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Social resilience and agency. Perspectives on ageing and health from Tanzania

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Abstract

In the literature on sustainable development and resilience, “agency” is commonly used as a synonym for “capacity” or “capability”. In our earlier publication we have also used this terminology. But what exactly happens when social actors consider which capacities are important to deal with a threat? How are social actors capable of critically evaluating and possibly even changing their access to capitals and the enabling or constraining conditions of their own lives? We will draw on approaches developed in social theory to sharpen the analysis of the relationship between resilience and agency. To illustrate this refined perspective, we draw on empirical research on ageing, agency and health in Tanzania. We will take the threat of old age frailty and disability as a starting point, explore empirical situations of old age care as an engagement (or disengagement) by actors of the multiple social and cultural configurations that constrain or enable actions, and examine whether, through the interplay of habit, imagination and judgment, these engagements reproduce or transform those structures and thus build social resilience to the threat of old age frailty and disability. This approach enables us to identify several constellations which opens up interactive spaces for the public or private deliberations of available options (practical-evaluative agency), the active generation of possible future trajectories (projective agency) and sometimes even for structural modifications (transformative agency) with regard to old age care. Our findings further indicate that individual and collective actors positioned at the intersection of diverse fields of practice can develop more evaluative, projective and even transformative agency.

Zusammenfassung

In der Literatur zu nachhaltiger Entwicklung und Resilienz wird “agency” oft als Synonym für “capacity” or “capability” verwendet. In einer früheren Publikation folgten wir dieser Terminologie. Aber was genau geschieht, wenn soziale Akteure in Betracht ziehen, welche Fähigkeiten im Umgang mit einer Gefahr wichtig sind? Inwiefern sind soziale Akteure fähig, ihren Zugang zu Kapitalformen und Möglichkeiten eröffnende bzw. einschränkende Bedingungen ihres Lebens kritisch zu evaluieren und womöglich sogar zu verändern? Wir werden uns auf Ansätze der Sozialtheorie beziehen, um die Analyse der Beziehung von Resilienz und Agency zu schärfen. Für die Illustration dieser verfeinerten Perspektive ziehen wir unsere empirische Forschung zu Altern, Agency und Gesundheit in Tansania heran. Wir nehmen die Gefahr von Altersgebrechlichkeit und -behinderung als Ausgangspunkt, erkunden empirische Situationen von Altersfürsorge als Engagement (oder Nicht-Engagement) von Akteuren in vielfältigen sozialen und kulturellen Konfigurationen, welche das Handeln einschränken oder befähigen, und untersuchen, ob diese (Nicht-)Engagements – durch das Zusammenspiel von Gewohnheit, Vorstellungs- und Urteilskraft – Strukturen reproduzieren oder verändern

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und so soziale Resilienz gegenüber der Gefahr der Altersgebrechlichkeit oder -behinderung aufbauen. Dieser Ansatz ermöglicht es uns, mehrere Konstellationen zu identifizieren, die interaktive Räume für öffentliche und private Erwägungen vorhandener Optionen (praktisch-evaluierende Agency), für die aktive Generierung möglicher Handlungsverläufe (projektive Agency) und manchmal sogar für strukturelle Veränderungen (transformative Agency) in Bezug auf Altersfürsorge schaffen. Unsere Erkenntnisse weisen ferner darauf hin, dass individuelle und kollektive Akteure, die im Überschneidungsbereich unterschiedlicher Praxisfelder positioniert sind, mehr evaluative, projektive und sogar transformative Agency entwickeln.

Keywords Social resilience, agency, ageing, health, Tanzania

1. Introduction: migrants and climate change

It is now five years since we first published our Multi-layered Social Resilience Framework (Obrist et al. 2010). With this framework we aimed at a) shifting the emphasis of sustainable development research from vulnerability to resilience, and b) moving the resilience discourse from ecological systems thinking towards an actor-oriented perspective.

In the articulation of both of these aims we drew on ideas of the late *Hans-Georg Bohle* who was a pioneer in resilience research (Bohle 2001, Bohle et al. 2009). One of his main concerns was to complement the dominant system-oriented perspective with an actor-oriented perspective. In his view, the study of actors, their capacities, creativity, innovative strategies and endurance were key to a better understanding of resilience. Grounded in research on the urban food system of Dhaka, Bangladesh, Bohle and his colleagues (2009) developed an “agency-based resilience framework”. They considered agency as “a vital issue in the conceptualization of social resilience and a theme that resilience discourse has, so far, failed to satisfactorily address” (Bohle et al. 2009: 8). They did, however, not define what they meant by “agency”.

