of AIDS. KENFAP in the *transformation and structures* section of the SLF influences whether a household may sell the assets or not. This is evident through its diversification and intensification of the agricultural enterprises efforts with the farmers. The efforts build the financial and human assets of the households.

The financial capital is built when the federation disseminates information on diversification of production and advises the households on commercial farming. The federation can support the groups' initiatives of savings, such as the 'merry go round' and 'village banks'. This would build the households financial capital base. Based on its institutional outlay, the federation is not capable of giving the affected households short term relief food as requested by the farmers. McPherson (2005) argued that immediate assistance in the form of cash grants, food aid, and/or health care may be needed to reduce or prevent the distress sale of assets. KENFAP could build the financial capital among its members by linking the members to affordable credit, offered by other stakeholders.

The human capital is built when the federation carries out training of the members. Knowledge and skills acquired through the trainings builds the human capital. The awareness creation through sensitization meetings on supplementary feeding builds the human capital in terms of good health, which eventually translates to prolonged life and labour availability on the farms. The human capital is the key asset among the five capitals. It is considered to be a building block to achieving the livelihood outcomes (Ellis, 2000).

The federation's group approach builds the social capital among the AIDS affected households. As discussed in the earlier section, social capital is insurance to the households. Being in a group increases the chances of the members to be assisted by other stakeholders than when the households operate at individual level since the earn recognition as a group.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

Based on the findings of this study, the main conclusion would be that the sale of livelihood assets makes AIDS affected households to be more vulnerable to the impact of AIDS. The production potential of the households is undermined, while the needs that emerge from HIV/AIDS put pressure on the households making them to sell more assets which eventually entangles them in a vicious cycle of poverty.

Households in the high HIV prevalence region sold assets such as land, sheep, goats, chicken, cows, household items and farm implements. While those in the low and medium HIV prevalence regions sold similar assets. However, they did not sell land and farm implements. Chicken was the most sold asset among all households. This was attributed to its value, portability and the readily available market.

The commencement of sale of assets was not assigned a definite time; it was not easy to establish when the sale of the assets commenced. The findings indicated that the sale intensified with time and as the needs from the impact of AIDS increased. The households sold the assets to address the following needs that arose due to the impact of AIDS; transport to hospital, school fees, food, fuel, farm inputs, funeral expenses, medicine and supplementary nutritious food. Households in the low and medium HIV prevalence regions spent most on transport to the hospital due to the high stigmatization in the regions, while those in the high HIV prevalence region did not. The households in the high HIV prevalence region incurred the funeral expenses cost more than those in the low and medium prevalence rates. Households from all the three regions sold the assets to pay for school fees and buy farm inputs.

The sale of assets was influenced by factors such as; duration one has been taken ill, occurrence of other types of shock, access to other types of assets and declaration of one's HIV status. Age and number of dependants in a household and gender of the PLWHA also played a role in influencing the sale of the assets. The households that had just known their status in less than five years sold less assets compared to those who knew their status for more than five years. The households that had experienced other types of shocks such as post-election violence and crop failure sold assets so as to recover from the shocks. The findings showed that, access to other types of assets particularly the social capital through groups, helped some households not to sell assets. The groups offered financial assistance through credit and 'merry go round' as discussed in section 4.5. The households with school going children sold more assets to raise money for school fees. From the findings, men made decisions on the sale of 'high value' assets such as land and cows while women made decisions on sale of chicken, goats and sheep.

Strategies employed by some of the households in order to avoid the sale of assets were: diversification from subsistence farming to commercial farming; withdrawal of children from school; petty trading; support from relatives, groups and associations; hiring out assets such as land, motorcycles and bicycles. Through commercial farming the households were able to earn more income and avoid the sale of assets. The children were withdrawn from school to be engaged in domestic chores, petty trading or to be sent for employment in the cities. The main petty trade that was reported was hawking of groundnuts and vegetables, selling paraffin, matchsticks and soap. Through support from relatives and groups the households were able to raise money to pay school fees, transport to hospital and food. The households hired out bicycles, motorcycles and in some cases land.

The households expected KENFAP to supply them with farm inputs, to assist in marketing their farm produce and supply them with relief food. In addition, the households expected that the federation would establish revolving funds for them and assist in the payment of school fees for their children.

The federation was found to be knowledgeable on the need to build its members resilience to the impact of AIDS. The baseline survey conducted and the monthly field reports indicated the increased demands for support from the AIDS affected households among the KENFAP members. The federation sensitized its members on HIV/AIDS through field days and group meetings. There was training on less labour intensive technologies for the AIDS affected households. Some of the technologies are rabbit keeping, kitchen gardens, improved local chicken and the indigenous vegetables. The federation also promoted nutritious supplementary feeding for the PLWHA. Through collaboration, the federation linked its members to information and resources on HIV/AIDS. The members were organized into groups and associations to enhance the social capital.

The above strategies by the federation to reduce the impact of AIDS among its members were faced by constraints. The federation could not monitor the sale of the assets since it was done at household level yet the federation focuses at group level. KENFAP could not reach all its members because of the limited resource endowment. The federation did not have a long term contract or specific programs on impact mitigation. KENFAP relied on the multisectoral responses from the government which took a long time for the members to realize benefits. The federation's staff were emotionally overwhelmed by the increased demands for support from the AIDS affected households.

KENFAP had no clear cut differentiation between HIV/AIDS internal mainstreaming (among the staff) and impact mitigation among members. This was proved by the fact that the federation's HIV/AIDS programme designs are based on HIV/AIDS workplace policy while the implementation of the activities are pegged on the five year strategic plan of the federation.

