

Death, AIDS and Agriculture: Challenges and Results of Research in Eastern and Southern Africa

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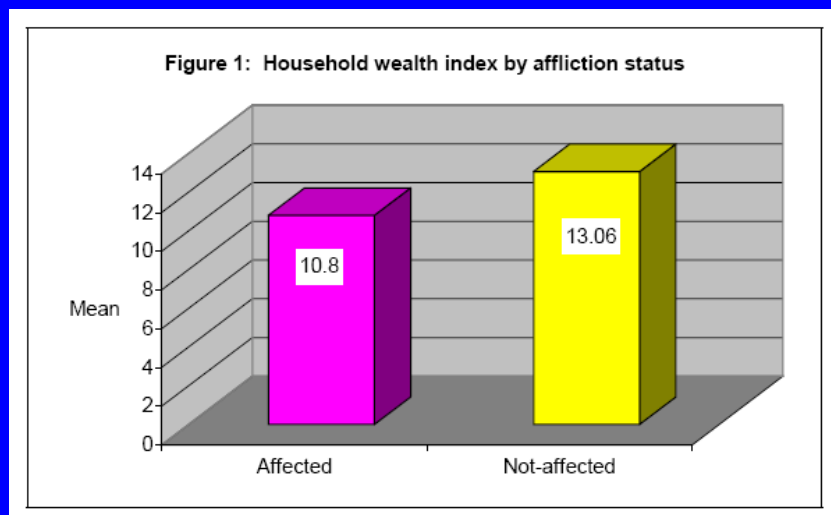
Outline

- Methodology
- Data
- Households Responses, Impacts
- Gaps and Implications

Methodology

- Proxy of adult death:
 - Illness death identified by household members of adults between 15-49 (or 15-59) years –
 - ‘Directly affected’ households
- Use of counterfactuals
 - What if the household had not had the illness death?
- Use of panel data to look at dynamics
 - Combine with other household data efforts, not another new survey
- Regression analysis on differences between periods

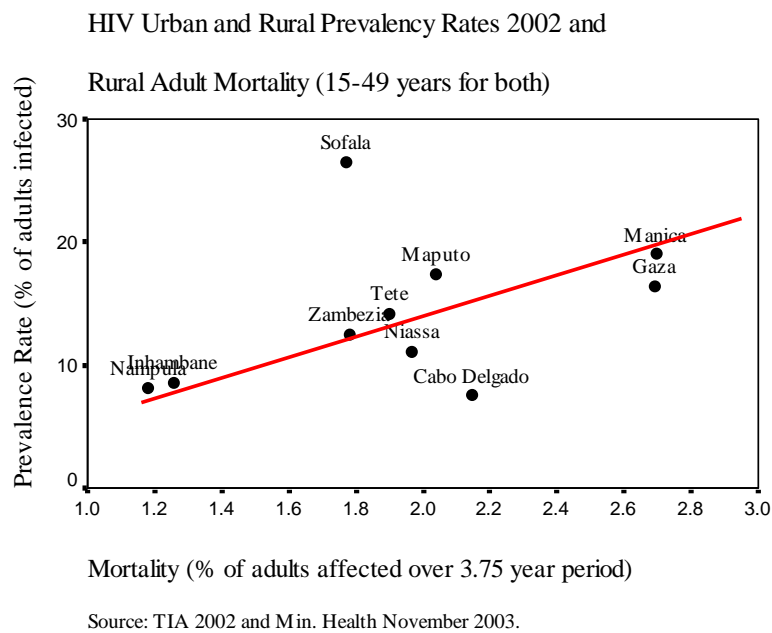
Ex post wealth index in Tanzania



From Tumushabe, 2005

Characteristics of MSU household surveys

Country	Sample size	Year(s) of surveys	Panel or cross-sectional
Kenya	n=1266	1997, 2000, 2002, 2004	Panel
Malawi	n=420 n=372	1990, 2002	Panel
Mozambique	n=4104	2002, 2005	Panel
Rwanda	n=1395	2002	Cross-section (limited panel)
Zambia	n=6922	2001, 2004	Panel



Basic Findings

- Affected households/individuals are not random
 - Relationship to income age, education, gender, etc.
 - Changing dynamics
 - Heterogeneity
- Impact on household size is not always -1
 - Incorporation of new members, especially when woman dies
- Income and income sources are affected, especially for households after a male death

Income Status (2000) of Households Incurring a Prime-age Death between 2000-2003, Rural Zambia

	Deceased prime-age males	Deceased prime-age females
Poorest 25%	17.0	22.7
2 nd quartile	20.9	20.4
3 rd quartile	32.2	29.6
Wealthiest 25%	29.9	27.3

Mozambique: Income Distribution of HHs in 2002, before a death

HH Income Poverty Category, 2002*	Panel HHs without a PA death 2002-05	Panel HHs with a PA death 2002-05	All Panel HHs
<i>National</i>	----- % -----		
Extremely poor	42.3%	49.0%	42.7%
Poor	27.4%	20.1%	27.0%
Non-poor	30.3%	31.0%	30.3%
<i>North/Center</i>			
Extremely poor	40.7%	43.8%	40.8%
Poor	28.3%	23.5%	28.1%
Non-poor	31.0%	32.7%	31.1%
<i>South</i>			
Extremely poor	50.5%	60.2%	51.5%
Poor	22.9%	12.5%	21.8%
Non-poor	26.6%	27.3%	26.7%

Magnitude of impacts depend on:

- Initial level of household vulnerability (assets, wealth)
- Sex of the deceased
- Position in household of deceased
- Ability of household to attract new members
- Community characteristics:
 - Population density
 - Levels of wealth

Effects of Mortality: Importance of Gender A few examples

- In Kenya:
 - Death of male head → - 0.9 acre to cash crops (e.g., sugarcane, horticulture)
 - Death of female head → - 1.8 acre to cereals, tubers
- In Mozambique:
 - Death of a male head → 30% less total land
 - Death of female non-head spouse → 29% less total land
 - Death of a male → 25% less total income
 - Death of a female → No significant difference

Key issue for Policy: Focus on Labor-Saving Ag. Tech?

- Adult Mortality also depletes capital and land
- Most affected households (Rwanda, Moz) were not making use of labor saving technologies or crops
- Many affected households still have very high labor/land ratios, and labor may be replaced in households
- Prioritizing labor saving tech may forego potential productivity gains
- Is the “cassava response” due to AIDS? Regional increases more due to policy than HIV

Targeting Interventions

- Not all HIV/AIDS affected households are poor
- Not all poor households are HIV/AIDS affected

Combination of poverty and HIV/AIDS can mean severe poverty

- But targeting only based on HIV will have equity consequences

- Poverty reduction and income growth: Still relevant objectives

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