In the language of livelihood and sustainable development studies, “agency” is commonly understood as the “human capacity to act” and used as a synonym for “capacity” or “capability” (Keck and Sakdapolrak 2013, Speranza et al. 2014). In line with this thinking, we defined social resilience “as the capacity of actors to access capitals in order to – not only cope with and adjust to adverse conditions (that is, reactive capacity) but also – search for and create options (that is, proactive capacity), and thus develop increased competence (that is, positive outcomes) in dealing with a threat” (Obrist et al. 2010: 289). Indeed we suggested that depending on their position in a given social field, individuals, social and societal actors can build

resilience by drawing on and transforming capitals and thus strengthening their reactive and proactive capacities. Like *Bohle* and his colleagues, we referred to “practice theories” (Ortner 1984) and especially the work of *Pierre Bourdieu* and his notions of field, habitus and capital (Bourdieu 1977, 1990, 1993). With *Glavovic* et al. (2003) we saw social resilience as multi-layered: actors’ reactive and proactive capacities on higher-layers of the society (e.g. the national level) may influence resilience building on lower-layers of the society (e.g. the intermediate level and the household level).

In our Multi-layered Social Resilience Framework (Obrist et al. 2010), we emphasized that the concept of resilience and its components is a scientific construct and represents the values and goals of those who defined them. What social resilience means in a given context thus has to be investigated, not assumed. Similarly, we suggested that resilience building must be examined with reference to a threat and to the competencies needed to deal with this threat, again paying attention what organizations, groups and individuals actually consider as a “threat” and a “competence”. Depending on the threat we examine, we will see different social fields emerge, each of them consisting of a network of actors across various layers of society. We then have to study whether and how these individual, social and societal actors can build resilience by strengthening re-active and pro-active capacities to deal more competently with a threat. To understand how they can strengthen their capacities, we have to analyze whether actors can draw on or even transform economic, social and cultural capitals and thus increase symbolic capital, paying particular attention to factors enabling or constraining their efforts, depending on their position in the social field.

But what exactly happens when diverse actors consider which re-active or pro-active capacities are important to deal with a threat? How are social actors capable of critically evaluating and possibly even changing

their access to capitals and the enabling or constraining conditions of their own lives? To address these aspects of social resilience, we have to look for a more sophisticated conceptualization of human agency.

In this paper we introduce the conceptualization of the American sociologists *Mustafa Emirbayer* and *Ann Mische* (1998) which we found particularly helpful. They build on practice theories and network analysis for the investigation of the interrelations of social structure, culture and human agency (*Emirbayer* and *Goodwin* 1994). In their article "What is agency?" they suggest a dynamic view which provides an interesting frame of reference for further reflections on agency in the building of social resilience:

"We define it [human agency] as the temporally constructed engagement by actors of different structural environments – the temporal-relational contexts of action – which, through the interplay of habit, imagination, and judgment, both reproduces and transforms those structures in interactive response to the problems posed by changing historical situations. This definition encompasses what we shall analytically distinguish below as the different constitutive elements of human agency: iteration, projectivity, and practical evaluation" (*Emirbayer* and *Mische* 1998: 970).

Similar to what we suggested in our Multi-layered Social Resilience Framework (*Obrist et al.* 2010), the starting point is the assumption that agency becomes visible as an "interactive response to the problems posed by changing historical situations" which – in our interpretation – encompasses what we call "threats". Paraphrasing *Emirbayer* and *Mische* (1998: 970) we can thus refine our approach to the analysis of social resilience: We first need to identify the threat and can then explore empirical situations as an engagement (or disengagement) by actors of the multiple social and cultural configurations that constrain or enable actions and examine whether, through the interplay of habit (iterative agency), imagination (projective agency) and judgment (practical-evaluative agency), these engagements reproduce or transform those structures and thus build social resilience.

To illustrate this refined approach to social resilience, we draw on empirical research on ageing, agency and health in Tanzania. Up to now, only one article on ageing in Africa has explicitly addressed resilience (*van der Geest* 2008), while research on ageing and resilience in the United States and in Europe is rapidly ex-

panding. According to *Perkins* (2014), a relational perspective is also gaining ground in resilience research by gerontologists and geriatricians. Using a multidisciplinary approach, a key focus of this new work is "on the social nature of personhood and on ways individuals negotiate their sense of self with intersecting historical, social, cultural, economic and political contexts" (*Perkins* 2014: 4). Their focus, while guided by a relational and interdisciplinary perspective, is clearly grounded in psychological theory.