In a nutshell, the federation had a role to play in building the resilience of members to the impact of AIDS. The federation built the members assets by building the financial capital, human capital and social capital through groups and associations. The financial capital may be built through diversification of production, to enhance the households' income and through formation and linkages of groups to other stakeholders for affordable credit. The social capital may be built through the formation of groups and associations. The federation built the human capital through training and the improvement of health through creation of awareness on supplementary nutritious feeding.

6.2 RECOMMENDATIONS

The sale of livelihood assets is a trend that has severe effects to the households and the generations in future. There is need for the federation to upscale the strategies adopted by farmers to avert the sale of assets, particularly those that did not increase their susceptibility to HIV. Some of the strategies identified in building the assets base were through commercialization of production as noted under section 4.5. The federation can upscale this strategy by organizing synchronized production and linking the farmers to markets. Production of high value early maturing crops such as tomatoes, chillies, eggplants and corianders can be promoted by the federation. This will allow the households to have access to money within a short time. The current activities on promotion of chicken and rabbits need to be up-scaled so as to reach more farmers.

Some of the strategies adopted by the members in order to raise money to meet their needs could lead to increased susceptibility to HIV as discussed in section 5.4.1. KENFAP needs to sensitize the members against such strategies as withdrawal of children from school and migration of youth to cities. On the other hand, the strategies that could enhance their livelihoods need to be enhanced. Strategies such as 'merry go round' and village banks need to be extended to benefit more households. The groups should be trained so that they could have savings and investments through the 'merry go round'.

The federation needs to adopt its programmes and activities in the context of HIV/AIDS. The HIV/AIDS activities within the federation need to be specific to the target population and to be timely. As shown in this study the sale of the assets was not uniform in all the regions. The assets were sold more in the high prevalence region than in the low and medium prevalence regions. In addition, the sale of assets differs with the time of the year as depicted in figure 4.5. KENFAP could acknowledge the months when the sale of assets was high, to promote income generation activities that will cushion the households from selling assets. KENFAP needs to emphasize on building resilience structures in the high HIV prevalence regions to mitigate the impact of AIDS. In the low and medium HIV prevalence regions, the federation needs to enhance awareness on HIV and AIDS so as to build resistance to infections.

During planning and implementation of the interventions, it is important for KENFAP to consider gender differentiation in resource endowment among the members of a household. The findings indicate that in some regions women were linked with 'low value assets' such as goats, chicken and sheep, while men were linked with 'high value assets' such as land and cattle. This calls for economic empowerment of women by KENFAP through lobby and advocacy, initiation of microenterprises and capacity building.

There is need to invest in formation of groups so as to enhance the social capital. During the formation and registration of the groups to the federation, there is need to consider the diversity within the groups, not all the groups are homogenous. The groups have different needs among the members as well as from one region to the other. Considering the groups to be homogenous obscures the differences in their vulnerability levels and their need for assistance.

KENFAP needs to collaborate with other service providers in order to overcome the challenges discussed in section 4.8. With collaboration, the federation will be able to meet some of the expectations cited by the members, yet they are not in line with the core business of the federation, for instance, the payment of school fees and supply of food items.

The federation needs to revitalize the HIV and AIDS unit to make it more responsive to both the staff needs (internal mainstreaming) and the members' needs (external mainstreaming). Internal HIV and AIDS mainstreaming will help the federation to handle the frustrations expressed by staff in section 4.8. The unit will be able to link the staff for counselling and building their capacities to understand the role of the federation in responding to HIV and AIDS. There is need for capacity building among the staff in order to equip them on how to deal with the ethical dilemmas brought about by the impact of AIDS. For effective HIV/AIDS mainstreaming, Holden (2003) advocates for training of staff and having resources ready for it.
External HIV and AIDS mainstreaming, will help the federation in terms of generating specific activities for HIV and AIDS. There is need for the federation to review its planning for HIV and AIDS activities. The HIV/AIDS activities identified on the strategic

plan need to have specific indicators relating to impact mitigation for enhanced reporting, monitoring and evaluation.

This study may not have captured all the pertinent issues relating to the sale of livelihood assets by the AIDS affected households. A longitudinal study could capture more issues yielding more information on the long term impact of AIDS, and on resilience building. A similar study could be conducted encompassing more AIDS affected households from all over the country to realize representation.

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ANNEXES

ANNEX A: INTERVIEW CHECKLIST FOR CASE STUDY WITH FARMERS

1. Main farming activity
2. Land size in acres before and after illness
3. Duration of illness
4. Position of PLWHA in the household or position of the deceased due to AIDS related diseases
5. Needs that arise from impact of AIDS
6. How household meet the needs
7. Type of assets sold due to illness
8. Who makes the decision to sell the assets
9. When does the sale of assets begin
10. Frequency of the sale of assets
11. Where and to whom does the household sell the asset
12. Channel used to sell the asset
    - Through a group
    - Individually
    - Through a middle man
13. Comparison of the price received to market price of the asset
14. Utilization of proceeds from the sales
15. How is the sale of the assets avoided/ strategies to avert the sale
16. Ranking of the strategies based on level of importance
17. Type of support services needed to address needs that arise from HIV/AIDS
18. Services received from KENFAP
19. Do the services meet needs of AIDS affected households

ANNEX B: INTERVIEW CHECKLIST FOR CASE STUDY WITH KENFAP STAFF

1) Knowledge of KENFAP on the increased needs of AIDS affected members.
2) KENFAP strategies to address the needs
3) KENFAP strategies to reduce sale of assets by the members
4) KENFAP programmes that build the farmers resilience to the impact of AIDS
5) The design of HIV/AIDS programmes
6) Policies that govern the running of the programmes
7) Resources allocated to these programmes in terms of time, staff capacity and money devoted
8) The main successes and challenges associated with the programmes
9) KENFAP's perception on its role in building farmers resilience to the impact of AIDS