Referring to the sociological agency framework of *Emirbayer* and *Mische* (1998: 970), we will take the threat of old age frailty and disability as a starting point for our reflections, explore empirical situations of old age care as an engagement (or disengagement) by actors of the multiple social and cultural configurations that constrain or enable actions, and examine whether, through the interplay of habit, imagination and judgment, these engagements reproduce or transform those structures and thus build social resilience to the threat of old age frailty and disability.

2. Field research and methods

The findings presented here are based on two consecutive research projects focusing on ageing and health in Tanzania¹. To capture the broader fields of practice, the whole research team conducted a mapping of actors of different structural environments dealing with ageing and health. Referring to our Multi-layered Social Resilience Framework (*Obrist et al.* 2010), we examined these social actors at different analytical levels, the international level (e.g. United Nations, global health community), the national level (e.g. the Ministry of Health and Social Welfare, HelpAge International Tanzania), the intermediate level (e.g. district government authorities, NGOs, community-based organizations), and the household level (i.e. older people themselves and their caregivers). While we purposefully identified institutions and organizations which professed an awareness of the health-related risks of ageing as defined, for instance, by the UNFPA and HelpAge International (2012) Report "Ageing in the twenty-first century", we considered it as an open empirical question whether, and if yes how, the individual and collective actors themselves, and especially the old people and their caregivers, conceptualize links between ageing and health, and whether these social actors were capable of critically evaluating and possibly even changing challenging conditions. For the studies at the house-

hold level, we selected older people aged 60+, using the government's definition of old age (URT 2003) in order to contribute to on-going policy debates.

To examine local as well as translocal (i.e. rural-urban) care situations, ethnographic fieldwork on the household level was first carried out in the Rufiji District and in the metropolis Dar es Salaam, more specifically in a neighborhood with many migrants from Rufiji (2008-2011). The scope of fieldwork was then expanded to include other urban neighborhoods of Dar es Salaam, the nearby city of Zanzibar, and transnational links of older persons from these two cities to the United States and Oman, respectively (2012-2016). During extended field research from 2009 to 2011 and from 2012 to 2015, the PhD students and their field assistants conducted semi-structured interviews of 260 older people in their homes and then did an extended follow-up of 110 older people (out of the 260), using in-depth interviews, informal conversation and participant observation. Interviews were conducted in Swahili, tape-recorded and then translated into English. In the ethnographic fieldwork, particular attention was paid to the careful recording of interactive responses to critical health moments caused by injury, sudden or chronic illness and disability and the re-configuration of care arrangements.

3. Ageing and health-related social resilience in Tanzania

3.1 The national level

While old age frailty and disability is a universal human experience, the social and societal response to it is shaped by particular historical constellations and thus subject to transformation. In Tanzania, the explicitly articulated governmental concern about old age care is a comparatively new phenomenon. It emerged from the dynamics created by the World Assemblies on Ageing organized by the United Nations 1982 in Vienna and 2002 in Madrid. One of the key messages coming out of these Assemblies was that population ageing is a global trend. While Africa is still a youthful continent, the proportion of older persons has increased tremendously over the past few decades, and by 2050, 10 per cent of the population in Africa will be 60 years and over (UNFPA/HAI 2012). Moreover, the development discourse sees this demographic transition as closely linked with a health transition (*van Eeuwijk* 2011). As more and more people

grow older, the likelihood that a proportion of older persons experience health ailments associated with increased longevity also increases (*Aboderin* 2010, *Maharaj* 2013, *Aboderin* and *Beard* 2015). Old age frailty and disability have thus become recognized as a challenge for societies around the globe.

In 2003, Tanzania was the second African country (after the Comoros) which endorsed a National Ageing Policy (URT 2003). The document has been developed by the Ministry for Labour, Youth Development and Sports with substantive input from HelpAge International, a global network with headquarters in London and country offices, including one in Tanzania. In the introduction, the Ageing Policy acknowledges the precarious health situation of the older population and adopts the United Nations definition of old age as 60+ years of age.

The general objective of the Ageing Policy is "to ensure that older people are recognized, provided with basic services and accorded the opportunity to fully participate in the daily life of the community" (URT 2003: 7). The specific objectives are (URT 2003: 7-8):

- To recognize older people as a resource.
- To create a conducive environment for the provision of basic services to older people.
- To allocate resources for older people's income generation activities and their welfare.
- To empower families for sustained support to older people.
- To initiate and sustain programmes that provide older people with the opportunity to participate in economic development initiatives.
- To prepare strategies and programmes geared towards elimination of negative attitudes and age discrimination.
- To enact laws that promote and protect the welfare of older people.

These objectives reflect the recommendations formulated in the Madrid International Plan of Action on Ageing 2002 which focused on three priority themes: mainstreaming older persons in development, advancing health and well-being into old age, and ensuring enabling and supportive environ-

ments. The Plan of Action has further, for the first time, linked ageing with human rights and recommended action against age discrimination, ideas also taken up by the Tanzanian Ageing Policy.

We thus suggest that the Second World Assembly of Ageing in Madrid has opened an interactive space for the deliberation of available alternatives of old age care (practical-evaluative agency) and the active generation of possible future trajectories (prospective agency) among governmental and non-governmental actors in Tanzania. The engagement of these actors with several intersecting social fields of practice such as health, social protection, finances, law and kinship has created a framework for the development of enabling structures in the complex problem domains of ageing and health and thus for the concerted efforts to build social resilience to the threats of frailty and disability in old age.

The stakeholders who should implement the National Ageing Policy are “the Central Government, the Local Government Authorities, the Voluntary Agencies, the Families and Villages” (URT 2003: 17). But the Policy clearly states that “the family will remain the basic institution of care and support for older people [iterative agency]. Institutional care of older people will be the last resort” (URT 2003: 10). This means, in other words, that the government policy foresees the development of enabling structures but delegates the main responsibility of care and support to the lowest level of what we call “multi-layered social resilience”.

Over the past decade, the mainstreaming of the older population in development policies of Tanzania has indeed made progress (*Büsch 2014, van Eeuwijk 2011*). However, the provision of basic services to the older population is not specifically addressed in the country’s Primary Health Services Development program 2007-2017 (URT 2007). There is no specialist geriatrician in the country (*Dotchin et al. 2013: 126*), no training for health personnel in geriatrics and for social workers in gerontology, although efforts in this direction are under way (Commissioner of Social Welfare, personal communication, 26 June 2014).

Whether individual or collective actors’ engagement of diverse fields of practice related to ageing and health – through the interplay of iterative, practical-evaluative and projective agency – actually leads to a reproduction, modification or transformation of structures is an open-ended process. Up to now, Tanzania lags behind if measured against the recom-

mendations of the Madrid International Plan of Action on Ageing. In the 2014 Global Age Watch Index of HelpAge International (HAI International 2015), Tanzania ranks 92 out of 96 countries.

3.2 The intermediate level

The most active promoter of old age care in Tanzania is the country office of HelpAge International, operating at the intersection of the international, the national and the intermediate levels. Members of HelpAge International Tanzania facilitate participation in international conferences and policy dialogues, submit requests to and collaborate with the national government, and launch initiatives to mobilize older people to fight for their rights. Many initiatives have concentrated on health concerns, starting with HIV/AIDS and the role of elderly in the care of AIDS victims and orphans, and then moving into the improvement of health services for older people (HAI Tanzania 2009, HAI Tanzania 2012). Their staff has organized training workshops for a growing network of local age care organizations, supported the network members in consultation meetings with health authorities on different administrative levels and involved some of them in studies to document ageism in district planning and service delivery (HAI Tanzania 2014).

A concrete example for opening a space for public deliberation (practical-evaluative agency) is the celebration of the UN International Day of Older People on 1 October 2010 in Lindi, when HelpAge Tanzania invited the Ex-Deputy Minister for Health and Social Welfare, Hons. Mrs. Lucy Nkya (MP) to preside the ceremony (HAI Tanzania 2012). Representatives of older people from all parts of Tanzania and other stakeholders came together to discuss the “The Growing Opportunities and Challenges of Global Ageing”. A few months later, Deputy Minister Dr. Lucy Nkya announced in Parliament that a law was in the pipeline which will, among other things, allow all elderly to access essential social services by using special identity cards. In the meantime, she said, the government had already directed all regional medical doctors to create a special window for the elderly and ensure that the windows had a medical doctor and professional social welfare officer (*Kisembo 2011*). In June 2014, we actually found such a window for specialized old age care in the municipal hospital of Temeke in Dar es Salaam. This example not only illustrates the opening of a space for public deliberation but shows that a focus

on practical-evaluative agency may reveal incremental ways in which modifications in structural contexts are initiated as first steps of building social resilience to old age frailty and disability in social fields created by networks of actors across layers of society.

Another example illustrates how projective agency may lead to solutions through active imagination of possible future trajectories in which received structures of thought and action may be creatively reconfigured. Long-term engagement of HelpAge International Tanzania with a local partner organization of older persons and the district authorities eventually resulted in a showcase of governmental health care for older people: The Magu District Council of Mwanza Region dedicated health facility staff and rooms for attending older people in the district hospital and in a health center, procured drugs for diseases commonly seen in older persons, facilitated the making of identity cards for older persons (which they need in order to be exempted from paying user fees), and collaborated with a local NGO to create older people fora in more than 50 villages (District Medical Officer, personal communication, 4 April 2013).

Small and independent community-based organizations also found ways of dealing with old age frailty and disability more competently and thus contributed to the building of social resilience to age-related health threats. One example is an organization for grandmothers in a poor neighbourhood of Dar es Salaam. The organization was set up by a former teacher who first became concerned about children who seemed to live on the street (Woman's Group Leader, personal communication, 24 June 2014). She then realized that these children were often attached to grandmothers who were hardly able to care for them (practical-evaluative agency). Since most of these old women suffered from emotional problems and livelihood insecurity after the loss of their husbands and/or adult children, the teacher started to invite them as a group on a fixed day per week, gave them nutritious food and provided emotional and practical support. In this initiative, she followed the model of women and other psycho-social self-help groups which is well-known in Tanzania (iterative agency). Over the years, she has occasionally received funding from charitable civil society organizations with a special concern for street-children or AIDS orphans but, like similar initiatives that rely on insecure funding, her organization presents a precarious solution.

3.3. The household level

In our ethnographic study on the coast of Tanzania, we found little interaction between the older people and governmental or non-governmental actors in specialized fields of ageing and health. Most empirical actions of old age care were organized in the field of kinship, whether in the rural area of the Rufiji District or in the urban areas of Dar es Salaam and Zanzibar, and if they visited health facilities, they did not receive services specialized in old age care. There was, in other words, a "dis-connect" between different layers of social resilience.

Still, we found that older people and their caregivers were aware of age-related threats to health. While they emphasized that many people grow old without health problems, they referred to the loss of strength (Swahili: *nguvu*) as a key marker of a condition caused by old age, illness and injury. Moreover, they clearly considered the frailty and disability resulting from a loss of strength as a threat. About a third of all the 260 study participants (n=83) considered themselves as "not having strength" in the semi-structured interview during the first visit. They faced, in other words, a series of "critical health moments" (Obrist 2016). Arranged along a space-time continuum, they ranged from 1) still able to occasionally leave the house and engage in some activities but no longer capable of working (n=19), to 2) moving only within and around the house and performing few livelihood or domestic tasks (n=52) and 3) being bedridden (n=11).

Critical health moments made older people aware of their bodies. They forced them to reorder the relations to their body and self but also to other people, places and events (practical-evaluative agency). Still, the primary care relations were grounded in stable patterns of interaction with close kin such as the spouse, siblings, adult children and grandchildren (iterative agency). It was commonly considered a shame to involve neighbours and other non-related persons, especially when it came to personal care or livelihood support. When concrete care arrangements had to be reconfigured, for instance if an old man was no longer able to care for himself or the mother lost her home because her second husband had died, the older person and her relatives often found solutions within given structures through joint deliberation of available options, taking the past and/or the future into account (practical-evaluative agency). A son living in Dar es Salaam would, for instance, invite his father to come

and stay with his family in the city or build a house in Rufiji for his mother and ask one of his sisters to take care of her. In all of these instances human agency becomes visible and is a crucial moment in the building of social resilience on the household level.

Some problematic situations did require professional care which often involved long and careful considerations of available health care options and trajectories (practical-evaluative agency). The younger generation often encouraged their frail and disabled parents to visit health facilities in the city. With the financial, logistical and practical support of adult children and siblings, several older people succeeded in having their eyes or prostate operated in health facilities. Some older people regularly went for treatment of a chronic condition, such as diabetes, and a few expertly navigated through the health care and the insurance system because they had worked as health professionals. Especially in Dar es Salaam and in Zanzibar, several older people engaged in health promotion, for instance by regular measurement of hypertension, physical exercise or a careful diet (prospective agency). Others, however, “got stuck” due to financial problems or because they “lacked directions” through the health care system. Still others returned home after receiving the diagnosis that they suffered from an incurable disease like Parkinson’s. Several older people decided to refrain from further engagements with the health care system, either because they felt humiliated by the often younger and better educated health care staff or because they had lost their will to live (practical-evaluative agency).

In a few cases, the actions of older people and/or their caregivers revealed the imaginative generation of possible future trajectories in which received structures of thought and action were creatively reconfigured (projective agency). An older woman in Dar es Salaam, for instance, suffered a stroke. Her youngest son, who was the manager of the regional football club, invited a talented young football player to live in his mother’s house and asked him to set up and supervise a training programme for his mother. The process of recovery was long and tedious. It took the mother three years to regain her strength, but in the end, she was not only able to resume her work but to continue with business activities after her retirement. The case of this woman was exceptional for two reasons: First, having lived and worked in Nairobi and Italy, she had learnt that recovery from stroke is a possibility. Secondly, her son had grown up in Italy and, through his

active engagement in football, had been exposed to different ways of dealing with injuries and disability. Advice from the younger, more forward-looking generation and especially from relatives abroad often opened up spaces for the new ideas and practices.

4. Conclusions

In this article we have outlined an approach which helps to conceptualize resilience building as an intrinsically social process which evolves from the interactive engagement of actors with other actors in constraining and enabling contexts of action. A more sophisticated understanding of human agency suggested by *Emirbayer* and *Mische* (1998) allows for an examination of the interplay of diverse and temporally embedded agentic orientations, informed by the past (in its “iterational” or habitual aspect) but also oriented toward the future (as a “projective” capacity to imagine alternative possibilities) and toward the present (as a “practical-evaluative” capacity to contextualize past habits and future projects within the contingencies of the moment). Intersubjectivity, social interaction and communication are thus critical components of social resilience as an open-ended, agentic process. We argue that such an approach to social resilience helps us to examine what is actually going on when actors consider which capacities are important to deal with a threat. Moreover, it enables us to study how social actors are capable of critically evaluating the conditions of their own lives.

In the empirical study of social resilience, ageing and health in Tanzania, we have shown cases of dialectic interplay of the three agentic orientations. On the household level, for instance, critical health moments like injury, chronic illness or increased frailty forced older people to reorder the relations to their body and self but also to other people, places and events (practical-evaluative agency) but the primary care relations were still grounded in stable patterns of interaction with close kin such as the spouse, siblings, adult children and grandchildren (iterative agency).

With regard to resilience building, it is of particular interest to examine whether the engagement of social actors actually leads to a reproduction, modification or transformation of structures. Social processes are not pre-determined, as we have pointed out, but some of the cases we presented above can actually be taken as an indication of “transformative agency”

(see *Béhaque* et al. 2008). On the national level, the Second World Assembly of Ageing in Madrid 2002 has opened an interactive space for governmental and non-governmental actors in Tanzania to engage with several intersecting fields of practice such as health, social protection, finances, law and kinship and thus create a framework for the development of enabling structures in these complex problem domains. On the intermediate level, long-term engagement of HelpAge International Tanzania with a local partner organization of older persons and the district authorities eventually resulted in a showcase of governmental health care for older people. And on the household level, the initiative of a son to privately organize a physical rehabilitation programme for his mother who had suffered a stroke led to her recovery.

Our findings further indicate that individual and collective actors who are positioned at the intersection of diverse fields of practice can develop more evaluative, projective and even transformative agency. The son with transnational experience, who was situated at the intersecting fields of sports, health and kinship, and HelpAge International Tanzania, operating at the intersections of health, social protection and human rights on the international, the national and the intermediate levels, are cases in point.

Such an approach to social resilience opens analytical leverage for examining varying degrees of iterative, evaluative, projective or even transformative choice shown by social actors in relation to collectively organized fields of practice, which are themselves potentially variable and changing. Further research may combine this analytical focus on agency with an examination of power, as suggested in our Multi-layered Social Resilience Framework (*Obrist* et al. 2010). Such an approach would consider the various constellations with particular attention to the positions of individual and collective actors in social fields, as defined by the differential distribution of, access to and use of various forms of capital, and how these relational positions influence their respective engagement with the structural contexts.

Notes

¹The teams of the two projects included the senior researchers Piet van Eeuwijk, Joyce Nyoni and Brigit Obrist, the PhD students Jana Gerold, Andrea Kaiser-Grolimund, Vendelin T. Simon and Sandra Staudacher, as well as Tanzanian field assistants. Both projects were funded by the Swiss National Science Foundation, received ethical clearance from the NIMR,

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